



CITY OF ATLANTA

# Active Employee Enrollment Guide

**ENROLL FOR BENEFITS:  
November 7, 2022 to November 30, 2022**

RIISING TO THE CHALLENGE  
Benefits for 2023

# Open Enrollment Period: November 7, 2022 to November 30, 2022

Enrollment for your 2023 employee benefits will be held from Monday, November 7, 2022, to Wednesday, November 30, 2022, at 11:59 p.m. ET.

You must enroll in benefits if you wish to:

- Select coverage for the first time
- Change benefit plans
- Change coverage levels or add a dependent
- Participate in a Flexible Spending Account
- Participate in voluntary benefit plans

The options you select become effective January 1, 2023, through December 31, 2023, unless you have a qualifying life event.

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# City of Atlanta Officials



## Executive

Mayor  
Andre Dickens

## Legislative

President of Council ..... Doug Shipman

## Members of Council

District 1 ..... Jason Winston  
District 2 ..... Amir R. Farokhi  
District 3 ..... Byron Amos  
District 4 ..... Jason S. Dozier  
District 5 ..... Liliana Bakhtiara  
District 6 ..... Alex Wan  
District 7 ..... Howard Shook  
District 8 ..... Mary Norwood  
District 9 ..... Dustin R. Hillis  
District 10 ..... Andrea L. Boone  
District 11 ..... Marci Collier Overstreet  
District 12 ..... Antonio Lewis

## Members of Council at Large

Post 1 at Large ..... Michael J. Bond  
Post 2 at Large ..... Matt Westmoreland  
Post 3 at Large ..... Keisha Sean Waites

## Administrative (Appointed)

Chief Operating Officer ..... Lisa Y. Gordon  
Chief of Staff ..... Odie Donald II  
Commissioner of  
Human Resources ..... Tarlesha Williams Smith, Esq.

# Benefits & Enrollment Website

Our benefits website at **benefits.atlantaga.gov** includes detailed information about:

- Available benefits and plan rates
- Frequently asked questions
- Eligibility and proof of dependent eligibility
- Making mid-year plan changes
- How to enroll in benefits
- More information, including required notices, summaries of coverage and a glossary of terms

For information about the Wellness Center and our wellness programs, please visit **wellnesscenter.atlantaga.gov**.

## Are You a New Hire?

While your benefits begin on your date of hire, you have 30 calendar days (including your hire date) to make your initial benefit elections. If you do not make an initial election, you will not be permitted to enroll until the next Open Enrollment period, unless you experience a qualified life event.

# Plan Changes for 2023

## Anthem BCBS HDHP

- No changes to this plan.
- No premium increase.

## Anthem BCBS Gatekeeper POS

- No changes to this plan.
- No premium increase.

## Kaiser Permanente High-Deductible HMO

- No changes to this plan.
- No premium increase.

## Kaiser Permanente HMO

- No changes to this plan.
- No premium increase.

## Flexible Spending Accounts

- No changes to this plan.
- Contribution limits increase slightly.

## Dental Plan

- No changes to this plan.
- No premium increase.

## Vision Plan

- No changes to this plan.
- No premium increase.

## Life Insurance

- No changes to this plan.
- No rate increases.
- Check your beneficiaries and update as appropriate.

## Short-Term Disability Plan

- No changes to this plan.

## Voluntary Insurance Products

- No changes to these plans.

## Retirement Plans

- No changes to these plans.



# How to Enroll

There are two ways to access the enrollment system:

1. Go to [benefits.atlantaga.gov](https://benefits.atlantaga.gov) and click the red "Enroll in Benefits" button on the home page, or
2. Go directly to the *ATLcloud* site at <https://ehxr.login.us2.oraclecloud.com/>. In either case, follow the instructions below.

## Enrollment Instructions

From the *ATLcloud* website:

<https://ehxr.login.us2.oraclecloud.com/>

1. To log in, enter your username and password. (If you need an Oracle password reset, click "FORGOT PASSWORD" on the main screen and change the password.)
2. After you click the "House" icon on the top right, then click on the orange "My Benefits" icon.
3. Next, click on the white "Make Changes" box.

