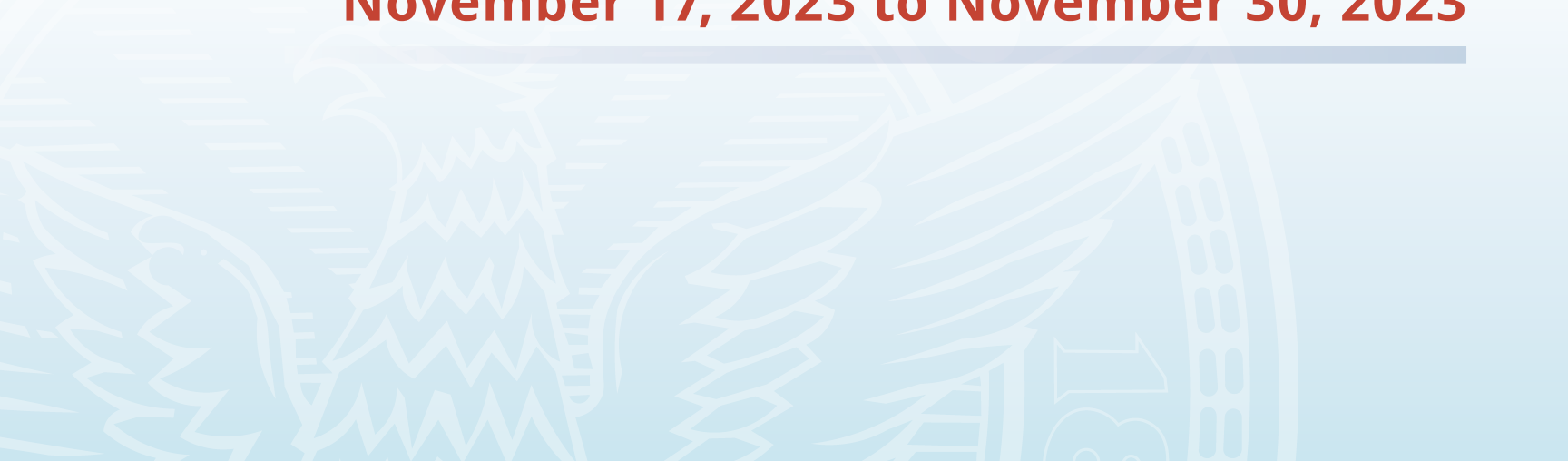




CITY OF ATLANTA

Active Employee Enrollment Guide

**ENROLL FOR 2024 BENEFITS:
November 17, 2023 to November 30, 2023**



Open Enrollment Period: November 17, 2023 to November 30, 2023

Enrollment for your 2024 employee benefits will be held from Friday, November 17, 2023 to Thursday, November 30, 2023, at 11:59 p.m. ET.

This is a passive enrollment, which means that unless you make a plan or dependent change, all current plans and rates will automatically roll over effective January 1, 2024, and no action is required, with the exception of Flexible Spending Accounts.

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 or Health Savings Account
- Participate in voluntary benefit plans

The options you select become effective January 1, 2024, through December 31, 2024, 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. Benjamin
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 coverage begins 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.

Dependent Eligibility Documentation Requirements

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

Plan Changes for 2024

Anthem BCBS HDHP Blue Open Access Plan

- **No gatekeeper or primary care referral required for specialist visits if using Anthem BCBS in-network providers.**
Participants may be treated and benefits covered at in-network rates at Anthem Open Access nationwide network providers.
- Contribution, deductible, and out-of-pocket maximum limits increase.
- No premium increase.

Anthem BCBS POS Blue Open Access Plan

- **NEW! Replaces Anthem BCBS Gatekeeper POS.**
- **No gatekeeper or primary care referral required for specialist visits if using Anthem BCBS in-network providers.**
Participants may be treated and benefits covered at in-network rates at Anthem Open Access nationwide network providers.
- No premium increase.

Kaiser Permanente High-Deductible HMO

- Contribution, deductible, and out-of-pocket maximum limits increase.
- No premium increase.

