



CITY OF ATLANTA

Retired 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 retiree 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 unless a plan change is made, all current plans and rates will roll over effective January 1, 2024. No action is required!

You must enroll in benefits if you wish to:

- Select coverage for the first time (except for Life Insurance)
- Change benefit plans
- Change coverage levels or add a dependent

The options you select become effective January 1, 2024, through December 31, 2024, unless you have a qualifying life event.

In-Person and Virtual Meetings

You can watch the enrollment presentation online at benefits.atlantaga.gov.

The website also lists dates, times and locations of in-person meetings.

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Andre Dickens

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District 3 Byron Amos
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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.

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.

How to Enroll

There are two ways to access the enrollment system:

1. Go to benefits.atlantaga.gov and click the red "Enroll Now" 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* site:

<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 log in, 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.
- 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.
- 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 Note

- 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.)

Making Changes During the Year

Retirees will have access to the enrollment website all throughout the year. Life events, beneficiary changes and address changes can be submitted through the portal. Life event changes must take place within 31 days of the event (i.e., divorce, marriage, etc.), or wait until the next Open Enrollment period.

Plan Changes for 2024

Non-Medicare Retiree Medical Plan Options

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 HMO

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

Medicare Advantage Retiree Medical Plan Options

UnitedHealthcare Medicare Advantage PPO (Parts A & B)

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

Anthem BCBS Medicare Advantage PPO (Parts A & B)

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

Kaiser Permanente Senior Advantage HMO (Parts A & B)

- To participate in the plan, you must live within Kaiser's Senior Advantage Service Area, which is offered in 20 counties in the metro Atlanta area.
- No changes to this plan.
- No premium increase.

UnitedHealthcare Group Medicare Advantage PPO (Part B Only)

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

Medicare Advantage SPLIT Retiree Medical Plan Options

Anthem BCBS Medicare Advantage PPO Split Option Plan (Parts A & B)

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

Kaiser Permanente HMO + Senior Advantage (Medicare) Split Option Plan

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

Other Benefit Options

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 increase.
- Check your beneficiaries and update as appropriate.

Retiree Medical Plan Options

The City offers Medical Plan options for which you may be eligible, depending on your Medicare eligibility status. Each of the plans cover 100% of in-network preventive care, even before you meet the deductible.

You choose between non-Medicare or Medicare Advantage options:

PLAN OPTIONS	WHO IS ELIGIBLE	ABOUT THE PLANS
Non-Medicare Retiree Medical Plan Options		
<ol style="list-style-type: none"> 1 Anthem BCBS POS Blue Open Access Plan 2 Kaiser Permanente HMO 	Only retirees and their dependents who are NOT eligible for Medicare may enroll in these plans.	These options are the same as those offered to active employees.

OR

Medicare Advantage Retiree Medical Plan Options		
<ol style="list-style-type: none"> 1 UnitedHealthcare Medicare Advantage PPO (Parts A & B) 2 Anthem BCBS Medicare Advantage PPO (Parts A & B) 	Only retirees and their spouses who ARE eligible for Medicare Parts A and B may enroll in these supplement plans.	The plans are Preferred Provider Organizations (PPO) that give you the freedom to go to any provider that accepts Medicare and is willing to accept the plan reimbursements and rules. For more information, visit retiree.uhc.com or www.anthem.com .
<ol style="list-style-type: none"> 3 Kaiser Permanente Senior Advantage HMO (Parts A & B) 	Only retirees and their spouses in metro Atlanta who ARE eligible for Medicare Parts A and B may enroll in this supplement plan. To participate in the plan, you must live within Kaiser's Senior Advantage Service Area, which is offered in 20 counties in the metro Atlanta area.	This plan covers in-network services only. If you go out-of-network, the plan will not cover that care. If you join this plan, Kaiser Permanente will automatically serve as your Medicare Part D provider. For more information, visit www.kp.org .
<ol style="list-style-type: none"> 4 UnitedHealthcare Group Medicare Advantage PPO (Part B Only) 	Only retirees and their spouses who ARE eligible for Medicare Part B may enroll in this supplement plan.	Employees hired prior to April 1, 1986, 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. However, retirees and their spouses will be responsible for paying the monthly Part B premium.

