



Clayton County

2012 Employee Benefits Guide



Colonial Life[®]
Making benefits count.

WELCOME TO YOUR 2012 ANNUAL OPEN ENROLLMENT!

Clayton County Board of Commissioners is pleased to provide you with this year's benefits packet. More than ever, employers and employees are realizing the importance of the quality of care and the cost of providing these benefits. Please review this benefits guide carefully for information about the benefits available to you for the June 1, 2012 plan year.

You are valued by Clayton County and we are diligently seeking the best-fit benefit options for our employees while implementing changes required by the Affordable Care Act. In order to keep down costs and provide the best quality of health care for you and your family, we ask that you consider taking proactive steps towards practicing a healthier lifestyle and keep yourself well.

Beginning this plan year, we are implementing a Lifestyles Option in the Kaiser Permanente HMO and CCO plans. With this option, you will receive a premium reduction over the Standard HMO Option for you and your covered spouse for participating in an Annual Health Risk Assessment and Kaiser's Health Coach/Personal Nurse program if you are identified with one of the six most treatable chronic conditions: High Blood Pressure, High Cholesterol, Diabetes, Asthma, Tobacco Use and Obesity/Overweight. Failure to comply with the wellness program will result in you and your dependents being moved to the more costly Standard Option.

We are continuing the Self-funded Medical Plan (Humana) with the Lifestyles Option and the Standard Option. To enroll in the Lifestyles Option, you and your covered spouse must participate in a Health Risk Assessment and Humana's Health Coach or Personal Nurse program if you are identified with one of the six most treatable chronic conditions: High Blood Pressure, High Cholesterol, Diabetes, Asthma, Tobacco Use and Obesity/Overweight. Failure to comply with the wellness program will result in you and your dependents being moved to the more costly plan.

Our goal is to help you achieve better health, better care, and lower costs. Together, we can work to control costs and continue to provide affordable health care to our employees and their dependents.

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Important to You

Annual Open Enrollment begins **March 19, 2012** and ends **April 13, 2012**.

This Benefits Guide includes an overview of your benefits and provides you with the resources and tools designed to help you begin, or maintain a healthy lifestyle.

New this year: You are required to complete all applicable Medical, Dental and Vision enrollment forms to continue your coverage. Failure to provide applicable enrollment forms will cause your coverage to be terminated.

The deadline for submitting your 2012 enrollment forms is **April 13, 2012**. No election changes will be accepted after this date (unless you have had a qualified family status change).

Please note the premium structure is changing this plan year. Previously, we have had a 3-Tier premium structure and are going to a 4-Tier premium structure. The new 4-Tier is Employee only; Employee + Child/Children; Employee + Spouse; and Employee + Family. Please refer to the Rates Table for your applicable rates.

There are also changes to benefits which can be found in the Benefits Section of this Guide.

When enrolling new dependents, you must provide the necessary documents to support the verification of eligible dependents. These documents include: marriage certificate if adding a spouse; birth certificate, legal adoption papers or legal custody papers if adding a dependent child or adult child up to the age of 26. Please refer to the "Proving Your Dependent" section of this guide for complete requirements.

Things to remember to update:

- Your mailing address (Your Benefit ID cards and important plan information is mailed to the address we have on file), and
- Your Beneficiary Designation on file for Life Insurance

During this Open Enrollment period, you may **enroll, terminate, or make changes** to the following plans:

- *Self-funded Medical Plan (Lifestyles Management or Standard Options)*
- *Kaiser Permanente HMO or CCO Plans (Lifestyles Management or Standard Options)*
- *Self-funded Dental Plan (Option I or Option II)*
- *Group Life Insurance (Standard Life)*
- *The Hartford Long Term Disability*
- *Davis Vision*
- *Colonial Life*
- *AFLAC*
- *Pre-Paid Legal*

What You Need To Do

New Enrollment forms must be completed in order to continue your medical, dental and vision coverage. **If you fail to complete and return your enrollment forms to the Human Resources Department, Benefits Division by April 13, 2012, the last day of coverage under your current medical, dental and vision enrollment elections will be May 31, 2012.** You must list each dependent that you wish to continue to cover. If the dependent is new to the plan, you will need to provide the applicable eligibility verification documents for each dependent. You will not need to complete new life, LTD, Colonial or AFLAC forms if you are not requesting coverage changes.

Eligible Dependent's for the Health Plans

- Your spouse – the person to whom you are legally married, spouses are not eligible if you are divorced or legally separated from them.
- Your children – Children between 19 and 24 must meet the full-time student requirements for dental and vision coverage (children up to age 26 are eligible for medical coverage). Your eligible children include:
 - Your natural children
 - Children for whom you are the legal guardian or you have legal custody
 - Legally adopted children (including those who have been placed with you for adoption)
 - Stepchildren

Proving your Dependent's Eligibility

When you elect coverage for your dependents for the first time, you must provide one of the following documents as proof of the individual's dependent status (under the Plan's definition of "dependent") in order for us to add your dependent to coverage:

- A birth certificate
- A marriage certificate
- A court-certified certificate of adoption or guardianship
- A qualified medical child support order
- Documentation of student status verification (if applicable)

If you have previously provided the required dependent verification documentation, you do not have to provide the documents again. To verify if the HR Benefits Division has your documents on file, please call 770-477-3590.