## Dependents and Beneficiaries

- Enter anyone you want to list as a dependent and/or beneficiary, if they are not already listed in the system.
- Confirm dependent and/or beneficiary's information already entered in the system is correct.
- If you need to add a new dependent or beneficiary, click on the orange "+Add" box on the right.
- Enter the person's Name and Relationship. You must complete the "Relationship," "Relationship Start Date," "Last Name," and "First Name" fields. The relationship start date you enter must be a date prior to the Open Enrollment start date.
- For the "Relationship Start Date" use the date you are doing the enrollment. For a step-child, use "Child" as the relationship.
- When finished, click the "Save and Close" box at the top of the screen.
- Repeat these steps as many times as necessary to add dependents and beneficiaries.
- When you are ready to continue, click "Continue."
- When you see the "Authorization" page, read the information and click "Accept."

## Edit Benefits

- Review the available plans and click "Select" next to the option(s) of your choosing.
- Scroll to the top of the page and click "Next."
- Select your plan.
- If you are enrolled in a High Deductible Health Plan, determine the amount you would like to save in your Health Savings Account. Enter that value into the "Coverage" box.
- Scroll to the top of the page and click "Next."
- Select your Dental and Vision Plan.
- Select your Life Insurance and enter the coverage value.
- Select a Flexible Spending Account option and enter the coverage value.
- Specify what percentage of any insurance payouts you want each of your beneficiaries to receive.
- Choose which beneficiaries would receive anything as a primary recipient. (For example, will your spouse receive 100% of the benefit if something happens to you?)
- Choose which beneficiaries would receive anything as a contingent recipient. (For example, what will your children receive if something happens to you and your primary recipient?)
- Repeat for additional policies listed.
- When you are ready to continue, click "Next."
- Review your plan. If there are errors, click "Back" and make the necessary corrections.
- If everything is correct, click "Submit."

## Important Notes

- You cannot select both a Health Savings Account and Flexible Spending Account. You can only select one of those options.
- You cannot select a Health Savings Account unless you are enrolled in a High Deductible Health Plan.
- If you add a "New Dependent," you must upload a marriage and/or birth certificate for verification to the "Document of Record" tab on your Oracle home page or you can email it to the Insurance Division at [benefits@atlantaga.gov](mailto:benefits@atlantaga.gov). (Enter your dependents' Social Security numbers in the "National Identifiers" section.)

# Your 2023 Benefit Options

## Medical Plans

The City of Atlanta offers four medical plan options. Review these key points about the options and consider the needs of you and your family.

	High-deductible health plan options		Traditional health plan options	
	Anthem BCBS HDHP with Health Savings Account (HSA)	Kaiser HMO HDHP with Health Savings Account (HSA)	Anthem BCBS Gatekeeper POS	Kaiser Permanente HMO
<b>Preventive Care covered at 100%</b>	✓	✓	✓	✓
<b>Deductible: What you pay out-of-pocket before the plan begins to pay</b>	<b>In-Network*</b> • \$1,350 individual • \$3,900 family	<b>In-Network Only</b> • \$1,400 individual • \$4,200 family	<b>In-Network*</b> • \$500 individual • \$1,500 family	<b>In-Network Only</b> • \$500 individual • \$1,500 family
<b>How you seek health care</b>	Go to any in-network or out-of-network doctor or facility	Only in-network care is covered	You may seek care in-network or out-of-network but your Primary Care Physician must coordinate specialist care	Only in-network care is covered
<b>Coinsurance: What you pay for health care after the deductible is met</b>	20%	10%	10%	10%
<b>Coinsurance: What you pay for prescription coverage after the deductible is met</b>	20%	10%	\$15/\$30/\$40 or 20%	\$20/\$40 or 20%
<b>Annual maximum you might pay out-of-pocket</b>	• \$3,500 individual • \$7,000 family	• \$3,500 individual • \$7,500 family	• \$2,500 individual • \$7,500 family	• \$2,500 individual • \$7,500 family
	After the maximum out-of-pocket (including the deductible) is met, the plans pay 100% for most services.			
<b>Health Savings Account (HSA) eligibility</b>	✓	✓	✗	✗
	The HSA is an optional account that helps you pay healthcare out-of-pocket expenses. You can contribute: • \$3,350 individual • \$7,000 family • \$1,000 catch-up contribution for members age 55 or older		These plans are not eligible for the HSA. That means you pay all of the out-of-pocket costs and you receive no funds from COA to help cover costs. COA contributes: • \$500 individual • \$750 family	
<b>How premiums compare</b>	Second lowest premium rates	Lowest premium rates	Highest premium rates	Second highest premium rates