OR

Medicare Advantage SPLIT Retiree Medical Plan Options		
<ol style="list-style-type: none"> 5 Anthem BCBS Medicare Advantage PPO Split Option Plan (Parts A & B) 6 Kaiser Permanente HMO + Senior Advantage (Medicare) Split Option Plan 	Retiree families where not all covered persons are Medicare-eligible. At least one person must be Medicare-eligible.	Anthem BCBS and Kaiser also offer split plans with a combination of coverage for those who ARE Medicare-eligible and those who are NOT Medicare-eligible. UnitedHealthcare does not offer a split plan. See page 19 for more information.

Understanding Medicare

Medicare is a federal health insurance program for people who are age 65 and older or disabled at retirement. It has three parts.

Part A	Medicare Part A covers hospital stays, care in skilled nursing facilities, home health care, hospice care, and blood transfusions. Everyone who is eligible for Medicare gets Part A; for most, there is no charge for it. You should enroll for Part A when you turn 65, even if you continue working for the City.
Part B	Medicare Part B covers doctors' services, outpatient hospital care, and some medical supplies and equipment. It also covers some services that Part A doesn't cover, such as certain physical and occupational therapy and home health care services. Part B has a monthly premium that's deducted from your monthly Social Security benefit. NOTE: Enroll for Part B as soon as 90 days prior to retirement.
Part D	Medicare Part D covers prescription drugs. Part D is optional and a monthly premium applies. Medicare delivers Part D coverage by contracting with private prescription drug plans. These plans offers standard Part D coverage and also may offer more coverage and additional drugs for higher monthly premiums. NOTE: If you join the Kaiser Permanente Senior Advantage HMO, do not enroll in Part D coverage separately; Part D enrollment is automatic through the plan.

Potential Loss of Coverage

If you sign up for any Medicare Advantage Plan (other than the City-sponsored plans listed in this guide) 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 DHR – Employee Benefits at **404-330-6036** before signing up for another medical plan of any type.

Your Medicare Checklist

- Enroll in Medicare Parts A and B three months before age 65 to ensure that your benefits will begin when you need them and to avoid possible premium penalties.
- If you have not previously enrolled, when you reach age 65, you are automatically enrolled in Medicare Parts A and B when you sign up for Social Security benefits, unless you elect otherwise.
- If you become Medicare-eligible before age 65 due to disability, log on to [medicare.gov](https://www.medicare.gov) to learn more about Medicare for the disabled who are under age 65.
- Remember that payments for Medicare health coverage will be deducted from your Social Security payments.

Non-Medicare Retiree 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 and 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.

Medicare Advantage Retiree Medical Plan Options

Note: If you enroll in a split plan, the Medicare Advantage coverage would follow this chart and the non-Medicare coverage would follow the chart on the prior page.

Plan Provisions	UnitedHealthcare Medicare Advantage PPO (Medicare Part A&B or Medicare Part B Only) (In-network benefits shown; see EOC for out-of-network benefits.)	Kaiser Permanente Senior Advantage HMO (Medicare Parts A&B) (In-network benefits only.)	Anthem BCBS Medicare Plan PPO (Medicare Parts A&B) (In-network benefits shown; see SPD for out-of-network benefits.)
Lifetime Maximum	Unlimited		
Deductible (individual/family)	\$100/\$0	None	\$100/\$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)		
Pap Smear/ Mammography/ Prostate Screening			
Routine Physicals			
Office Visits			
Primary Care	\$15 copay	\$10 copay	\$15 copay
Specialist	\$25 copay		
Hospital Services			
Emergency Services	\$50 copay (waived if admitted)		
Inpatient Hospital	\$250 copay after \$100 deductible per admission, \$750 annual out-of-pocket maximum (included in the \$3,350 annual out-of-pocket maximum)	100%	\$250 copay after \$100 deductible per admission, \$750 annual out-of-pocket maximum (included in the \$3,350 annual out-of-pocket maximum)
Outpatient Hospital Services <ul style="list-style-type: none"> • Hospital Charges • Diagnostic X-ray/ Lab Services • Physician Services 	\$100 copay after \$100 deductible for hospital charges; diagnostic labs and imaging covered at 100%; no charge for physician services	100%	\$100 copay for hospital charges; diagnostic labs and imaging covered at 100%; no charge for physician services; \$100 deductible applies to all three services
Mental Health/Substance Abuse (No PCP referral required.)			
Inpatient Treatment	Plan pays 100% (unlimited visits)	100%	Plan pays 100% (unlimited visits)
Outpatient Treatment	Plan pays 100% (unlimited visits)	\$10 copay per visit (unlimited visits)	Plan pays 100% (unlimited visits)

