Understanding Your Benefits

The City of Atlanta Retired Employee Enrollment Guide

September 1, 2015 – August 31, 2016

This Enrollment Guide Is Not A Contract

This guide provides a detailed summary of benefits available to City of Atlanta active employees and eligible dependents, as well as laws, procedures, and regulations required to obtain and use such benefits. However, if inconsistencies occur between the contents of this enrollment guide and the contracts, rules, or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersede this guide. In some instances, limitations and exclusions may apply.

Should you have questions, please contact the benefit program's member services or the Department of Human Resources (DHR) Employee Benefits. Contact information is included in this booklet.

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How To Use This Booklet

This book presents basic information about a wide range of benefit options available to you as an employee of the City of Atlanta. It provides a summary of key plan provisions so you can make an informed decision. More information about the plans can be found on the benefits website, **benefits.atlantaga.gov**.

As you read this benefits booklet and explore the website, you will find guidelines designed to help you analyze your benefits. If you cannot find the answers in these resources, call your carrier and request additional information.

You should try to attend an Open Enrollment meeting (see the schedule posted in your facility and on the website, benefits.atlantaga.gov). Even if you already have coverage, you may desire a better understanding of that coverage. This booklet helps you compare the plan options. It also explains how to adjust your coverage to reflect major life changes such as a new baby, marriage, divorce, leaving the City, retirement, and/or the death of a loved one.

Getting the Most From Your Benefits

This year, the City is offering one Health Maintenance Organization (HMO), one Point of Service (POS) plan, and three Medicare Managed Care plans, as well as a Medicare Part B plan for Medicare-eligible participants. Because of constant changes and the rising cost of health care, employees need more information regarding health and life insurance benefits in order to deal with the variety of choices you are asked to make. This booklet provides the information necessary to answer your benefits questions by offering a clear picture of all benefits provided by the City of Atlanta for you—the retiree. Once you understand your coverage, you will gain the confidence to take control of your benefits.

Health Terms

Various health care terms and options are defined and explained throughout this guide, such as “deductibles,” “coinsurance,” “reasonable and customary,” and more. You will find other definitions on the City’s enrollment website, benefits.atlantaga.gov.

Select Carefully

Please review your booklet thoroughly and read the directions for completing your 2015 – 2016 application before making your final selection. Remember, only you are capable of making the decision that best suits your needs.

For details about your benefits, go to benefits.atlantaga.gov.

Plan Changes For FY16

BCBS POS

- Emergency room copay increases to $250 (from $150).
- Deductibles increase to $500 individual/$1,500 family.
- Out-of-pocket maximums increase to $2,500 individual/$7,500 family.
- Specialist copay increases to $40 (from $35).
- Prescription drug copays increase to $15 generic, $30 preferred brand (non-preferred brand stays at $40).

Kaiser Permanente HMO

- Primary care physician copay increases to $20 (from $15).
- Emergency room copay increases to $250 (from $150).
- Deductibles increase to $500 individual/$1,500 family.
- Out-of-pocket maximums increase to $2,500 individual/$7,500 family.
- Prescription drug copay for generic drugs increases to $15 generic.
- Ambulance copay is $250.

Kaiser Permanente Senior Advantage HMO

- New deductibles of $250 individual/$750 family.

New Aetna Medicare Plans

- You may enroll in the Aetna Medicare Plan PPO (if you have Medicare Part A and B) or the Aetna Medicare Plan PPO (if you have Medicare Part B only).
- The plans offer similar benefits, and are not available to non-Medicare-eligible retirees or dependents.

Dental Plan

- New Dental Plan providers for FY16: BCBS Dental PPO (High/Low options) and Delta Dental DHMO.
- **Because of the change in providers, you must enroll if you want dental coverage for the 2015 – 2016 benefit plan year.**

Important Contact Information

DHR - Employee Benefits 68 Mitchell St. SW Suite 2120 Atlanta, GA 30303 Phone: 404.330.6036 Fax: 404.658.6640	**Employee Wellness Center** 55 Trinity Ave SW 5TH Floor Atlanta, GA 30303 Phone: 404.865.8496 or 404.865.8497
GEM Group (General Pension Fund) 225 Peachtree St. Suite 1460 Atlanta, GA 30303 Phone: 404.525.4191 www.gemgrouplp.com	**Zenith American Solutions (Fire & Police Pension Fund)** 2187 Northlake Pkwy. Suite 106 Bldg. 9 Tucker, GA 30084 Phone: 770.934.3953 www.zenith-american.com
Pension Services 68 Mitchell St. SW Suite 2120 Atlanta, GA 30303 Phone: 404.330.6036	**Employee Assistance Program** 818 Pollard Blvd. Suite 301 B Atlanta, GA 30315 Phone: 404.658.7397