\* Out-of-network benefits are summarized on the following pages.

## More About the HDHP Options

High-deductible Medical Plan Options			
How You Pay for Care	Anthem BCBS HDHP with HSA		Kaiser HMO HDHP with HSA
<p><b>1 Health Savings Account</b> Use your HSA to pay for covered services and meet your annual deductible. Contributing to an HSA can reduce your tax liability. Unused HSA funds roll over from year to year.</p>	<p><b>City of Atlanta 2023 Contribution:</b></p> <ul style="list-style-type: none"> <li>• \$500 for individual coverage</li> <li>• \$750 for family coverage</li> </ul> <p><b>Your Optional 2023 Contribution Limit:</b></p> <ul style="list-style-type: none"> <li>• \$3,350 for individual coverage</li> <li>• \$7,000 for family coverage</li> <li>• \$1,000 catch-up contribution for members age 55 or older</li> </ul>		
<p><b>2 Free Preventive Care</b></p>	<p>When you seek preventive care from in-network providers, there will be no cost to you. Preventive care includes certain screenings, immunizations, and physician visits.</p>		
<p><b>3 Annual Deductible</b> This is the annual amount you pay (either out-of-pocket or using your HSA) before the plan's traditional coverage begins.</p>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network Only</b>
	<ul style="list-style-type: none"> <li>• \$1,350 individual</li> <li>• \$3,900 family</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,500 individual</li> <li>• \$5,000 family</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,400 individual</li> <li>• \$4,200 family</li> </ul>
<p><b>4 Traditional Health Coverage</b> After you meet the deductible, you pay coinsurance (a percentage of charges).</p>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible
<p><b>5 Traditional Prescription Coverage</b> After you meet the deductible, you pay coinsurance (a percentage of charges).</p>	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 90% after deductible
<p><b>6 Annual Out-of-Pocket Maximum (OOP Max)</b> Once you hit this cap, the plan pays 100% of any additional covered services for the remainder of the year. The deductible counts toward the OOP Max.</p>	<ul style="list-style-type: none"> <li>• \$3,500 individual</li> <li>• \$7,000 family</li> </ul>	<ul style="list-style-type: none"> <li>• \$7,000 individual</li> <li>• \$14,000 family</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,500 individual</li> <li>• \$7,500 family</li> </ul>