In some circumstances, you may be required to provide additional documentation.

Special Enrollments

The coverage choices you make during an annual enrollment period take effect on June 1 of the upcoming Plan Year and remain in effect throughout that plan year. If you decline any coverage for yourself or your dependents, you can only enroll in this coverage if you or your eligible dependent experiences a qualifying event or special enrollment right. These events include:

- Marriage, divorce or legal separation
- Death of a spouse or other dependent
- Birth, adoption (or placement of adoption), legal guardianship of a child
- Gain or loss of employment by you, your spouse or dependent
- Gain or loss of other group coverage
- A court order requiring you to provide coverage on a dependent
- Becoming eligible for Medicare
- Gaining or losing eligibility for Medicaid or CHIPRA

If you experience any of these events during the plan year, you must notify the HR Department, Benefits Division within 1 month of the event; provide written documentation (i.e. marriage or birth certificate, etc.); and properly complete an enrollment form. If you fail to notify the HR Department, Benefits Division within 1 month of the event you must wait until the next annual enrollment period to make coverage changes. There is a special 60-day right to enroll relating to Medicaid and CHIPRA. Please refer to the legal notices provided to you for additional information.

New Hires

You must elect coverage for yourself and your eligible dependents within 1 month of your full-time employment. The coverage you elect will go into effect 3 months from your full-time hire date. If coverage is not elected during your first month of employment, you will not be eligible for coverage until the next Annual Open Enrollment period. If you qualify for a Special Enrollment event listed above, you may be permitted to enroll in coverage during the plan year.

Medical Plans

Clayton County continues to offer medical coverage through Humana and Kaiser. There are changes to the medical plans effective June 1, 2012.

Self-funded Medical Plan (Humana) Lifestyles Option changes:

- Increase In-network Deductible to \$400 per person/\$800 per family per calendar year
- Increase In-network Primary Care Physician copay to \$25
- Increase In-network Specialist Physician copay to \$40
- Increase In-network Urgent Care copay to \$60

Self-funded Medical Plan (Humana) Standard Option changes:

- Increase In-network Primary Care Physician copay to \$35
- Increase In-network Specialist copay to \$50
- Decrease the In-network family Deductible to \$1200 per calendar year
- Increase in-network urgent Care copay to \$60

Prescription benefits for the Self-funded Medical Plan continue to be offered through CVS/Caremark. There are no benefit changes to the 2012 plan year.

Kaiser Permanente HMO and CCO changes:

- Implement Annual Deductible of \$300 per person/\$600 per family per calendar year (for inpatient and outpatient hospitalizations, hi-tech radiology, DME, physical/occupational and speech therapies, home health and skilled nursing.)
- Implement coinsurance of 10% with Out-of-Pocket Maximum \$1,000 per person/\$2,000 per family after the deductible has been met
- Increase Emergency Room copay to \$100
- Implementing a Lifestyles Option and Standard Option in the HMO and CCO plans
- Increase network pharmacy copays to \$25 generic/\$35 preferred brand

The Spousal Premium Surcharge is increasing effective with the May 3, 2012 pay check. In an attempt to continue encouraging working spouses to enroll in medical coverage through their own employer, the Plan will charge a \$50.00 monthly surcharge if your Spouse is enrolled in one of the County Medical Plans in lieu of being enrolled in their employer's group medical plan (if such coverage is available). If the spouse does not work or is self-employed, you may enroll your spouse in one of the County plans without paying the surcharge. **Failure to submit the Spousal Premium Surcharge form will cause the surcharge to be deducted and any amount taken will not be refunded.**

CLAYTON COUNTY MEDICAL PLANS
Effective 6/1/2012



STANDARD

LIFESTYLES
MGMT

STANDARD AND
LIFESTYLES
HMO

ANNUAL DEDUCTIBLES

In Network – Individual	\$600	\$400	\$300
In Network - Family	\$1200	\$800	\$600
Out of Network – Individual	\$1200	\$600	N/A
Out of Network – Family	No family max	No family max	N/A

CO-PAYMENTS

Office Visit - Primary Care Physicians	\$35	\$25	\$20
Office Visit – Specialist Physicians	\$50	\$40	\$35
Urgent Care In-Network	\$60	\$60	\$40
Emergency Room	\$200 (1)	\$100 (1)	\$100 (2)

PER HOSPITAL ADMISSION

In Network Facility	\$200 co-pay & 60%	\$100 co-pay & 80%	90% after deductible
Out of Network Facility	50%	\$200 co-pay & 65%	Emergencies only

COINSURANCE

In Network	60%	80%	90%
Out of Network	50%	65%	N/A

MAX OUT OF POCKET – Does not include deductible

In Network Per Individual	\$4000	\$2000	\$1000
In Network Family	\$10,000	\$5000	\$2000
Out of Network Per Individual	No limit	\$4000	
Out of Network Family	No limit	No limit	

PRESCRIPTION CO-PAYS (retail 30 day supply)