Benefits Providers

Blue Cross Blue Shield (POS) 1-800-368-0766 www.bcbsga.com	**Kaiser Permanente (HMO)** 1-888-865-5813 404-261-2590 www.kp.org
UnitedHealthcare Medicare Advantage Plan (PPO) 1-800-457-8506 www.UHCRetiree.com	**Kaiser Permanente Medicare Senior Advantage** 404-365-0966 1-800-611-1811 www.kp.org
Blue Cross Blue Shield Dental 1-877-604-2158 www.bcbsga.com/mydental	**Delta Dental DHMO** 1-800-422-4234 www.deltadentalins.com
UnitedHealthcare Vision 1-800-638-3120 www.myuhcvision.com	**Aflac (Flex Spending & Supplemental Insurance)** 678-927-9578 www.aflac.com
Minnesota Life 1-866-293-6047 www.lifebenefits.com	**VOYA Financial Services** 1-800-584-6001 www.voyaretirementplan.com
Aetna Medicare Plan PPO and Part B Only Plan 1-888-267-2637 www.AetnaMedicare.com	

Note To Medicare Participants

Special Note to Retirees

If you and/or your spouse are new enrollees to Medicare Parts A and B, you must attach a copy of your and/or your spouse's Medicare card to the Open Enrollment application and enroll in either Kaiser Senior Advantage, UnitedHealthcare Group Medicare Advantage PPO, or Aetna Group Medicare Advantage.

If you live in the State of Georgia, the following selections are available for the plan year September 1, 2015 to August 31, 2016:

Kaiser Permanente will continue to offer SENIOR ADVANTAGE to retirees who have both parts A and B of Medicare and live within their Senior Advantage Service Area, which is offered in 20 counties in the metro Atlanta area.

If you are a current Kaiser Permanente Senior Advantage member, Kaiser Permanente will automatically serve as your Medicare Part D provider. If you are a new member who selects Senior Advantage as your retiree health care plan option for 2015 - 2016, your application will include Part D enrollment information. For additional information regarding this benefit, please call Kaiser Permanente Customer Service at 404-233-3700.

UnitedHealthcare Group Medicare Advantage PPO is offered to retirees and/or spouses who have both parts A and B of Medicare. The national network will include all providers accepting Medicare and willing to accept UnitedHealthcare Group Medicare Advantage PPO reimbursements and rules. To participate in the Medicare Advantage Plan, you will have to complete a separate application, which will be mailed to your home by the Employee Benefits Office. In the future, if you want to change from this Medicare Advantage Plan to another Medicare Advantage Plan, you must notify the Employee Benefits office in writing.

If you have dependents (spouse or children) who are non-Medicare eligible you must sign up for UnitedHealthcare Group Medicare Advantage PPO, your dependents will be enrolled in the BCBS POS plan.

New for the 2015 - 2016 benefit plan year, Medicare-eligible retirees will have two new plan options to choose from: the Aetna Medicare Plan PPO and Aetna Medicare Part B Only Plan.

To participate in the Medicare Advantage Plan, you will have to complete a separate application, which will be mailed to your home by the Employee Benefits Office. In the future, if you want to change from this Medicare Advantage Plan to another Medicare Advantage Plan, you must notify the Employee Benefits office in writing.

Atena Group Medicare Advantage Part A and Part B only plans are available to Medicare-eligible spouses or dependents. Retirees with non-Medicare-eligible spouse or dependents must enroll in UnitedHealthcare Group Medicare Advantage.

Please Note:

If you are Medicare-eligible with a post-1986 hire date, you must enroll in Parts A and B of Medicare and enroll in a Medicare Advantage Plan. Since the City did not pay Medicare taxes for employees hired prior to April 1, 1986, and those retirees may not have Medicare eligibility through their employment with the City, may not have obtained eligibility through another employer, and did not enroll in Medicare Part B when they turned 65, the City will pay the buy-in penalty for retirees and their spouses age 65 or older to enroll in Medicare Part B.

If you sign up for any Medicare Advantage Plan (other than Senior Advantage offered by Kaiser, UnitedHealthcare Group Medicare Advantage PPO, or Aetna Group Medicare Advantage Plan) that may be offered to you directly by various vendors, including just Medicare Part D for prescription drugs, YOUR COVERAGE THROUGH THE CITY OF ATLANTA WILL BE TERMINATED. If you have any questions about this, please call the Department of Human Resources (DHR) Employee Benefits at 404-330-6036 before signing up for another medical plan of any type.

Open Enrollment Information

This year's Open Enrollment period for the City of Atlanta will be Tuesday, July 21 through Tuesday, August 4, 2015. Last year's Medical Plan options remain, with two added options — a third Medicare Advantage plan and a Medicare Part B plan, both from Aetna. The Vision and Life plans offered in the new plan year are the same as the 2015 plan year.

Review the plan offerings, and select which programs you and your dependents would like to enroll in. The options you select will be effective September 1, 2015. The changes you make during the Open Enrollment period will remain in effect until August 31, 2015, unless you have a qualifying life event. If you do not wish to make changes for the new benefit plan year, you are not required to return an application. All Open Enrollment applications with benefit changes are due to the DHR – Employee Benefits office no later than August 4, 2015. If you are completing the application online, Open Enrollment will close at 11:59 p.m. ET on August 4, 2015.

Online Self-Service Access

Online self-service Open Enrollment access is available at the City's website, www.atlantaga.gov. Online access and self-service enrollment assistance is available throughout the OE period, at City Hall Tower, DHR, Suite 2120. The Office of Employee Benefits staff is available weekdays from 8:30 a.m. to 5:30 p.m.