Traditional Medical Plan Options			
Plan Provisions	Anthem BCBS Gatekeeper POS		Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only
<b>Lifetime Maximum</b>	Unlimited		
<b>Deductible</b> (individual/family)	\$500/\$1,500	\$800/\$2,400	\$500/\$1,500
<b>Annual Out-of-Pocket Maximum</b> (individual/family)	\$2,500/\$7,500	\$4,000/\$12,000	\$2,500/\$7,500
<b>Preventive Care</b>			
<b>Immunizations</b>	100% (no copay)	70% after deductible	100% (no copay)
<b>Pap Smear/Mammography/Prostate Screening</b>			
<b>Routine Physicals</b>			
<b>Health Care</b>			
<b>Primary Care</b>	\$20 copay	70% after deductible	\$20 copay
<b>Specialist</b>	\$40 copay	70% after deductible	\$35 copay
<b>Emergency Services</b>	\$300 copay (waived if admitted)		
<b>Inpatient Hospital</b>	90% after deductible		
<b>Outpatient Hospital Services</b> • Hospital Charges • Diagnostic X-ray/Lab Services • Physician Services	90% after deductible		
<b>Mental Health/Substance Abuse</b>			
<b>Inpatient &amp; Partial Hospitalization Fees/Services</b>	90% after deductible	70% after deductible	90% after deductible
<b>Outpatient Mental Health Treatment</b>	90% after deductible	70% after deductible	\$20 copay (unlimited visits)
<b>Additional Services</b>			
<b>Ambulance Service</b>	100% after \$300 copay		
<b>Skilled Nursing Facility</b> (100-day max)	90% after deductible	70% after deductible	90% after deductible
<b>Home Health Care</b>	100% after deductible (40 visits per year max)	70% after deductible	No charge (120 visits per year max)
<b>Hospice Care</b>	100% after deductible	100% after deductible	No charge
<b>Prescription Drugs*</b>			
<b>Generic</b> (30-day supply)	\$15	70% after deductible	\$20 KP/\$30 NWK
<b>Preferred Brand</b> (30-day supply)	\$30	70% after deductible	\$40 KP/\$50 NWK
<b>Non-Preferred Brand</b> (30-day supply)	\$40	70% after deductible	N/A
<b>Specialty Drugs</b>	80% (\$80 min/\$120 max)	N/A	80% (\$80 min/\$120 max)
<b>Mail Order</b> (90-day supply)	2x retail copay	Not covered	2x retail copay
<b>Vision</b>			
<b>Eye Exam</b> (only for injury or disease of the eye)	\$20 copay PCP \$40 copay Specialist	70% after deductible	\$30 copay

\* Medications with a generic equivalent will be filled as generic unless the physician indicates DAW (dispense as written). If DAW is not indicated, members who choose the brand over the generic will pay the applicable copay plus the difference in cost between the brand name and the generic. All specialty medications must be filled through the mail order program.



## Mental Health

If you or a family member have any mental health needs, please review the medical benefits carefully. There are significant differences related to mental health coverage.

Please feel free to call the COA's Psychological Services/ Employee Assistance Program (PS/EAP) office at **404-546-3074**, if you would like to discuss your individual needs to ensure that you select the best coverage for you and your family members.



## Health Savings Account

If you enroll in the Anthem BCBS HDHP or Kaiser HMO HDHP, you also are eligible to enroll in a Health Savings Account (HSA). You can use the funds in your HSA to pay for eligible healthcare expenses.

Eligible healthcare expenses may include:

- Medical, dental and vision deductibles
- Medical, dental and vision coinsurance
- Medical, dental and vision copays

There are two ways to fund your HSA:

1. The City of Atlanta will contribute to your HSA each year — \$500 for individuals, and \$750 for families (employee plus one or more dependents).
2. You also can contribute to the HSA up to certain IRS limits that are noted on page 8.

HSA funds are yours to keep even if you change medical plans or leave employment with the City. Funds roll over from year-to-year, and you can use them for eligible healthcare expenses even into retirement.

The HSA is not available if you enroll in the Anthem BCBS Gatekeeper POS Plan or the Kaiser HMO.



## Flexible Spending Accounts

The Aetna Flexible Spending Accounts (FSAs) offer you the opportunity to save for and pay certain health and dependent care expenses with pretax dollars. Participating in an FSA reduces your taxable income, which means you owe less tax and spend less for qualified expenses. The amount you may contribute to an FSA is determined by the IRS annually and is noted in the enrollment system.

The City offers two types of FSAs: one for health care and another for dependent day care.

- The **Health Care FSA** is available if you enroll in the Anthem BCBS Gatekeeper POS Plan or the Kaiser HMO. It is not available if you enroll in the Anthem BCBS HDHP or Kaiser HMO HDHP. You can contribute up to \$3,050 in 2023. You will lose any money over \$610 left in your Health Care FSA after March 31, 2024, so plan your expenses carefully. \$610 can be rolled over into the next year, provided you re-enroll in the Health Care FSA.
- The **Dependent Care FSA** is available regardless of your Medical Plan enrollment. You can contribute up to \$5,000 in 2023. You will lose any money left in your Dependent Care FSA after March 31, 2024, so plan your expenses carefully.