Kaiser Pharmacy – Generic/Preferred Brand			\$15/\$25
Kaiser Approved Retail Pharmacy – Generic/Preferred Brand (first fill only)			\$25/\$35
Generic	\$20 or *20% of cost	\$15 or *10% of cost	
Preferred Brand	\$35 or *30% of cost	\$25 or *20% of cost	
Non-Preferred Brand	\$55 or *40% of cost	\$45 or *30% of cost	

MAIL ORDER (90 days supply)

Generic	\$40 or *20% of cost	\$30 or *10% of cost	\$30
Preferred Brand	\$70 or *30% of cost	\$50 or *20% of cost	\$50
Non-Preferred Brand	\$110 or *40% of cost	\$90 or *30% of cost	

Key: (1) Waived if accident related; admitted within 24 hours or true emergency per HCPCS/CPT E & M code levels 4 or 5.
(2) Waived if admitted to the hospital.
(*) Prescriptions – whichever is greater. Generic incentive included.

GEORGIA		Plan pays for services from	Plan pays for services from	
Large Group PPO Copayment 60/50 Plan		IN-NETWORK providers	OUT-OF-NETWORK providers	
Preventive Care (1)	<ul style="list-style-type: none"> Routine immunizations Annual routine Pap smear Annual routine mammogram Routine lab test and X-ray Routine adult physical exam Routine child exams 	100%	50% after deductible	
	<ul style="list-style-type: none"> Preventive endoscopy (<i>includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy</i>) 	100%	50%	
Physician Services (1)	<ul style="list-style-type: none"> Office visits Diagnostic tests, lab and X-rays, when performed in office and billed by physician Allergy testing 	100% after \$35 primary care physician/ \$50 specialist office visit copayment	50% after deductible	
	<ul style="list-style-type: none"> Inpatient services Outpatient services (<i>includes surgery</i>) Office surgery 	60% after deductible	50% after deductible	
	<ul style="list-style-type: none"> Emergency room physician visits (5) 	\$200 copayment, then 60% after deductible	\$200 copayment, then 60% after deductible	
	<ul style="list-style-type: none"> Allergy injections 	60% after deductible	50% after deductible	
Facility Services	<ul style="list-style-type: none"> Inpatient hospital care 	\$200 copayment, then 60% after deductible	\$400 copayment, then 50% after deductible	
	<ul style="list-style-type: none"> Outpatient surgery Outpatient nonsurgical care Outpatient advanced imaging (<i>PET, MRI, MRA, CAT, SPECT</i>) 	60% after deductible	50% after deductible	
	<ul style="list-style-type: none"> Hospital emergency services (<i>emergency room copayment waived if admitted</i>) (5) 	\$200 copayment, then 60% after deductible	\$200 copayment, then 60% after deductible	
Prescription Drugs (<i>includes oral contraceptives</i>)	<ul style="list-style-type: none"> Pharmacy services provided through CVS/Caremark 			
Other Medical Services (2)	<ul style="list-style-type: none"> Skilled nursing facility (<i>subject to 30 day limits per calendar year</i>) Home health (<i>subject to 120 days per calendar year</i>) Physical and occupational therapy (<i>subject to 40 visits per calendar year</i>) Cognitive and speech therapy (<i>subject to 30 visits per calendar year</i>) 	60% after deductible	50% after deductible	
	<ul style="list-style-type: none"> Hospice (<i>inpatient and outpatient</i>) 	100%	100%	
	<ul style="list-style-type: none"> Durable medical equipment 	60% after deductible	50% after deductible	
	<ul style="list-style-type: none"> Ambulance (Clayton County EMS Services are written off) (5) 	60% after deductible	60% after deductible	
	<ul style="list-style-type: none"> Transplant services (3) 	Same as any other illness	50% after deductible	
	<ul style="list-style-type: none"> Urgent care facility (<i>non emergency room</i>) 	\$60 copayment	50% after deductible	
	<ul style="list-style-type: none"> Chiropractic services (<i>subject to 40 visits per calendar year</i>) 	\$50 copayment, then 100%	50% after deductible	
	Deductible and Out-of-Pocket Maximum Accumulation Methods	<ul style="list-style-type: none"> In-network and out-of-network deductibles and out-of-pocket reduce each other 		

Large Group PPO Copayment 60/50 Plan		Plan pays for services from IN-NETWORK providers	Plan pays for services from OUT-OF-NETWORK providers
Deductible (per calendar year) (copayments do not apply)	• Individual	\$600	\$1,200
	• Family	\$1,200	Unlimited
Out-of-Pocket Maximum (per calendar year) (deductibles and copayments do not apply)	• Individual	\$4,000	No limit
	• Family	\$10,000	No limit
Lifetime Maximum Benefit		Unlimited	
Behavioral Health (mental health and substance abuse)	• Inpatient services	60% after \$200 hospital inpatient copayment and deductible	50% after \$400 copayment after deductible
	• Inpatient physician services	60% after deductible	50% after deductible
	• Outpatient therapy and office therapy sessions	100% after \$35 office visit copayment	50% after deductible

Prior authorization - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at Humana.com/members/tools/ or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

Payments - In-network providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to out-of-network providers are based on maximum allowable fees, as defined in your Summary Plan Description.