Attend an Open Enrollment Period Information Forum

Would you like to know more about your 2015 – 2016 benefits? The Employee Benefits office will be on location to answer your questions. Speak with the benefit program providers face-to-face at an Open Enrollment Information Forum near you.

Enrolling in Your COA Benefits Using Oracle Self Service

Benefits Open Enrollment can now be completed online. There are six main parts to this process.

1. Access the OAB Website at **https://catsprod.atlantaga.gov/.**
2. Enter your username: **Employee ID** and **Password** (*If you need an Oracle password and your employee ID number, please contact the help desk at 404-865-8949*).
3. In the navigator tool, click **COA Employee Self Service,** then click **Benefits**

For step-by-step enrollment instructions, go online to benefits.atlantaga.gov.

Eligibility

Benefits Eligibility

Retirees, their surviving beneficiaries, and their dependents are eligible to enroll in the City of Atlanta's health and dental plans. Dependents must meet certain eligibility criteria to be considered. The following is a list of eligible dependents:

- A spouse (a husband or wife who is joined in marriage to a retiree by a ceremony recognized by the laws of the State of Georgia)
- A domestic partner (registered with the City of Atlanta)
- A dependent child through 26 years of age (coverage ends at the end of the month the child reaches age 26)
- A legally adopted child under age 26 or a child for whom you have guardianship (permanent or deemed permanent for insurance purposes)
- A stepchild under age 26 permanently residing with the employee and supported by the employee
- A child under age 26 receiving court-ordered support
- A child 26 years or older who is incapable of self-support due to mental or physical disability; and who has a permanent disability
- A child, after attaining age 26, who is receiving a pension check as a surviving beneficiary and is covered by the City of Atlanta Group Plan must provide full-time student documentation. When eligibility for pension ends due to age or change in school enrollment status, contact the DHR – Employee Benefits at 404-330-6036 to continue coverage.
- As a surviving spouse, if you terminate coverage you will not be able to re-enroll in the City of Atlanta Benefits Plan.
- Documentation is needed if the retiree is adding a dependent or making changes in a dependent's status.
- If both you and your spouse are insured under a City of Atlanta health/dental plan as an employee or retiree, your children may be insured as dependents of either you or your spouse, for health/dental coverage.

Please remember to submit supporting documentation when you add dependents. If the Employee Benefits office does not receive your documentation, your dependents will not be added.

Dependent Eligibility Documentation Requirements

Dependents	Documentation Required
For Spouse	Copy of marriage certificate. If previously married, death certificate or divorce decree.
For Removal of Spouse/Child	None at Open Enrollment. Court decree **within 31 days** of decree during the contract year.
For Natural Child(ren)	Child's birth certificate (showing the parent-child relationship to employee/retiree and/or spouse).
For Adopted Child(ren)	Placement papers signed by the courts.
For Disabled Child (26 years and older)	Physician verification of permanent disability.
Foreign Adoptions	Adoption papers signed by the courts; visa showing date of entry to USA.
For Stepchild(ren)	Child's birth certificate (showing parent-child relationship with employee/retiree's spouse); copy of marriage certificate.
For Court-Ordered Support	State affidavit; copy of signed court order requiring employee/retiree to provide support for health coverage.
For Guardianship	Court ordered guardianship deemed permanent for insurance purposes.
For Domestic Partner	City of Atlanta Affidavit of Financial Reliance (notarized) within 31 days of approval.
For Termination of Domestic Partner	None at Open Enrollment; City of Atlanta Notice of Termination **within 31 days** of termination during the contract year.

Social Security number and date of birth must be provided for all dependents. Failure to submit the dependent's Social Security number will result in termination/denial of coverage (exceptions: newborns age six months or less).

Documentation also applies to life insurance coverage.

No documentation is required at Open Enrollment to delete a dependent.

All documentation should contain the employee's name and Social Security number.

Changes In Coverage

Change in Family Status

You may change your health and/or dental insurance coverage during the Open Enrollment period. You can also change your coverage during the year but only if the application to change coverage is submitted within 31 days of your family status change because of:

- marriage;
- divorce*;
- birth, legal adoption, placement for adoption, or custody change of an eligible child;
- death of a spouse or eligible child, or a dependent's leaving the household as a result of a custody agreement; or
- changes in the spouse's employment that affects his/her eligibility for benefits under another employer's group benefits plan; or
- Part A or Part B of Medicare becomes effective.

**Anyone removed from the policy is entitled to COBRA (see benefits.atlantaga.gov for more information).*

Coverage will be effective as of the date of the change in family status. An adjustment of the premium for the level of coverage change will be deducted from your paycheck. Ask your departmental payroll clerk for a Health Insurance Change Application. Both you and your spouse (if applicable) must sign the form. Return the form to your departmental payroll clerk.

Option Changes

Option changes are permitted only during the Open Enrollment period. Changes made during the Open Enrollment period become effective on September 1, 2015.

If you move out of the service area covered by the HMO in which you are enrolled, you must request a change to another plan within 31 days of your move or at the next Open Enrollment.

If a plan listed in this brochure ceases operation, during the plan year, employees will have a choice to move to another plan.