All FSA-eligible expenses must be incurred between January 1 and December 31, 2023. Claims for reimbursement must be filed before March 31, 2024.

## Dental Plan Options

The City of Atlanta offers three dental plan options:

- Anthem BCBS Dental PPO – High Option (with orthodontia coverage)
- Anthem BCBS Dental PPO – Low Option (without orthodontia coverage)
- Aetna DHMO

The Anthem BCBS plans allow you to seek care in- or out-of-network, although you'll save when you stay in-network. The Aetna plan only allows coverage in the plan's network.

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

\* Deductible waived for diagnostic/preventive services.

Aetna DHMO	
\$0 deductible for all services	In-Network Coverage Only
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Exams</li> <li>• Cleanings</li> <li>• Routine X-rays</li> </ul>	You pay \$0 You pay \$0 You pay \$0
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Simple extractions</li> <li>• Root canals (anterior/bicuspid)</li> <li>• Periodontal scaling</li> </ul>	You pay \$22 – \$80 You pay \$12 – \$30 You pay \$150 – \$195 You pay \$39 – \$65
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Root canals (molar)</li> <li>• Crowns</li> <li>• Dentures</li> <li>• Bridges</li> </ul>	You pay \$435 You pay \$445 – \$488 You pay \$513 – \$719 You pay \$475 – \$488
<b>Orthodontic Services</b> (up to 24 months of treatment) <ul style="list-style-type: none"> <li>• Adults</li> <li>• Dependent children (up to age 19)</li> </ul>	You pay \$2,400 You pay \$2,400



## Vision Plan

The Vision Plan is administered by UnitedHealthcare Vision. You can choose from private practice providers and retail chain providers. When you use in-network providers, you'll pay less for care.

Plan Provisions	In-Network	Out-of-Network
<b>Vision Exam</b>	You pay \$15 Available once every 12 months Refractive measures such as lenses, frames, and contact lenses are covered under the UHC Vision Plan. Medical Plan participants are allowed one annual vision exam under the Medical Plan; however, this does not include evaluation or coverage for glasses or contacts.	Plan pays up to \$40
<b>Eyeglass Lenses</b> <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	You pay \$25 Available once every 12 months	Plan pays up to \$40 Plan pays up to \$60 Plan pays up to \$80 Plan pays up to \$80
<b>Eyeglass Frames</b>	Plan pays \$130 Available once every 12 months	Plan pays up to \$45
<b>Contact Lenses in Lieu of Eyeglasses</b> <ul style="list-style-type: none"> <li>• Elective</li> <li>• Necessary</li> </ul>	You pay \$25 and any amount over \$150 Available once every 12 months	Plan pays up to \$150 Plan pays up to \$210
<b>Laser Vision Correction</b>	UnitedHealthcare Vision has partnered with QualSight LASIK, for access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of traditional LASIK. Contracted prices start at \$945 per eye for traditional LASIK and \$1,395 per eye for custom LASIK. For more information visit <a href="http://myuhcvision.com">myuhcvision.com</a> .	Not available
<b>Hearing Aid Discount</b>	UnitedHealthcare Hearing offers discounts for hearing aids through our <a href="http://uhchearing.com">uhchearing.com</a> website or you can call <b>855-523-9355</b> . Mention promo code UHC MYVISION to receive discounted pricing for your hearing aid, ranging from Basic, Essential, Advanced, and Premium Hearing Aids.	

## Life Insurance

The City of Atlanta provides you with a basic amount of Group Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance to help protect your loved ones in the event of your death. There is an additional “In the Line of Duty” Benefit for First Responders.

You also may be eligible to purchase supplemental life insurance for yourself and your dependents. This supplemental coverage may require proof of insurability.