Out-of-network providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

In-network primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

To be covered, expenses must be medically necessary and specified as covered. Please see your Summary Plan Description for more information on medical necessity and other specific plan benefits.

- (1) The following are generally defined as primary care physicians under your plan: general practitioner, family practitioner, pediatrician, internist, nurse practitioner, physician assistant and registered nurse.
- (2) Visit and Day limits are combined for in-network and out-of-network providers.
- (3) The Humana Transplant Network is a separate network of transplant providers who are not reflected in the provider directory. For more information on Humana's National Transplant Network, please call 1-866-421-5663.
- (4) You are not required to meet individual deductibles once the family deductible has been met.
- (5) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Summary Plan Description.

The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

For general questions about the plan, contact your benefits administrator.



GEORGIA

Large Group PPO Copayment 80/65 Plan

Plan pays for services from
IN-NETWORK providers

Plan pays for services from
OUT-OF-NETWORK providers

	Plan pays for services from IN-NETWORK providers	Plan pays for services from OUT-OF-NETWORK providers
Preventive Care (1) <ul style="list-style-type: none"> Routine immunizations Annual routine Pap smear Annual routine mammogram Routine lab test and X-ray Routine adult physical exam Routine child exams Preventive endoscopy (<i>includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy</i>) 	100%	65% after deductible
Physician Services (1) <ul style="list-style-type: none"> Office visits Diagnostic tests, lab and X-rays, when performed in office and billed by physician Allergy testing Inpatient services Outpatient services (<i>includes surgery</i>) Office surgery Emergency room physician visits (5) Allergy injections 	100% after \$25 primary care physician/ \$40 specialist office visit copayment 80% after deductible \$100 copayment, then 80% after deductible 80% after deductible	65% after deductible 65% after deductible \$100 copayment, then 80% after deductible 65% after deductible
Facility Services <ul style="list-style-type: none"> Inpatient hospital care Outpatient surgery Outpatient nonsurgical care Outpatient advanced imaging (<i>PET, MRI, MRA, CAT, SPECT</i>) Hospital emergency services (<i>emergency room copayment waived if admitted</i>) (5) 	\$100 copayment, then 80% after deductible 80% after deductible \$100 copayment, then 80% after deductible	\$200 copayment, then 65% after deductible 65% after deductible \$100 copayment, then 80% after deductible
Prescription Drugs (<i>includes oral contraceptives</i>) <ul style="list-style-type: none"> Pharmacy services provided through CVS/Caremark 		
Other Medical Services (2) <ul style="list-style-type: none"> Skilled nursing facility (<i>subject to 30 day limit per calendar year</i>) Home health (<i>subject to 120 day limit per calendar year</i>) Physical and occupational therapy (<i>subject to 40 visits per calendar year</i>) Cognitive and speech therapy (<i>subject to 30 visits per calendar year</i>) Hospice (<i>inpatient and outpatient</i>) Durable medical equipment Ambulance (<i>Clayton County EMS Services are written off</i>) (5) Transplant services (3) Urgent care (<i>non emergency room</i>) Chiropractic services (<i>subject to 40 visits per calendar year</i>) 	80% after deductible 80% after deductible 100% 80% after deductible Same as any other illness \$60 copayment \$40 copayment	65% after deductible 65% after deductible 100% 65% after deductible 80% after participating deductible (<i>paid as in-network</i>) 65% after deductible 65% after deductible
Deductible and Out-of-Pocket Maximum Accumulation Methods <ul style="list-style-type: none"> In-network and out-of-network deductibles and out-of-pocket reduce each other 		

Large Group PPO Copayment 80/65 Plan		Plan pays for services from IN-NETWORK providers	Plan pays for services from OUT-OF-NETWORK providers
Deductible (per calendar year) (copayments do not apply)	• Individual	\$400	\$600
	• Family	\$800	Unlimited
Out-of-Pocket Maximum (per calendar year) (deductibles and copayments do not apply)	• Individual	\$2,000	\$4,000
	• Family	\$5,000	Unlimited
Lifetime Maximum Benefit		Unlimited	
Behavioral Health (mental health and substance abuse)	• Inpatient services	80% after \$100 hospital inpatient copayment and deductible	65% after \$200 copayment after deductible
	• Inpatient physician services	80% after deductible	65% after deductible
	• Outpatient therapy and office therapy sessions	100% after \$25 office visit copayment	65% after deductible

Prior authorization - Humana sometimes requires preauthorization for some services and procedures your physician or other provider may recommend for you. Humana does this solely to determine whether the service or procedure qualifies for payment under your benefit plan. You and your health care provider decide whether you should have such services or procedures. Humana's preauthorization determination relates solely to payment by Humana. To find a list of services and supplies that require preauthorization for coverage, please visit our Website at Humana.com/members/tools/ or call Customer Service.

Failure to obtain necessary preauthorization when required may result in a reduction of otherwise payable benefits. Your health care practitioner should call Customer Service to obtain preauthorization.