Medicare Advantage Retiree Medical Plan Options, continued

Plan Provisions	UnitedHealthcare Medicare Advantage PPO (Medicare Part A&B or Medicare Part B Only) (In-network benefits shown; see EOC for out-of-network benefits.)	Kaiser Permanente Senior Advantage HMO (Medicare Parts A&B) (In-network benefits only.)	Anthem BCBS Medicare Plan PPO (Medicare Parts A&B) (In-network benefits shown; see SPD for out-of-network benefits.)
Additional Services			
Skilled Nursing Facility (100-day max)	\$0 copay	\$0 copay	\$0 copay after \$100 deductible
Home Health Care	\$0 copay	\$0 copay	\$0 copay after \$100 deductible
Hospice Care	Covered at a Medicare certified hospice	\$0 copay	Covered at a Medicare certified hospice; \$0 copay for one-time only hospice consultation
Prescription Drugs			
Generic (30-day supply)	\$15	\$10	\$15
Preferred Brand (30-day supply)	\$25	\$25	\$25
Non-Preferred Brand or Specialty (30-day supply)	\$50	\$40	\$50
Mail Order (90-day supply)	2x retail copay	2x retail copay	2x retail copay
Vision			
Eye Exam (Only for injury or disease of the eye.)	\$0 copay	\$10 copay	\$15 copay after \$100 deductible
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 Anthem BCBS Medicare Plan PPO.

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.

Prescription Drug Coverage and Medicare

The City of Atlanta has determined that the prescription drug coverage offered by the City-sponsored plans for Medicare-eligible retirees is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay for the period January 1, 2024 – December 31, 2024.

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 your current prescription drug coverage, contact the DHR – Employee Benefits office at **404-330-6036**.

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

- 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.)
- Call **800-MEDICARE** (800-633-4227). TTY users should call 877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available from the Social Security Administration (SSA). Visit SSA online at www.ssa.gov, or call them at **800-772-1213** (TTY 800-325-0778).

Other Important Reminders About Medicare Advantage Coverage

Dependent Coverage

If you have dependents (spouse or children) who ARE NOT Medicare eligible, you must enroll in either the Anthem BCBS Medicare Advantage PPO Split Option Plan or the Kaiser Permanente Senior Advantage HMO Split Option Plan. (The UnitedHealthcare Group Medicare Advantage PPO options will not be available choices for you.) Likewise, your dependents will be enrolled in either the Anthem BCBS POS Blue Open Access Plan or Kaiser HMO plan, depending on the plan you choose for yourself.

Potential Loss of Coverage

If you sign up for any Medicare Advantage Plan (other than the City-sponsored plans listed in this guide) 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 DHR – Employee Benefits at **404-330-6036** before signing up for another medical plan of any type.

City of Atlanta Medicare Part B Buy-in

Employees hired prior to April 1, 1986, 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. However, retirees and their spouses will be responsible for paying the monthly Part B premium.

How to Contact Medicare

800-MEDICARE (800-633-4227)

TTY/TDD **877-486-2048**

Seven days a week, 24 hours a day

www.medicare.gov

Other Benefit Plans

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 – Georgia only

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. Retiree survivors are not allowed to add dental coverage if they were not previously enrolled in a Dental Plan.

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 – Georgia Only	
\$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 855-523-9355 . 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 to help protect your loved ones in the event of your death.

Eligibility

To be eligible for life insurance:

- If you are the retiree, you must have had life insurance coverage as an active employee at the time of retirement.
- You must be a widow(er) or Domestic Partner of a retiree who was covered by the insurance at the time of his/her death.
- For Dependent Life Insurance, the retiree's spouse/Domestic Partner or children must not be full-time members of the armed forces of any country.
- A widow(er) cannot cover dependents.