Surviving Beneficiaries

- A Surviving Beneficiary is eligible for coverage if they are eligible for pension benefits and were covered as dependents at the time of the employee's or retiree's death. A Surviving Beneficiary who terminates his/her coverage will not be eligible to return to the City Benefit Plan at any time in the future.
- A Surviving Beneficiary cannot add new dependents.
- A Surviving Beneficiary child must continue to submit full-time student statements to be eligible for coverage. When the child is no longer eligible for a pension check, he/she will be eligible for continuation of coverage under COBRA. Contact the DHR – Employee Benefits at 404-330-6036.

Continuation of Coverage

Information about continuing health care coverage under COBRA is in the back of the booklet.

Remember that converted coverage may not be the same as group coverage, and will be available to you at the individual rate, not at the group rate. For additional information, call the respective insurance company/HMO.

The HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), better known as the KASSEBAUM-KENNEDY LEGISLATION states:

If you cease to be an eligible dependent, or your COBRA eligibility terminates, A CERTIFICATE OF GROUP HEALTH PLAN COVERAGE will be mailed, by your Insurance Carrier/HMO to the last address on their file.

All retirees are required to confirm benefit selections for the new plan year, September 1, 2015 to August 31, 2016. Failure to select a dental carrier will result in no dental coverage.

Facts About Your Insurance

No Insurance

If you do not want health and/or dental insurance during September 1, 2015 to August 31, 2016, you must select NO COVERAGE using Self-Service or submit coverage changes on the enclosed Open Enrollment Application.

Coverage for Mental or Physically Disabled Dependent

To provide coverage for a dependent who is incapable of self-support because of a mental or physical incapacity, an employee must provide a completed Physician Verification of permanent disability. This form is available in the DHR - Employee Benefits.

Change of Address

You must submit a change of address to your Pension Plan Administrator or to the Department of Human Resources to correct the City of Atlanta records.

Pension Deductions

As a retiree, your share of health/dental insurance will be deducted from your pension check monthly. However, in the case of late Open Enrollments, deductions may be delayed. If this occurs, back premiums and/or refunds (if applicable) will be included in your pension check as soon as possible.

ID Cards

After your Open Enrollment Application is processed and an eligibility file is sent to each insurance carrier, your ID card and member booklet will be mailed to your home address by the selected insurance company. The ID card should be placed in your wallet for easy access at all times. Be sure to read the member booklet carefully, and keep it in a safe place for easy reference. The member booklet will provide detailed information about how to use your insurance benefits. You will not receive a new ID card unless you make a change in your coverage. Reimbursable claims should be filed only with your insurance carrier, not the City of Atlanta.

NOTE: All members will receive separate cards for dental and vision coverage. If you need medical care prior to receiving your new ID card, use a physician and/or hospital on your new Carrier list of providers.

Please provide a copy of your and/or your spouse's Medicare Part A and Part B.

PLEASE MAKE A COPY OF YOUR OPEN ENROLLMENT APPLICATION AND DOCUMENTATION THAT YOU SUBMITTED FOR YOUR RECORDS. ALWAYS PRINT YOUR NAME AND SOCIAL SECURITY NUMBER ON ALL DOCUMENTATION. MAKE A COPY AND ATTACH IT TO THE ENROLLMENT FORM.

Frequently Asked Questions

How do I enroll or update my information?

Visit the City's public website at www.atlantaga.gov. From the left navigation bar on your page, click on Departments – Human Resources – Employee/ Retiree Benefits home page. From the top navigation bar go to How Do I… – Employee/ Retiree Benefits Home Page. Employees may also go directly to the Employee Self-Service application within Oracle to enroll.

What is my user name?

Your user name is your employee ID number. If you are a retiree, you may find this number on your pension check. If you cannot locate your employee ID number, please call the Help Desk at 404-865-8949. The Help Desk representative will ask a series of questions for validation purposes. The Help Desk will provide you with your user name, which is usually your employee ID number.

What is my password?

If you need a password reset, contact the Help Desk at 404-865-8949.

What do I do if I forget my password?

You need to call the Help Desk at 404-865-8949 to reset the password or click Forgot Your Password online from the Employee/Retiree Benefits Home Page. A valid COA email address is required.

I have not received my enrollment package. What do I do?

You can go online to www.atlantaga.gov and click on Departments – Human Resources – Employee/ Retiree Benefits and choose the link for Active Employees Benefits Booklet or Retiree Benefits Booklet. You may also email the Employee Benefits office at COABenefits@atlantaga.gov.

How much time do I have to enroll?

The Open Enrollment period is from July 21, 2015 through 11:59 ET August 4, 2015 for all active and retired City of Atlanta employees. Because employees and retirees are enrolling online, you have access to the system 24 hours daily through August 4, 2015.

Oracle Self-Service will not be available on July 22, 2015 due to payroll processing and system updates.

Insurance premiums for the 2015 - 2016 plan year will be included in your enrollment package, or you may review them online at benefits.atlantaga.gov.

If I enroll online, what will I have for my records to prove I have enrolled or confirmed my benefits?

You can print a confirmation statement when you have completed your online enrollment.

What should I do if I do not have access to Oracle or if I do not see the "COA Employee Self-Service" responsibility in my menu options when I log into the Oracle system?

Please call our Help Desk at 404-865-8949. The Help Desk will be able to authorize access.