Payments - In-network providers agree to accept amounts negotiated with Humana as payment in full. The member is responsible for any required deductible, coinsurance, or other copayments. Plan benefits paid to out-of-network providers are based on maximum allowable fees, as defined in your Summary Plan Description.

Out-of-network providers may balance bill you for charges in excess of the maximum allowable fee. You will be responsible for charges in excess of the maximum allowable fee in addition to any applicable deductible, coinsurance, or copayment. Additionally, any amount you pay the provider in excess of the maximum allowable fee will not apply to your out-of-pocket limit or deductible.

In-network primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

To be covered, expenses must be medically necessary and specified as covered. Please see your Summary Plan Description for more information on medical necessity and other specific plan benefits.

- (1) The following are generally defined as primary care physicians under your plan: general practitioner, family practitioner, pediatrician, internist, physician assistant and registered nurse.
- (2) Visit and day limits are combined for in-network and out-of-network providers.
- (3) The Humana Transplant Network is a separate network of transplant providers who are not reflected in the provider directory. For more information on Humana's National Transplant Network, please call 1-866-421-5663.
- (4) You are not required to meet individual deductibles once the family deductible has been met.
- (5) Ambulance transportation and/or services received in an emergency room are not covered unless required because of emergency care, as defined in your Summary Plan Description.

The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

For general questions about the plan, contact your benefits administrator.





Prescription Benefits

Lifestyles Option:

Generic copay is 10% of the medication's cost with a minimum of \$15

Preferred Brand copay is 20% of the medication's cost with a minimum of \$25

Non-Preferred Brand copay is 30% of the medication's cost with a minimum of \$45

For a 30 day supply, the maximum copay is \$100 for all types of drugs.

For a 60 day supply, the maximum copay is \$200 for all types of drugs.

For a 90 day supply, the maximum copay is \$300 for all types of drugs.

Standard Option:

Generic copay is 15% of the cost of the medication with a minimum of \$20.

Preferred Brand copay is 30% of the medication's cost with a minimum of \$35

Non-Preferred Brand copay is 40% of the medication's cost with a minimum of \$55

For a 30 day supply, the maximum copay is \$100 for all types of drugs.

For a 60 day supply, the maximum copay is \$200 for all types of drugs.

For a 90 day supply, the maximum copay is \$300 for all types of drugs.

All maintenance medications require a 15 day starter supply, before additional supplies are allowed to be filled. Once the 15 day starter supply has been utilized, members can receive up to a 93 day supply at the local pharmacy.

For more specific costs and other information, please visit www.caremark.com or contact Customer Service at 1(866)475-0056.



Effective Dates: June 1, 2012 thru May 31, 2013

General Information	
Website	www.kp.org
Member Services Number	(404)261-2590; (888)865-5813 toll-free
Member Services Weekday Hours	Monday-Friday 7:00 a.m. until 7:00 p.m.
Member Services Weekend Hours	None
Annual Deductible: Individual/Family	\$300 Individual / \$600 Family
Annual Out-of-Pocket Max: Individual/Family	\$1,000 Individual / \$2,000 Family
Office Visits (Outpatient)	
Primary Care	\$20 copay
Specialty Care	\$35 copay
Preventive Care	Covered 100%
Scheduled Prenatal Visits and 1st Postpartum Visit	Covered 100%
Well-Baby Care	Covered 100%
Vision Exam - Optometrist	\$35 copay, includes refractions
Vision Exam - Ophthalmologist	\$35 copay
Physical and Occupational Therapy	90% after deductible, 20 visits per calendar year, combined
Speech Therapy	90% after deductible, 20 visits per calendar year
Outpatient/Ambulatory Surgery	90% after deductible
Lab and X-Ray	
Laboratory	100% covered in office; 90% after deductible in hospital outpatient setting
X-Ray	100% covered in office; 90% after deductible in hospital outpatient setting
MRI/CT/PET/Nuclear Medicine	90% after deductible
Emergency Care	
Ambulance (Ground or Air)	\$75 copay (per trip)
Emergency Room	\$100 copay; waived if admitted
Urgent Care	\$40 copay; at designated facilities
Hospital Care (Inpatient)	
Inpatient	90% after deductible
Delivery and Inpatient Baby Care	90% after deductible

Mental Health and Chemical Dependency

Mental Health Outpatient (Individual)	\$20 copay, unlimited visits per year
Mental Health Outpatient (Group)	\$10 copay, unlimited visits per year
Mental Health Inpatient	90% after deductible, unlimited days per year
Chemical Dependency Outpatient (Individual)	\$20 copay, unlimited visits per year
Chemical Dependency Outpatient (Group)	\$20 copay, unlimited visits per year
Chemical Dependency Inpatient	Excluded

Prescription Drugs

Pharmacy/Retail: Generic	\$15 copay at Kaiser Permanente Pharmacies & \$25 copay at Network Pharmacies
Pharmacy/Retail: Preferred Brand	\$25 copay at Kaiser Permanente Pharmacies & \$35 copay at Network Pharmacies
Pharmacy/Retail: Non-Preferred Brand	Excluded
Pharmacy/Retail: Day Supply	30 Day Supply
Mail Order - Generic	\$30 copay through Kaiser Permanente Pharmacies only
Mail Order – Preferred Brand	\$50 copay through Kaiser Permanente Pharmacies only
Mail Order – Non-Preferred Brand	Excluded
Mail Order - Day Supply	90 Day Supply