Kaiser Permanente HMO

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

Flexible Spending Accounts

- No changes to this plan.
- Health Care FSA contribution limits may increase slightly prior to Open Enrollment based on IRS guidelines.

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.

How to Enroll

There are two ways to access the enrollment system:

1. Go to 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. (Enter your dependents' Social Security numbers in the "National Identifiers" section.)

Your 2024 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 Blue Open Access Plan with Health Savings Account (HSA)	Kaiser HMO HDHP with Health Savings Account (HSA)	Anthem BCBS POS Blue Open Access Plan	Kaiser Permanente HMO
Preventive Care covered at 100%	✓	✓	✓	✓
Deductible: What you pay out-of-pocket before the plan begins to pay	In-Network* • \$1,600 individual • \$3,900 family	In-Network Only • \$1,600 individual • \$3,200 family	In-Network* • \$500 individual • \$1,500 family	In-Network Only • \$500 individual • \$1,500 family
How you seek health care	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
Coinsurance: What you pay for health care after the deductible is met	20%	10%	10%	10%
Coinsurance: What you pay for prescription coverage after the deductible is met	20%	10%	\$15/\$30/\$40 or 20%	\$20/\$40 or 20%
Annual maximum you might pay out-of-pocket	• \$3,500 individual • \$7,000 family	• \$3,500 individual • \$7,000 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.				
Health Savings Account (HSA) eligibility	✓	✓	✗	✗
	The HSA is an optional account that helps you pay healthcare out-of-pocket expenses. You can contribute: • \$4,150 individual • \$8,300 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.	
How premiums compare	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 Blue Open Access Plan with HSA		Kaiser HMO HDHP with HSA
<p>1 Health Savings Account 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>City of Atlanta 2024 Contribution:</p> <ul style="list-style-type: none"> • \$500 for individual coverage • \$750 for family coverage <p>Your Optional 2024 Contribution Limit:</p> <ul style="list-style-type: none"> • \$4,150 for individual coverage • \$8,300 for family coverage • \$1,000 catch-up contribution for members age 55 or older 		
<p>2 Free Preventive Care 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>3 Annual Deductible This is the annual amount you pay (either out-of-pocket or using your HSA) before the plan's traditional coverage begins.</p>	In-Network	Out-of-Network	In-Network Only
	<ul style="list-style-type: none"> • \$1,600 individual • \$3,900 family 	<ul style="list-style-type: none"> • \$2,500 individual • \$5,000 family 	<ul style="list-style-type: none"> • \$1,600 individual • \$3,200 family
<p>4 Traditional Health Coverage 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>5 Traditional Prescription Coverage 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>6 Annual Out-of-Pocket Maximum (OOP Max) 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"> • \$3,500 individual • \$7,000 family 	<ul style="list-style-type: none"> • \$7,000 individual • \$14,000 family 	<ul style="list-style-type: none"> • \$3,500 individual • \$7,000 family

Traditional Medical Plan Options			
Plan Provisions	Anthem BCBS POS Blue Open Access Plan		Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only
Lifetime Maximum	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
Preventive Care			
Immunizations	100% (no copay)	70% after deductible	100% (no copay)
Pap Smear/Mammography/Prostate Screening			
Routine Physicals			
Health Care			
Primary Care	\$20 copay	70% after deductible	\$20 copay
Specialist	\$40 copay	70% after deductible	\$35 copay
Emergency Services	\$300 copay (waived if admitted)		
Inpatient Hospital	90% after deductible		
Outpatient Hospital Services • Hospital Charges • Diagnostic X-ray/Lab Services • Physician Services	90% after deductible		
Mental Health/Substance Abuse			
Inpatient & Partial Hospitalization Fees/Services	90% after deductible	70% after deductible	90% after deductible
Outpatient Mental Health Treatment	90% after deductible	70% after deductible	\$20 copay (unlimited visits)
Additional Services			
Ambulance Service	100% after \$300 copay		
Skilled Nursing Facility (100-day max)	90% after deductible	70% after deductible	90% after deductible
Home Health Care	100% after deductible (40 visits per year max)	70% after deductible	No charge (120 visits per year max)
Hospice Care	100% after deductible	100% after deductible	No charge
Prescription Drugs*			
Generic (30-day supply)	\$15	70% after deductible	\$20 KP/\$30 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
Specialty Drugs	80% (\$80 min/\$120 max)	N/A	80% (\$80 min/\$250 max)
Mail Order (90-day supply)	2x retail copay	Not covered	2x retail copay
Vision			
Eye Exam (only for injury or disease of the eye)	\$20 copay PCP \$40 copay Specialist	70% after deductible	\$35 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 POS Blue Open Access Plan or the Kaiser HMO.