Insurance Plan	Benefits Coverage
<b>Basic Employee Life and AD&amp;D</b>	The City provides \$40,000 in coverage.
<b>Supplemental Employee Life and AD&amp;D</b>	You may purchase 1x base salary in increments of \$10,000 up to \$200,000.
<b>Supplemental Spouse/Domestic Partner Life Insurance</b>	You may purchase \$5,000 in coverage. A Surviving Spouse/Domestic Partner who is insured at the time an employee passes away will be eligible to continue his/her \$5,000 Life Insurance coverage.
<b>Supplemental Child Life Insurance</b>	You may purchase: Birth to 6 months: \$600 6 months to 26 years: \$5,000

## Short-Term Disability

AFLAC's Short-Term Disability (STD) Insurance offers a monthly benefit to replace up to 60% of your gross income if you are disabled and can't work due to a covered accident or covered sickness.

You may choose the amount of your disability benefits (subject to income limits):

- Up to 60% of your gross monthly income up to \$4,000 per month with Guaranteed Issue (no health questions).
- Higher monthly benefits are available up to \$7,500 per month with additional underwriting.

When you enroll, you may choose on/off-the-job or off-the-job only coverage. You also may choose how soon benefits are paid and how long benefits will last.

## Voluntary Benefits

Our voluntary insurance plans are offered by MetLife.

If you're sick or hurt, Aetna pays benefits directly to you to help with your eligible expenses. Coverage also is available to your spouse and dependent children.

- Lump Sum Critical Illness Insurance
- Accident Indemnity Insurance
- Hospital Indemnity Insurance

To enroll online in the City's MetLife voluntary benefits, go to [enroll.employeenavigator.com](https://enroll.employeenavigator.com). For password resets or help logging in, call **404-939-9266**.



# Wellness Programs

The DHR – Employee Benefits 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 DHR – Employee Benefits office at 404-330-6036.

## 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. These are the top five chronic diseases prevalent in our population. Your Medical Plan carrier may reach out to you, offering support if you are coping with any of these chronic diseases.

## Incentive Program

Active employees can earn up to \$300 in wellness incentives at the end of the plan year.

Anthem offers:

- \$150 (Adult Physical)
- \$50 (Health Risk Assessment)
- \$50 (Flu Shot)

Kaiser offers:

- \$150 (Adult Physical)
- \$50 (Total Health Assessment)
- \$50 (Flu Shot)
- \$50 (Biometric Screenings)

All 2023 incentive amounts must be earned, redeemed, and rewarded by December 31, 2023. Incentives will be delivered as a gift card.

## COA Employee Wellness Center

Employees who are enrolled in a City-sponsored Medical Plan are eligible to use the City's onsite health clinic. You must present a proper Medical Plan ID card. Free medical and pharmacy services will be available. When you use the Wellness Center, you save on office visit copays and may receive generic medications at no cost to you.

For information about the City's Wellness Center facility, please visit [wellnesscenter.atlantaga.gov](https://wellnesscenter.atlantaga.gov).

# Active Employee Rates

## Medical Plans

	Anthem BCBS HDHP		Anthem BCBS Gatekeeper POS	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
<b>Employee Only</b>	\$82.78	\$235.60	\$99.60	\$283.47
<b>Employee + Child(ren)</b>	\$146.35	\$416.55	\$174.39	\$496.34
<b>Employee + Spouse/Domestic Partner</b>	\$207.20	\$589.70	\$249.21	\$709.29
<b>Employee + Family</b>	\$273.58	\$778.64	\$329.05	\$936.54
	Kaiser HDHP		Kaiser HMO	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
<b>Employee Only</b>	\$77.03	\$219.22	\$92.49	\$263.25
<b>Employee + Child(ren)</b>	\$128.07	\$364.52	\$162.02	\$461.10
<b>Employee + Spouse/Domestic Partner</b>	\$192.56	\$548.06	\$231.22	\$658.09
<b>Employee + Family</b>	\$254.16	\$723.38	\$305.21	\$868.69