Are there any major changes this year to be concerned about?

Yes. There are some changes to deductibles for the Kaiser Permanente Senior Advantage HMO. Two new Aetna plan options are offered to Medicare-eligible employees, and we have new Dental Plan providers.

Note that you will need to re-enroll if you want dental coverage in the 2015 - 2016 benefit plan year, because of the new Dental Plan providers.

What will be the effective dates of my new selections for coverage?

The options that you select will be effective September 1, 2015 and remain in effect until August 31, 2016 unless you have a qualifying life event. If there is a qualifying life event, you must enroll your dependent(s) within 31 days of the qualifying life event. Failure to do so may result in delayed benefits until the Open Enrollment period for 2016.

Am I required to make changes to my benefits?

If you do not wish to make changes for the new benefit plan year, you must confirm your benefit selections for the next plan year through Oracle Self-Service. **If you have dependents (spouse or children) who are non-Medicare eligible and you sign up for UnitedHealthcare Group Medicare Advantage PPO, your dependents will be enrolled in the BCBS POS plan.**

What will happen if I don't select a dental carrier?

There are two new dental plan vendors for this new benefit year. You must select a vendor in order to have dental coverage. **If you fail to select a carrier, you will not have dental coverage for this plan year.**

When does all information have to be submitted to the Employee Benefits office?

All Open Enrollment benefit changes are due to the DHR - Employee Benefits no later than August 4, 2015. If you are completing the application online, Open Enrollment will close at 11:59 p.m. ET August 4, 2015.

What are the time frames associated with my current coverage vs. new coverage plans?

Your current coverage continues through August 31, 2015. The next Coverage Plan Year is September 1, 2015 – August 31, 2016.

Do you have directions for enrolling online?

Yes. Please reference this document: Self-Service Instructions.

When will the Open Enrollment meetings be held this year?

Please see the schedule of Open Enrollment meetings posted in City facilities and on the enrollment website, benefits.atlantaga.gov.

What are considered Qualifying Life Events?

Qualifying Life Events include newborn children, marriage, divorce, domestic partners, dependent loss of coverage, and leave-of-absence without pay.

How does the City's Medicare Part B buy-in work?

Since the City did not pay Medicare taxes for employees hired prior to April 1, 1986, those employees may not have enrolled in Medicare Part B. The City will pay the buy-in penalty for those employees and their spouses age 65 and older. Retirees and their spouses will be responsible for paying the monthly Part B premium.

Wellness At Work

The Department of Human Resources manages a comprehensive health and wellness program for the City's active and retired employees and their families. For more information about the activities listed below, contact the Employee Benefits office at 404-330-6036.

You should also log on to your health care provider's website and complete a Health Risk Assessment form. The assessment will assist you in determining which activity will suit your health care needs.

- Kaiser Members: www.kp.org
- Blue Cross Blue Shield Members: www.bcbsga.com

Employee Fitness Center

Free, state-of-the-art fitness centers are located at various City facilities. These facilities have modern cardio-vascular and weight equipment machines and aerobic equipment. Some of the facilities also have locker rooms and showers available.

Disease Management

Contracted insurance vendors manage chronic diseases such as diabetes, heart disease, coronary artery disease (including circulatory restrictions and strokes), musculoskeletal disorders (including lower back pain), and digestive disorders (the top five chronic diseases prevalent in our population). The department is working to reach not only active employees but also partnering with other agencies to reach out to retired employees. At the same time, DHR is educating employees to help them be more aware of these illnesses and the health disparities leading to earlier and more frequent prevalence of these diseases.

Health and Wellness Programs

The City will offer these programs during the 2015-2016 benefit plan year.

- Weight Management Program
- Line Dancing Classes
- City-wide Stress Reduction Program
- Employee Daily Step Challenge Program
- Personal Fitness Trainers and Corporate Challenge Fitness Program
- Tai Chi and Zumba
- BCBS POS and Kaiser HMO non-Medicare retirees only can earn a $150 rebate for completing an Annual Physical Examination with their Primary Care Physician. The rebate will be paid at the end of the benefit plan year (August 2016).
- Retiree Health Fair

Non-Medicare Retiree Health Plan Comparison

The chart below highlights key features and benefits under the BlueChoice POS and Kaiser HMO health plan options. See the plan summaries on the enrollment website, benefits.atlantaga.gov, and the Summary Plan Descriptions for more details.