Insurance Plan	Benefits Coverage
Retiree/Survivor Insurance	<ul style="list-style-type: none"> • The City provides \$10,000 in coverage for retirees or \$5,000 for survivors. • Some grandfathered employees may have different coverage amounts. • A retiree or survivor who terminates his/her coverage is not eligible to return to the City plan in the future.
Spouse and Dependent Life Insurance	<p>Dependent Life Insurance also is available and provides the following coverage:</p> <ul style="list-style-type: none"> • Spouse/Domestic Partner: \$5,000 • Child between birth and six months: \$600 • Child between six months and 26 years: \$5,000 <p>Note that both spouse/Domestic Partner and child coverage cannot exceed 100% of the retiree's amount of Basic Life insurance.</p> <p>A surviving spouse/Domestic Partner who is insured at the time a retiree passes away will be eligible to continue his/her \$5,000 Life Insurance coverage. A retiree must have paid an additional 1% into the pension to qualify the spouse/Domestic Partner for survivor benefits.</p>

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

Anthem BCBS POS Blue Open Access Plan and Kaiser HMO non-Medicare retirees only can earn a \$150 incentive for completing an annual physical examination with their Primary Care Physician. The incentive must be earned by December 31, 2024, and redeemed and rewarded by January 31, 2025.

Vendor-Sponsored Wellness Programs

The Medicare Advantage plan carriers also provide wellness programs and local fitness centers in some locations. Please check your plan website for program information.

UnitedHealthcare Medicare Advantage members can stay active with a free gym membership. You can also take advantage of a personalized fitness plan, online brain health programs from AARP Staying Sharp, and Fitbit workouts you can do at home or locally with other Renew Active members.

COA Employee Wellness Center

City of Atlanta pre-age 65 retirees 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 to retirees only (not to dependents of retirees) who are enrolled in the Anthem BCBS POS Blue Open Access Plan or Kaiser HMO Medical Plans. 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.

Retired Employee Rates

Non-Medicare Medical Plans

	Retiree hired prior to April 1, 1986		Retiree hired on or after April 1, 1986, but retired between September 2009 through August 31, 2010		Retiree hired on or after April 1, 1986, but retired September 1, 2010 or later	
Anthem BCBS POS Blue Open Access Plan (Without Medicare)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$215.72	\$695.80	\$298.69	\$612.83	\$381.66	\$529.86
Retiree + Child(ren)	\$377.84	\$1,218.69	\$523.16	\$1,073.37	\$668.49	\$928.04
Retiree + Spouse/Domestic Partner	\$539.95	\$1,741.56	\$747.63	\$1,533.88	\$955.30	\$1,326.21
Retiree + Family	\$712.95	\$2,299.54	\$987.16	\$2,025.33	\$1,261.38	\$1,751.11
Beneficiary Child(ren)	\$215.72	\$695.80	\$298.69	\$612.83	\$381.66	\$529.86
Survivor Only	\$215.72	\$695.80	\$298.69	\$612.83	\$381.66	\$529.86
Survivor/Bene Child(ren)	\$377.84	\$1,218.69	\$523.16	\$1,073.37	\$668.49	\$928.04
Kaiser Permanente HMO (Without Medicare)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$200.40	\$528.44	\$277.47	\$451.37	\$354.55	\$374.29
Retiree + Child(ren)	\$350.68	\$924.71	\$485.55	\$789.84	\$620.43	\$654.96
Retiree + Spouse/Domestic Partner	\$500.98	\$1,321.04	\$693.66	\$1,128.36	\$886.35	\$935.67
Retiree + Family	\$661.30	\$1,743.79	\$915.64	\$1,489.45	\$1,169.99	\$1,235.10
Beneficiary Child(ren)	\$200.40	\$528.44	\$277.47	\$451.37	\$354.55	\$374.29
Survivor Only	\$200.40	\$528.44	\$277.47	\$451.37	\$354.55	\$374.29
Survivor/Bene Child(ren)	\$350.68	\$924.71	\$485.55	\$789.84	\$620.43	\$654.96