Flexible Spending Accounts

The Anthem 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 POS Blue Open Access Plan or the Kaiser HMO. It is not available if you enroll in the Anthem BCBS HDHP Blue Open Access Plan or Kaiser HMO HDHP. You can contribute up to \$3,050 in 2024. You will lose any money over \$610 left in your Health Care FSA after March 31, 2025, 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 2024. You will lose any money left in your Dependent Care FSA after March 31, 2025, so plan your expenses carefully.

All FSA-eligible expenses must be incurred between January 1 and December 31, 2024. Claims for reimbursement must be filed before March 31, 2025.

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)
Annual Benefit Maximum (per person)	\$2,000	\$2,000
Annual Deductible (individual/family)*	\$50/\$150	\$50/\$150
Dental Services	Plan pays:	Plan pays:
Diagnostic and Preventive Services (exams, cleanings, X-rays)	100%	100%
Basic Services (fillings, extractions, root canals, periodontic scaling, and root planing)	80%	80%
Major Services (crowns, dentures, bridges)	50%	50%
Orthodontic Services (adults and dependent children)	50%	Not covered
Orthodontic Services Lifetime Maximum (per person)	\$1,500	N/A

* Deductible waived for diagnostic/preventive services.

Aetna DHMO	
\$0 deductible for all services	In-Network Coverage Only
Diagnostic and Preventive Services <ul style="list-style-type: none"> • Exams • Cleanings • Routine X-rays 	You pay \$0 You pay \$0 You pay \$0
Basic Services <ul style="list-style-type: none"> • Fillings • Simple extractions • Root canals (anterior/bicuspid) • Periodontal scaling 	You pay \$22 – \$80 You pay \$12 – \$30 You pay \$150 – \$195 You pay \$39 – \$65
Major Services <ul style="list-style-type: none"> • Root canals (molar) • Crowns • Dentures • Bridges 	You pay \$435 You pay \$445 – \$488 You pay \$513 – \$719 You pay \$475 – \$488
Orthodontic Services (up to 24 months of treatment) <ul style="list-style-type: none"> • Adults • Dependent children (up to age 19) 	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
Vision Exam	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
Eyeglass Lenses <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular 	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
Eyeglass Frames	Plan pays \$130 Available once every 12 months	Plan pays up to \$45
Elective Contact Lenses in Lieu of Eyeglasses	Formulary – You pay \$25 (includes 6 boxes) Non-Formulary – Plan pays up to \$150 Available once every 12 months	Plan pays up to \$150
Necessary Contact Lenses in Lieu of Eyeglasses	You pay \$25 (includes 6 boxes) Available once every 12 months	Plan pays up to \$210
Laser Vision Correction	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 myuhcvision.com .	Not available
Hearing Aid Discount	UnitedHealthcare Hearing offers discounts for hearing aids through our uhchearing.com website or you can call 866-926-6632 . 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.

- If you **are not** actively at work on January 1, 2024, you cannot enroll in Basic Life or Supplemental Life.
- If you are currently enrolled in Supplemental Life, you **cannot** increase your coverage if you are not actively at work on January 1, 2024.
- If you would like to enroll in Basic Life or increase your Supplemental Life by more than \$20,000, you **must** complete an Evidence of Insurability (EOI) Form and submit for review and approval.

Insurance Plan	Benefits Coverage
Basic Employee Life and AD&D	The City provides \$40,000 in coverage.
Supplemental Employee Life and AD&D	You may purchase 1x base salary in increments of \$10,000 up to \$200,000.
Supplemental Spouse/Domestic Partner Life Insurance	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.
Supplemental Child Life Insurance	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.