Plan Provisions	BlueChoice POS		Kaiser HMO
	In-Network	Out-of-Network	
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Deductible (individual/family)	$500/$1,500	$800/$2,400	$500/$1,500
Annual Out-of-Pocket Maximum (individual/family)	$2,500/$7,500	$4,000/$12,000	$2,500/$7,500
Coinsurance	100%	70%	N/A
Preventive Care			
Immunizations	100% (no copay)	70% after deductible	100% (no copay)
Pap Smear/Mammography/ Prostate Screening	100% (no copay)	70% after deductible	100% (no copay)
Routine Physicals	100% (no copay)	70% after deductible	100% (no copay)
Office Visits			
Primary Care	$20 copay	70% after deductible	$20 copay
Specialist	$40 copay	70% after deductible	$30 copay
Emergency Services	$250 copay (waived if admitted)		
Inpatient Hospital	100% after deductible	70% after deductible	100% after deductible
Outpatient Hospital Services • Hospital charges • Diagnostic X-ray/lab services • Physician services	100% after deductible	70% after deductible	100% after deductible
Mental Health/Substance Abuse			
• Inpatient facility and physician fee • Inpatient substance abuse detoxification facility and physician fee • Partial hospitalization program	100% after deductible	70% after deductible	100% after deductible
Outpatient Mental Health Treatment	$20 copay (unlimited visits)	70% after deductible	$20 copay (unlimited visits)
Ambulance Service	100% after $150 copay	70% after deductible	$250 copay
Skilled Nursing Facility (100-day max)	100% after deductible	70% after deductible	No Charge
Home Health Care	100% after deductible (40 visits per year max)	70% after deductible	No Charge (120 visits max)
Hospice Care	100% after deductible	70% after deductible	No Charge
Prescription Drugs			
Generic (30-day supply)	$15	70% after deductible	$15 KP/$20 NWK
Preferred Brand (30-day supply)	$30	70% after deductible	$40 KP/$50 NWK
Non-Preferred Brand (30-day supply)	$40	70% after deductible	N/A
Mail Order (90-day supply)	2x retail copay	Not covered	2x retail copay
Vision			
Eye Exam (every 12 months)	$35 copay	70% after deductible	$30 copay
Frames and Lenses (every 24 months)	Discount plan	Discount plan	Discount plan

*BlueChoice POS covers intensive outpatient mental health/substance abuse programs at 100%.

Terms You Should Know

Coinsurance: The fixed percentage of covered charges you must pay after any deductible has been subtracted. For example, if a plan pays 80 percent of covered charges (after applying any deductible), you would be responsible for the deductible and the 20 percent balance.

Copayment: A fixed dollar amount you must pay for a service or benefit provided by a plan..

Deductible: The amount of covered charges you must pay before the plan pays benefits, for example, calendar-year deductible and inpatient hospital deductible. Generally, no more than two or three family members must meet the calendar-year deductible. However, some plans have a family calendar-year deductible, which can be met by any or all of those covered.

Exclusions: Charges, services, or supplies that are not covered. A plan does not provide or pay for excluded items, nor do charges for them apply toward deductibles and catastrophic limits.

Reasonable and Customary: A maximum payment allowed for a given medical service based on a statistical formula calculated by an insurance company to determine the amount it will pay on a given medical service.

IMPORTANT NOTICE FROM THE CITY OF ATLANTA ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Atlanta and new prescription drug coverage first available January 1, 2006 for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. Starting January 1, 2006, new Medicare prescription drug coverages were made available to everyone with Medicare.
2. The City of Atlanta has determined that the prescription drug coverage offered by UnitedHealthcare and Kaiser are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay for the period September 1, 2015 – August 31, 2016.
3. Read this notice carefully—it explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll. Anyone with Medicare can enroll in a Medicare prescription drug plan from November 15 through December 31, each year with no penalty. However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later.

IF YOU ENROLL IN ANY ADDITIONAL MEDICARE PRESCRIPTION DRUG PLAN, YOUR COVERAGE WITH THE CITY OF ATLANTA WILL BE TERMINATED. FOR FURTHER INFORMATION, CONTACT 404-330-6036.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay an extra penalty if you later decide to enroll in Medicare coverage.

For more information about this notice or your current prescription drug coverage:

Contact the Employee Benefits office for more information at 404-330-6036.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage can be found in the following places:

- visit www.medicare.gov for personalized help;
- call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number); or
- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after May 15. 2006, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

PLEASE NOTE: If you sign up for any Medicare Advantage Plan (other than Senior Advantage offered by Kaiser, UnitedHealthcare Group Medicare Advantage PPO, or Aetna Group Medicare Advantage) that may be offered to you directly by various vendors, YOUR COVERAGE THROUGH THE CITY OF ATLANTA WILL BE TERMINATED. If you have any questions about this, please call the DHR – Employee Benefits at 404-330-6036 before signing up for another plan.

Medicare Medical Plan Comparison Chart

The chart below highlights key features and benefits under the UnitedHealthcare Group Medicare Advantage, Kaiser Permanente Senior Advantage (HMO) and Aetna Medicare Plan PPO health plan options. See the plan summaries following on the enrollment website, benefits.atlantaga.gov, and the Summary Plan Descriptions for more details.