Other

Skilled Nursing Facility (SNF)	90% after deductible, up to 100 days per calendar year
Infertility Services	50% covered for treatment and reproductive diagnostic testing
Hospice Care	100% covered
Home Health Care	90% after deductible, limited to part-time intermittent care, as defined by Medicare. Private Duty nursing not covered.
Durable Medical Equipment (DME)	90% after deductible
Chiropractic Care	\$20 copay per visit, limited to 30 visits per calendar year

Additional Information

This is a summary of your benefits and their copayments. This is not a contract. A complete list, exclusions, and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive. In the case of a conflict between this benefit chart and the Evidence of Coverage, the Evidence of Coverage will prevail. For specific questions about coverage, please ask your employer's benefits office or contact Kaiser Permanente Customer Service at (404)261-2590. Benefits are subject to approval by the Georgia Department of Insurance. We do not cover the following services under this plan. For a complete list of exclusions and limitations, refer to your Evidence of Coverage: Services that are not medically necessary; Certain exams and other Services required for obtaining or maintaining employment, for insurance or licensing, for foreign travel, on court order or for parole or probation; Cosmetic services; Experimental or investigational services; Eye surgery, such as laser surgery, radial keratotomy to correct refractive defects; Services related to the treatment of morbid obesity (except certain health education programs are covered); Routine foot care; Sexual reassignment services; Reversal of voluntary infertility; Transportation and lodging expenses; For details on the benefit and claims review and adjudication procedures, please refer to your Evidence of Coverage. Kaiser Permanente maintains policies regarding the confidentiality, protection, and disclosure of personal health and member identifiable information, including policies related to access to medical records. If you have questions about our policies and procedures to maintain the confidentiality of personal information or would like a more comprehensive notice describing how Kaiser Permanente collects and uses personal information, please call Customer Service at (404)261-2590.

You may visit www.kp.org for a list of providers and services.

Dental Plan

Clayton County continues to offer a comprehensive dental program. The annual maximum benefit per participant for Dental Option I is \$1200 and the annual maximum benefit per participant for Dental Option II is \$1700. The Dental Plan includes the HumanaDental Traditional Preferred PPO Network. The in-network dentists provide services at a reduced rate. Therefore, your out-of-pocket expenses may be less if you use an in-network provider. A full list of participating dentists is available on their benefit website at <http://humanadental.com>.

NOTE: In order to have dependent children covered by this plan, they have to meet the full-time student eligibility beyond age 19. There is no premium increase this plan year and this plan remains at a 3-tier premium structure. A new enrollment form must be completed in order to continue coverage.

CLAYTON COUNTY HUMANA DENTAL PLANS Effective 06/01/2012

HUMANA.
Specialty Benefits

HUMANA.
Specialty Benefits

OPTION I

OPTION II

CALENDAR YEAR DEDUCTIBLES

Individual	\$50	\$50
Family	\$150	\$150

PREVENTIVE SERVICES (no deductible)

Oral examinations (2 per year)	100%	100%
X-rays	100%	100%
Cleanings (2 per year)	100%	100%
Topical fluoride treatment (through age 19)	100%	100%
Sealants (through age 19)	100%	100%
Space maintainers	100%	100%
Pre-diagnostic detection of abnormal cells	100%	100%
Problem focus evaluation (emergency eval)	100%	100%

BASIC SERVICES

Emergency care for pain relief	80% after deductible	80% after deductible
Oral surgery	80% after deductible	80% after deductible
Fillings (limitations may apply)	80% after deductible	80% after deductible
Routine extractions	80% after deductible	80% after deductible
Inlays and onlays	80% after deductible	80% after deductible
Denture repair and adjustments	80% after deductible	80% after deductible
Repair of removable bridges or dentures	80% after deductible	80% after deductible
General anesthesia, when done in conjunction with oral surgery	80% after deductible	80% after deductible
Crowns (not part of bridge)	80% after deductible	80% after deductible
TMJ appliance/splint (one per lifetime)	80% after deductible	80% after deductible
Endodontics (root canals)	80% after deductible	80% after deductible

	<u>OPTION I</u>	<u>OPTION II</u>
<u>MAJOR SERVICES</u>		
Bridgework	50% after deductible	50% after deductible
Dentures	50% after deductible	50% after deductible
Repair of fixed bridges	50% after deductible	50% after deductible
Denture relines and rebases	50% after deductible	50% after deductible
Occlusal guards	50% after deductible	50% after deductible
Occlusal adjustments	50% after deductible	50% after deductible
Periodontal services	50% after deductible	50% after deductible
 <u>ANNUAL MAXIMUM BENEFIT</u>		
Per person	\$1200	\$1700
 <u>ORTHODONTIA (children up to age 19)</u>		
Child orthodontia services	50% after deductible	50% after deductible
Lifetime maximum per child	\$1200	\$1700

Out-of-network dentist can bill you for charges above the amount covered by your HumanaDental Plan.
To ensure you do not receive additional charges, visit an in-network PPO dentist.
Waiting periods and frequency/age limits may apply.