## Dental Plans

	Anthem BCBS Dental High Option		Anthem BCBS Dental Low Option	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
<b>Employee Only</b>	\$3.64	\$12.70	\$3.39	\$11.95
<b>Employee + Child(ren)</b>	\$7.71	\$25.81	\$6.55	\$22.22
<b>Employee + Spouse/Domestic Partner</b>	\$7.44	\$24.93	\$6.90	\$23.29
<b>Employee + Family</b>	\$12.21	\$40.24	\$10.41	\$34.68
	Aetna DHMO			
Bi-Weekly Rates	Your Cost	City Cost		
<b>Employee Only</b>	\$1.36	\$3.87		
<b>Employee + Child(ren)</b>	\$2.45	\$6.98		
<b>Employee + Spouse/Domestic Partner</b>	\$2.66	\$7.57		
<b>Employee + Family</b>	\$4.09	\$11.66		

## Vision Plan

	UnitedHealthcare Vision	
Bi-Weekly Rates	Your Cost	City Cost
<b>Employee Only</b>	\$1.51	\$0.00
<b>Employee + Child(ren)</b>	\$3.32	\$0.00
<b>Employee + Spouse/Domestic Partner</b>	\$3.16	\$0.00
<b>Employee + Family</b>	\$4.28	\$0.00

## Life Insurance Plans

	Anthem Life Insurance
Bi-Weekly Rates	Your Cost
<b>Basic Life - 1x salary</b>	\$0.53 per \$1,000
<b>Basic AD&amp;D - 1x salary</b>	\$0.03 per \$1,000
<b>Additional Life</b>	\$0.53 per \$1,000
<b>Dependent Life</b> (Spouse/Domestic Partner)*	\$5.10 per month
<b>Dependent Life</b> (Child)*	\$1.52 per month

\* \$5,000 maximum coverage

# Important Contact Information

Contact	Address	Phone / Email
<b>Benefits/Programs</b>		
<b>DHR – Employee Benefits</b>	68 Mitchell St. SW Suite 2120 Atlanta, GA 30303	Phone: 404-330-6036 Fax: 404-658-6640
<b>City of Atlanta Employee Wellness Center</b>	235 Central Ave. SW Atlanta, GA 30303	Health Clinic: 404-546-4730 Fitness Center: 404-546-4745
<b>Pension Services</b>	68 Mitchell St. SW Suite 2107 Atlanta, GA 30303	404-330-6607
<b>Strategic Benefit Advisors, Inc.</b> (General Pension Fund) (Fire & Police Pension Fund)	2472 Jett Ferry Road Suite 400-410 Atlanta, GA 30338	COA Pension Center: 888-594-0216 coapension@sba-inc.com
<b>Psychological Services and Employee Assistance Program</b>	185 Ted Turner Drive NW 6th Floor, Suite 6100 Atlanta, GA 30303	404-546-3074

## Benefit Providers

Contact	Phone	Website
<b>Medical Plans</b>		
<b>Anthem BCBS Gatekeeper POS</b>	800-368-0766	www.anthem.com
<b>Kaiser Permanente HMO</b>	888-865-5813 or 404-261-2590	www.kp.org
<b>Other Health Plans</b>		
<b>Aetna DHMO</b>	877-238-6200	www.aetna.com
<b>Anthem BCBS Dental</b>	877-604-2158	www.anthem.com
<b>UnitedHealthcare Vision</b>	800-638-3120	www.myuhcvision.com
<b>Life &amp; Disability Insurance</b>		
<b>Anthem Life</b>	800-552-2137	www.anthemlife.com
<b>AFLAC Short-Term Disability</b>	678-886-9454	www.aflac.com
<b>Supplemental Plans</b>		
<b>MetLife</b> (voluntary plans)	800-GET-MET8 (800-438-6388)	www.mybenefits.metlife.com
<b>Anthem ActWise Flexible Spending Accounts</b>	844-858-1839	www.anthem.com
<b>Retirement Plan</b>		
<b>Prudential Financial Services</b>	877-778-2100	www.prudential.com/online/retirement

This document provides a 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 document and the contracts, rules, or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersede this document. 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 document.

Oct. 2022