Plan Provisions	**UnitedHealthcare Group Medicare Advantage PPO** In-Network/Out-of-Network	**Kaiser Permanente Senior Advantage HMO**	**Aetna Medicare Plan PPO (Medicare Part A&B or Medicare Part B Only)**
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Deductible (individual/family)	$0/$0	$250/$750	$0/$0
Annual Out-of-Pocket Maximum (individual/family)	$3,350 / N/A	$2,000/$6,000	$3,350 / N/A
Preventive Care			
Immunizations	100% (no copay)	100% (no copay)	100% (no copay)
Pap Smear/ Mammography/ Prostate Screening	100% (no copay)	100% (no copay)	100% (no copay)
Routine Physicals	100% (no copay)	100% (no copay)	100% (no copay)
Office Visits			
Primary Care	$15 copay	$10 copay	$15 copay
Specialist	$25 copay	$30 copay	$25 copay
Emergency Services	$50 copay (waived if admitted)		
Inpatient Hospital	$250 copay per admission, $750 annual out-of-pocket maximum (included in the $3,350 annual out-of-pocket maximum)	100% after deductible	$250 copay per admission
Outpatient Hospital Services • Hospital charges • Diagnostic X-ray/lab services • Physician services	$100 copay for hospital charges; no charge for physician services	100% after deductible	$100 copay (diagnostic labs and imaging covered at 100%)
Mental Health/Substance Abuse No PCP referral required.			
Inpatient Mental Health Treatment	Plan pays 100% (unlimited visits)	100% after deductible	Plan pays 100% (unlimited visits)
Outpatient Mental Health Treatment	Plan pays 100% (unlimited visits)	100% after deductible	Plan pays 100% (unlimited visits)
Ambulance Service	$100 copay	$100 copay	$100 copay
Skilled Nursing Facility (100 day max)	$0 copay	$0 copay	Limited to 100 days per Medicare benefit period.
Home Health Care	$0 copay	$0 copay (120 visits max)	$0 copay
Hospice Care	$0 copay	$0 copay	Covered at a Medicare certified hospice

Plan Provisions	**UnitedHealthcare Group Medicare Advantage PPO** In-Network/Out-of-Network	**Kaiser Permanente Senior Advantage HMO**	**Aetna Medicare Plan PPO (Medicare Part A&B or Medicare Part B Only)**
Prescription Drugs			
Select Care Generic (30-day supply)	N/A	N/A	$3
Generic (30-day supply)	$10	$10	$10
Preferred Brand (30-day supply)	$20	$30	$20
Non-Preferred Brand (30-day supply)	$40	N/A	$40
Mail Order (90-day supply)	2x retail copay	2x retail copay	2x retail copay
Vision			
Routine Eye Exam (every 12 months)	$15 copay	$30 copay	$15 copay
Frames and Lenses Allowance (every 24 months)	$130 credit	$100 credit (frames, contacts)	$130 credit
Service Area	Any provider who participates in Original Medicare and agrees to the terms and conditions of UnitedHealthcare Group Medicare Advantage PPO.	Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding, and Walton Counties.	Any provider who participates in Original Medicare and agrees to the terms and conditions of Aetna Medicare Plan PPO.

Dental Plan Options

The City of Atlanta offers two PPO Dental Plan options (with and without orthodontia coverage) and one dental HMO. Please note that we have new Dental Plan providers, so you must enroll if you want dental coverage in the 2015 – 2016 benefits year.

Blue Cross Blue Shield of Georgia Dental PPO

The Blue Cross Blue Shield of Georgia Dental Plan lets you visit any licensed dentist or specialist you want, with costs that are normally lower when you choose a network provider. You pay the BCBS negotiated rate for covered services from participating dentists even if you exceed your annual benefit maximum. There is no deductible for diagnostic and preventive services.

BCBS Dental PPO	High Option (with orthodontia)	Low Option (without orthodontia)
Annual Benefit Maximum (per person)	$2,000	$2,000
Annual Deductible (individual/family)*	$50/$150	$50/$150
Dental Services	BCBS pays:	BCBS pays:
Diagnostic and Preventive Services (exams, cleanings, X-rays)	100%	100%
Basic Services (fillings, extractions, root canals, periodontic scaling, and root planning)	80%	80%
Major Services (crowns, dentures, bridges)	50%	50%
Orthodontic Services (adults and dependent children)	50%	Not Covered
Orthodontia Lifetime Maximum (per person)	$1,500	N/A

* Deductible waived for diagnostic/preventive services.

For more details, go to benefits.atlantaga.gov.

Delta Dental DHMO

With the Delta Dental DHMO program, you have coverage for preventive, basic and major services, and you can take advantage of:

- Lowest payroll deduction option
- No deductibles
- Coverage not applicable outside the State of Georgia
- No annual maximum
- Generally lower out-of-pocket expenses than a traditional program

Go to benefits.atlantaga.gov and click the link to the Delta Dental Description of Benefits and Copayments for more details.

Vision Plan

The Vision Plan is administered by UnitedHealthcare Vision. With UnitedHealthcare Vision you are able to choose from network private practice providers and retail chain providers. To identify a network provider, visit UnitedHealthcare Vision's website – www.myuhcvision.com – or call UnitedHealthcare Vision's Provider Locator Service at 1-800-839-3242 and follow the voice prompts.

ID cards will be issued to all enrollees or may be obtained online.

For details about Vision Plan coverage, go to benefits.atlantaga.gov.

Retiree Life Insurance

Life insurance benefits are offered through the Minnesota Life Insurance Company. You and the City of Atlanta share the cost of your coverage. The basic life insurance coverage for retirees only has been increased to $10,000.

Eligibility

To be eligible for this plan:

- You must be a retiree of the City of Atlanta or a widow(er) of an employee or retiree covered by the insurance at the time of your spouse's death.
- You must have had life insurance, coverage as an active employee at the time of retirement.
- For Dependent Life insurance, your spouse or children must not be full-time members of the armed forces of any country.
- A widow(er) cannot cover dependents.