You may visit www.humanadental.com for a list of providers and covered services.

Standard Life

Clayton County continues to offer and pay for basic life insurance to all full-time employees and Elected Officials. You may request to add or increase coverage for yourself or your dependents. Any requested increase or additional coverage will be underwritten and either approved or denied by Standard Life Insurance Company. Please review your beneficiary designation information that has been previously mailed to you.

NOTE: Eligible dependent children will be covered up to age 25 if they meet the Full-time student requirements.

The Hartford

As an employee of Clayton County, you are eligible to purchase Voluntary Long Term Disability coverage for yourself. The Long Term Disability coverage pays you a portion of your salary if you cannot work because of a disabling illness or injury. You may purchase coverage that pays you a percentage of your salary up to a maximum monthly benefit of 60%. If you are electing coverage for the first time, you must provide evidence of insurability that is satisfactory to The Hartford before your coverage is effective.

Colonial Life

Colonial Life & Accident Insurance Company provides voluntary insurance that helps provide additional protection where you feel you need it most.

The following voluntary benefits are available:

- **Accident Insurance** helps offset the unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a covered accident.
- **Cancer Insurance** helps offset the out-of-pocket medical and indirect non-medical expenses related to cancer diagnosis and treatment.
- **Disability Insurance** replaces a portion of your income to help make ends meet if you are disabled due to a covered accident or covered sickness.
- **Hospital Confinement Indemnity Insurance** is designed to help you with the rising costs associated with a covered hospital confinement or covered outpatient surgery.
- **Life Insurance** enables you to tailor coverage for your individual needs and helps provide financial security for your family members. A helpful rule of thumb to determine the amount of life insurance you may need is to multiply your current salary by five to eight years.

For more information, contact Clayton County HR Insurance/Benefits Division at 770-477-3590 or visit coloniallife.com.

Davis Vision

Clayton County continues to offer vision coverage through Davis Vision. This coverage provides fully integrated, comprehensive vision care services. For the best benefit, you should utilize an in-network provider. This benefit will cover comprehensive eye exams as well as routine refractory exams. There is a handout enclosed that has the pricing for exams, eyeglasses, lenses, etc. There is no change in the coverage or premium cost for this coverage. A full list of participating providers is located at their benefit website at <http://davisvision.com>. NOTE: Eligible dependent children will be covered up to age 24 if they meet the Full-time student requirements. A new enrollment form must be completed in order to continue coverage.

Clayton County Board of Commissioners

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click “Find a Provider,” or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Clayton County Board of Commissioners. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Designer Plan Benefits

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	June 1	\$10	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	June 1	\$25	Clear glass or plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	June 1	\$0	Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision’s Collection ¹ (retail value, up to \$175). OR, Frame Allowance: \$130 towards any frame from provider plus 20% off any balance. No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	June 1	\$25	Davis Vision Collection Contacts: After copay, covered in full. Standard, Soft Contacts: After copay, covered in full. Specialty Contacts²: \$60 allowance less copay plus 15% off balance.
Contact Lenses (in lieu of eyeglasses)	June 1	\$0	Covered in Full Contacts: From Davis Vision’s Collection ¹ , up to: Standard/Daily Wear One pair Planned Replacement Two boxes/multi-packs Disposable Eight boxes/multi-packs OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider’s supply plus 15% off balance. No copay required. OR, Medically Necessary Contacts: Covered in full with prior approval.

Significant savings on optional frames, lens types and coatings!

Member Price

Davis Vision Collection Frames: Fashion Designer Premier	\$0 \$0 \$25
Tinting of Plastic Lenses or Glass Grey #3 Lenses	\$0
Oversize Lenses.....	\$0
Scratch-Resistant Coating	\$0
Ultraviolet Coating.....	\$12
Anti-Reflective Coating: Standard Premium Ultra	\$35 \$48 \$60
Polycarbonate Lenses	\$0 ³ -\$30
High-index Lenses	\$55
Progressive Lenses: Standard Premium	\$50 \$90
Polarized Lenses	\$75
Photosensitive Lenses: Plastic Glass.....	\$65 \$20
Intermediate Lenses.....	\$30
Blended Segment Lenses.....	\$20
Scratch Protection Plan: Single Vision Lenses Multifocal	\$20 \$40

^{1/} The Davis Vision Collection is available at most participating independent provider locations.

^{2/} Including, but not limited to toric, multifocal and gas permeable contact lenses.

^{3/} For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees [above the evaluation and fitting allowance] are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers.

Frequently Asked Questions

How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time).
(TYY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. Complete eyeglasses must be obtained at one time, from one provider. You may not split between a network and out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$30 | single vision lenses - \$25 | bifocal - \$35 | trifocal - \$45 | lenticular - \$60 | frame - \$30 | elective contacts - \$75 | medically necessary contacts - \$225.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Additional Savings At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.

Mail Order Contact Lenses Free membership in Lens1-2-3!, our mail order contact lens program with the lowest prices guaranteed on replacement contacts (once your benefit is exhausted). Log on to our member Web site for details.