To enroll in the City's AFLAC STD Plan, please contact AFLAC directly at **678-886-9454**.

Voluntary Benefits

Our voluntary insurance plans are offered by MetLife.

If you're sick or hurt, MetLife 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**. 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 wellness incentives at the end of the plan year.

Anthem offers:

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

Kaiser offers \$300 for completion of Total Health Assessment, Biometric Screening and cancer screenings. Please contact Kaiser Permanente Rewards at **1-866-300-9867** for more information.

All 2024 incentive amounts must be earned, redeemed, and rewarded by December 31, 2024.

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.

Active Employee Rates

Medical Plans

	Anthem BCBS HDHP Blue Open Access Plan		Anthem BCBS POS Blue Open Access Plan	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$82.78	\$266.87	\$99.60	\$321.10
Employee + Child(ren)	\$146.35	\$471.84	\$174.39	\$562.23
Employee + Spouse/Domestic Partner	\$207.20	\$667.97	\$249.21	\$803.45
Employee + Family	\$273.58	\$881.98	\$329.05	\$1,060.86
	Kaiser HDHP		Kaiser HMO	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$77.03	\$198.83	\$92.49	\$243.90
Employee + Child(ren)	\$128.07	\$354.66	\$162.02	\$426.62
Employee + Spouse/Domestic Partner	\$192.56	\$497.06	\$231.22	\$609.71
Employee + Family	\$254.16	\$656.15	\$305.21	\$804.83

Dental Plans

	Anthem BCBS Dental High Option		Anthem BCBS Dental Low Option	
Bi-Weekly Rates	Your Cost	City Cost	Your Cost	City Cost
Employee Only	\$3.64	\$12.70	\$3.39	\$11.95
Employee + Child(ren)	\$7.71	\$25.81	\$6.55	\$22.22
Employee + Spouse/Domestic Partner	\$7.44	\$24.93	\$6.90	\$23.29
Employee + Family	\$12.21	\$40.24	\$10.41	\$34.68
	Aetna DHMO			
Bi-Weekly Rates	Your Cost	City Cost		
Employee Only	\$1.36	\$4.38		
Employee + Child(ren)	\$2.45	\$7.97		
Employee + Spouse/Domestic Partner	\$2.66	\$8.74		
Employee + Family	\$4.09	\$13.58		

Vision Plan

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

Life Insurance Plans

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

*\$5,000 maximum coverage

Important Contact Information

Contact	Address	Contact Information
Benefits/Programs		
DHR – Employee Benefits	68 Mitchell St. SW Atlanta, GA 30303	Phone: 404-330-6036
City of Atlanta Employee Wellness Center	235 Central Ave. SW Atlanta, GA 30303	Health Clinic: 404-546-4730 Fitness Center: 404-546-4745 www.wellnesscenter.atlantaga.gov
City of Atlanta Pension Services	68 Mitchell St. SW Atlanta, GA 30303	404-330-6607
Strategic Benefits Advisors, Inc. (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
Empower (401(a) Defined Contribution and 457(b) Deferred Compensation Plans)	N/A	800-701-8255 www.empowermyretirement.com
Psychological Services and Employee Assistance Program	185 Ted Turner Drive NW 6th Floor, Suite 6100 Atlanta, GA 30303	404-546-3074

Benefit Providers

Contact	Phone	Website
Medical Plans		
Anthem BCBS Blue Open Access Plan	800-368-0766	www.anthem.com
Kaiser Permanente HMO	888-865-5813 or 404-261-2590	www.kp.org
Other Health Plans		
Aetna DHMO	877-238-6200	www.aetna.com
Anthem BCBS Dental	877-604-2158	www.anthem.com
UnitedHealthcare Vision	800-638-3120	www.myuhcvision.com
Life & Disability Insurance		
Anthem Life	800-552-2137	www.anthemlife.com
AFLAC Short-Term Disability	678-886-9454	www.aflac.com
Supplemental Plans		
MetLife (voluntary plans)	800-GET-MET8 (800-438-6388)	www.mybenefits.metlife.com
Anthem ActWise Flexible Spending Accounts	844-858-1839	www.anthem.com

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. 2023