Retiree/Widow(er) Coverage Amount

- $5,000
- Some grandfathered employees may have different amounts.
- A retiree or widow(er) who terminates his/her coverage is not eligible to return to the City plan in the future.

Additional Life Insurance Coverage

City of Atlanta retirees (only) can purchase up to $20,000 in additional life insurance coverage directly from Minnesota Life Insurance Company. Retirees will be responsible for paying life insurance premiums directly to Minnesota Life. Please contact Minnesota Life directly at 1-800-660-2519. Retirees will be responsible for all premium payments for this additional coverage, above the flat $5,000 coverage amount or coverage for retirees with grandfathered life insurance. The additional coverage can be purchased with options of $5,000 or $10,000.

Spouse and Dependent Coverage Amount

- Dependents Life Insurance is also available and would provide the following coverage:
  - Spouse: $5,000
  - Child between birth and six months: $600
  - Child between six months and 26 years: $5,000
- All late applications will require medical underwriting approval by Minnesota Life.
- A Surviving Spouse who is insured at the time an Employee or Retiree passes away will be eligible to continue his/her $5,000 Life Insurance coverage.

Beneficiary Designation Change

You may change your beneficiary at any time during the year by completing a Beneficiary Change form and submitting it to the DHR – Employee Benefits.

A RETIREE OR WIDOW(ER) WHO TERMINATES HIS/HER COVERAGE IS NOT ELIGIBLE TO RE-ENROLL IN THE CITY PLAN IN THE FUTURE.

City of Atlanta retirees (only) may purchase up to an additional $20,000 in basic life insurance coverage directly through Minnesota Life Insurance. All coverage over the flat $10,000 benefit amount above will be the responsibility of the retiree. The City will not make any contribution for coverage above the flat $10,000 benefit amount. Please contact Minnesota Life Insurance Company at 1-800-660-2519.

Forms

In the pocket of this guide you will find these forms:

- Minnesota Life Beneficiary Designation Form
- Retiree Enrollment Form and Return Envelope

Notes

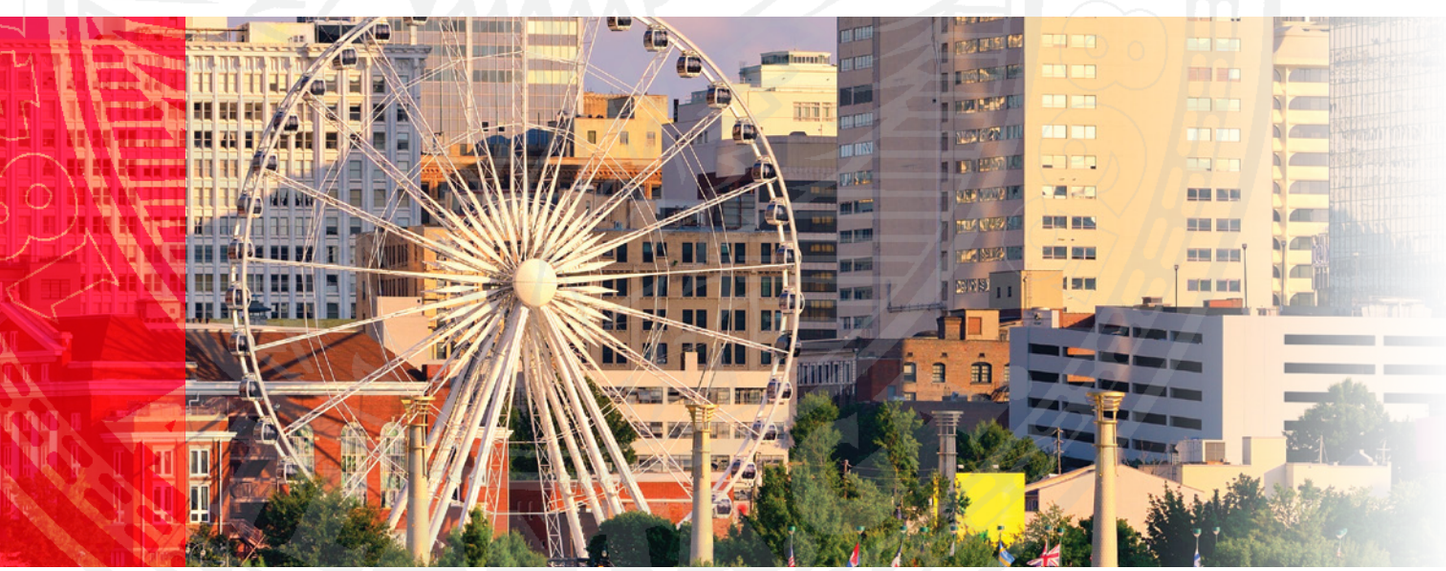
Notes

You may now enroll online with Employee Self-Service.

See instructions in this guide. For details about your benefits, go to benefits.atlantaga.gov.

This open enrollment selection will be in effect from 9/01/2015 through 8/31/2016.

You MUST complete and return an application if you are currently not covered by a City plan, or if you are changing coverage, adding a dependent, or are required to provide documentation.

City of Atlanta
Department of Human Resources
Employee Benefits
404.330.6036

For details about your benefits, go to benefits.atlantaga.gov.