Laser Vision Correction Up to 25% discount off participating provider's U&C or 5% off advertised special (whichever is lower). Log on to our member Web site for details and to locate a provider.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

Fully insured product Underwritten by [HM Life Insurance Company]. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

AFLAC

AFLAC provides voluntary insurance that can be customized to help protect you and your family against life events such as cancer, accident/disabilities, hospital confinements, intensive care confinements, and life insurance. For more information, contact Clayton County HR Insurance/Benefits Division at 770-477-3590.

Prepaid Legal

Clayton County continues to offer Prepaid Legal voluntary benefits to help you prepare legally for your life events. For more information, contact Clayton County HR Insurance/Benefits Division at 770-477-3590.

Employee Assistance Program

Clayton County offers EAP services to our employees to help assist you with life issues you may be having with work, family, finances, or behavioral issues. A professional counselor is just a phone call away by calling The EAP's toll free phone numbers at 1-800-252-4555 or 1-800-225-2527.

Deferred Compensation Plans

As a Clayton County employee, you are immediately eligible to enroll in the Clayton County Deferred Compensation Plan, which offers an easy way to save for retirement. Contributions can be conveniently payroll deducted with pre-tax dollars so you don't have to remember to set aside money and you can receive tax breaks on your deductions. These plans are administered by ING and Nationwide. For additional information contact the Clayton County Pension Division by calling 770-477-3295 or 770-473-5974.

Southern Federal Credit Union

As an employee of Clayton County you and your family members are eligible for membership in The Southern Federal Credit Union! There are a variety of services available to you such as: Savings Accounts, Checking Accounts, Club Accounts, CD's & IRA's, Money Market Accounts, Personal Loans, Visa Debit & Credit Cards, Mortgage Loans, Auto Loans, Auto Buying Service, Direct Deposit, Payroll Deductions, Online Banking, ATM's, Telephone Service Center, 24/7 TELLERPHONE, and much, much more. For Membership Information please call 770-719-1111.

Premium Rates for 2012 Plan Year

CLAYTON COUNTY BOARD OF COMMISSIONERS
INSURANCE PREMIUMS FOR PLAN YEAR 2012-2013

Effective June 1, 2012

**** Medical rates do not include \$50.00 Per Month Spousal Premium Surcharge ****

Humana Medical PPO - Lifestyles

	Employee (Mo)	Employee (PP)	County Premium (Mo)
Employee Only	\$118.30	\$59.15	\$442.38
Employee + Spouse	\$248.42	\$124.21	\$928.98
Employee + Child(ren)	\$212.94	\$106.47	\$796.26
Family	\$366.72	\$183.36	\$1,371.36

Humana Medical PPO - Standard

	Employee (Mo)	Employee (PP)	County Premium (Mo)
Employee Only	\$130.08	\$65.04	\$430.60
Employee + Spouse	\$273.16	\$136.58	\$904.24
Employee + Child(ren)	\$234.12	\$117.06	\$775.08
Family	\$403.22	\$201.61	\$1,334.86

Kaiser Permanente HMO - Lifestyles

	Employee (Mo)	Employee (PP)	County Premium (Mo)
Employee Only	\$84.74	\$42.37	\$318.78
Employee + Spouse	\$177.94	\$88.97	\$669.46
Employee + Child(ren)	\$152.52	\$76.26	\$573.82
Family	\$262.68	\$131.34	\$988.24

Kaiser Permanente HMO - Standard

	Employee (Mo)	Employee (PP)	County Premium (Mo)
Employee Only	\$93.20	\$46.60	\$310.32
Employee + Spouse	\$195.74	\$97.87	\$651.66
Employee + Child(ren)	\$167.78	\$83.89	\$558.56
Family	\$288.96	\$144.48	\$961.96

Kaiser Permanente HMO – Consumer Choice Option – Lifestyles

	Employee (Mo)	Employee (PP)	County Premium (Mo)
Employee Only	\$155.36	\$77.68	\$318.78
Employee + Spouse	\$326.24	\$163.12	\$669.46
Employee + Child(ren)	\$279.62	\$139.81	\$573.82
Family	\$481.58	\$240.79	\$988.24

Kaiser Permanente HMO – Consumer Choice Option – Standard

	Employee (Mo)	Employee (PP)	County Premium (Mo)
Employee Only	\$163.82	\$81.91	\$310.32
Employee + Spouse	\$344.04	\$172.02	\$651.66
Employee + Child(ren)	\$294.88	\$147.44	\$558.56
Family	\$507.86	\$253.93	\$961.96

Humana Dental (1st pay period of month)	Option I - \$1200 Employee	Option I County Premium	Option II - \$1700 Employee	Option II County Premium
Employee Only	\$6.23	\$23.42	\$21.08	\$23.42
Employee + One	\$12.44	\$46.82	\$42.07	\$46.82
Employee + Family	\$18.66	\$70.21	\$63.10	\$70.21

Davis Vision (2nd pay period of month)	Employee (Mo)	County Premium
Employee Only	\$6.46	\$0.00
Employee + One	\$11.62	\$0.00
Employee + Family	\$18.07	\$0.00



Printing provided by Colonial Life & Accident Insurance Company.