Medicare Advantage Medical Plans

	Retiree hired prior to April 1, 1986		Retiree hired on or after April 1, 1986, but retired between September 2009 through August 31, 2010		Retiree hired on or after April 1, 1986, but retired September 1, 2010 or later	
UHC Medicare Advantage PPO (Medicare Parts A and B)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$49.18	\$139.97	\$68.09	\$121.06	\$87.01	\$102.14
Retiree + Spouse/DP	\$98.36	\$279.94	\$136.19	\$242.11	\$174.02	\$204.28
Survivor Spouse/DP Only	\$49.18	\$139.97	\$68.09	\$121.06	\$87.01	\$102.14
UHC Medicare Advantage PPO (Medicare Part B)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$147.81	\$420.70	\$204.66	\$363.85	\$261.51	\$307.00
Retiree + Spouse/DP	\$295.63	\$841.39	\$409.33	\$727.69	\$523.03	\$614.00
Survivor Spouse/DP Only	\$147.81	\$420.70	\$208.26	\$370.25	\$261.51	\$307.00
Anthem BCBS Medicare Advantage PPO (Medicare Parts A and B)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$65.63	\$186.94	\$90.88	\$161.69	\$116.12	\$136.45
Retiree + Spouse/DP	\$131.27	\$373.87	\$181.76	\$323.38	\$232.25	\$272.89
Survivor Spouse/DP Only	\$65.64	\$186.93	\$90.87	\$161.70	\$116.12	\$136.45
Anthem BCBS Medicare Advantage PPO (Medicare Parts A and B) Split Option Plan						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree + Child(ren) - Medicare	\$254.24	\$909.85	\$352.03	\$812.06	\$449.81	\$714.28
Retiree + Spouse/DP (1 Medicare)	\$254.24	\$909.85	\$352.03	\$812.06	\$449.81	\$714.28
Retiree + Family (1 Medicare)	\$368.75	\$1,047.91	\$510.58	\$906.08	\$652.40	\$764.26
Retiree + Family (2 Medicare)	\$333.84	\$830.25	\$462.24	\$701.85	\$519.76	\$644.33
Survivor Only - Medicare	\$65.64	\$186.93	\$90.87	\$161.70	\$116.12	\$136.45
Survivor Spouse + Child(ren) - Medicare	\$254.24	\$909.85	\$352.03	\$812.06	\$449.81	\$714.28
Kaiser Permanente Senior Advantage HMO (Medicare)						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$51.74	\$155.22	\$71.64	\$135.32	\$91.54	\$115.42
Retiree + Spouse/DP	\$103.48	\$310.44	\$143.28	\$270.64	\$183.08	\$230.84
Survivor Spouse/DP Only	\$51.74	\$155.22	\$71.64	\$135.32	\$91.54	\$115.42
Kaiser Permanente HMO + Senior Advantage (Medicare) Split Option Plan						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree + Child(ren) - Medicare	\$243.31	\$692.49	\$336.89	\$598.91	\$430.47	\$505.33
Retiree + Spouse/DP (1 Medicare)	\$243.31	\$692.49	\$336.89	\$598.91	\$430.47	\$505.33
Retiree + Family (1 Medicare)	\$385.41	\$1,096.94	\$533.65	\$948.70	\$681.88	\$800.47
Retiree + Family (2 Medicare)	\$297.12	\$845.64	\$411.39	\$731.37	\$525.67	\$617.09
Beneficiary Child(ren) - Medicare	\$53.81	\$153.15	\$74.51	\$132.45	\$95.20	\$111.76
Survivor Only - Medicare	\$53.81	\$153.15	\$74.51	\$132.45	\$95.20	\$111.76
Survivor Spouse + Child(ren) - Medicare	\$243.31	\$692.49	\$336.89	\$598.91	\$430.47	\$505.33

Dental Plans

	Retiree hired prior to April 1, 1986		Retiree hired on or after April 1, 1986, but retired between September 2009 through August 31, 2010		Retiree hired on or after April 1, 1986, but retired September 1, 2010 or later	
Anthem BCBS Dental High Option						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$7.89	\$24.79	\$10.93	\$21.75	\$13.97	\$18.71
Retiree + Child(ren)	\$16.72	\$50.31	\$23.14	\$43.89	\$29.57	\$37.46
Retiree + Spouse/Domestic Partner	\$16.12	\$48.62	\$22.32	\$42.42	\$28.52	\$36.22
Retiree + Family	\$26.44	\$78.46	\$36.62	\$68.28	\$46.79	\$58.11
Beneficiary Child(ren)	\$16.72	\$50.31	\$23.14	\$43.89	\$29.57	\$37.46
Survivor Only	\$7.89	\$24.79	\$10.93	\$21.75	\$13.97	\$18.71
Survivor/Bene Child(ren)	\$16.72	\$50.31	\$23.14	\$43.89	\$29.57	\$37.46
Anthem BCBS Dental Low Option						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$7.35	\$23.33	\$10.17	\$20.51	\$13.00	\$17.68
Retiree + Child(ren)	\$14.20	\$43.33	\$19.66	\$37.87	\$25.13	\$32.40
Retiree + Spouse/Domestic Partner	\$14.94	\$45.44	\$20.68	\$39.70	\$26.43	\$33.95
Retiree + Family	\$22.56	\$67.61	\$31.23	\$58.94	\$39.91	\$50.26
Beneficiary Child(ren)	\$14.20	\$43.33	\$19.66	\$37.87	\$25.13	\$32.40
Survivor Only	\$7.35	\$23.33	\$10.17	\$20.51	\$13.00	\$17.68
Survivor/Bene Child(ren)	\$14.20	\$43.33	\$19.66	\$37.87	\$25.13	\$32.40
Aetna Dental – DHMO						
Monthly Rates	Your Cost	City Cost	Your Cost	City Cost	Your Cost	City Cost
Retiree Only	\$2.95	\$9.48	\$4.08	\$8.35	\$5.21	\$7.22
Retiree + Child(ren)	\$5.31	\$17.27	\$7.35	\$15.23	\$9.39	\$13.19
Retiree + Spouse/Domestic Partner	\$5.76	\$18.95	\$7.98	\$16.73	\$10.20	\$14.51
Retiree + Family	\$8.88	\$29.40	\$12.30	\$25.98	\$15.71	\$22.57
Beneficiary Child(ren)	\$5.31	\$17.27	\$7.35	\$15.23	\$9.39	\$13.19
Survivor Only	\$2.95	\$9.48	\$4.08	\$8.35	\$5.21	\$7.22
Survivor/Bene Child(ren)	\$5.31	\$17.27	\$7.35	\$15.23	\$9.39	\$13.19

Vision Plan

UnitedHealthcare Vision	
Monthly Rates	Your Cost
Retiree Only	\$3.27
Retiree + Child(ren)	\$7.20
Retiree + Spouse/Domestic Partner	\$6.86
Retiree + Family	\$9.27
Beneficiary Child(ren)	\$7.20
Survivor Only	\$3.27
Survivor/Bene Child(ren)	\$7.20

Life Insurance Plans

Anthem BCBS Life Insurance	
Monthly Rates	Rates per Month
Basic Life - Retirees (\$10,000)	\$8.89
Grandfathered Retiree Life (\$10,000)	\$8.89
Dependent Life (Spouse)*	\$3.91
Dependent Life (Child)*	\$1.16
Surviving Spouse*	\$3.91

*\$5,000 maximum coverage

Important Contact Information

Contact	Address	Phone / Email
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
Pre-65 Medical Plans		
Anthem BCBS POS Blue Open Access Plan	800-368-0766	www.anthem.com
Kaiser Permanente HMO	888-865-5813 or 404-261-2590	www.kp.org
Post-65 Retiree Health Plans		
Anthem BCBS Medicare Advantage Plan	First Impressions (Pre-Enrollment): 833-848-8729 Member Services (Post-Enrollment): 833-848-8730	www.anthem.com
UnitedHealthcare Medicare Advantage PPO	Member Services (Pre-Enrollment): 866-625-4663 (Post-Enrollment): 800-457-8506	Virtual Education Center: www.UHCVirtualRetiree.com Member: retiree.uhc.com
Kaiser Permanente Senior Advantage HMO	404-365-0966 or 800-611-1811	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 Insurance		
Anthem Life	800-552-2137	www.anthemlife.com

This document provides a summary of benefits available to City of Atlanta retired 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

