

Clayton County Board of Commissioners
Human Resources, Benefits Division
770-477-3590

ANNUAL OPEN-ENROLLMENT
April 5-April 21, 2010

It's that time of year again! Open Enrollment begins April 5, 2010 and ends on April 21, 2010. 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**
- **Self-funded Dental Plan (Option I or Option II):**
There is now a network of dental providers through HumanaDental Traditional Preferred PPO. Effective June 1, 2010, there is a premium increase. Please refer to the premium pages included in this notification.
- **Life Insurance:**
If you are enrolled in Supplemental Life benefits, there is a premium increase effective July 1, 2010 (will be reflected on the first paycheck in June). Review your beneficiaries and amounts of coverage on your Open Enrollment Benefit Statement that is enclosed.
- **Colonial:**
Supplemental plans designed for your specific needs. Contact Agent, Felicia Franklin-Warner (678-833-9115) for more information or to enroll.
- **AFLAC:**
Provides supplemental coverage for your and your dependents needs. Contact Agent, Cindy Williams (770-922-2598) for more information or to enroll.
- **Pre-Paid Legal:**
Your life events legal plan. Contact Agent, Wes Greene (770-472-1800) for more information or to enroll.
- **Davis Vision:**
NEW THIS YEAR!!! Clayton County is pleased to offer vision coverage to our full-time employees and elected officials. A benefit summary and enrollment form from Davis Vision is included in your packet.
- **Voluntary Long Term Disability:**
If you are not currently enrolled in the Voluntary Long-Term Disability plan and you would like to enroll, you will be required to complete a Hartford Life & Accident Insurance Company enrollment form along with a health questionnaire. New enrollees are subject to approval by the insurance company.

Don't miss this opportunity to make any changes that may be needed for you and your family for the upcoming plan year. Please be aware that each of the coverages has specific eligibility criteria for yourself and dependents. Be sure to read the information in your plan booklets or on the reverse side of each enrollment form carefully to make sure your dependents are eligible for coverage.

Spousal Premium Surcharge (medical only):

Continuing this year, in an attempt to encourage working Spouses to enroll in medical coverage through their own employer, the Plan will charge a \$40.00 monthly premium surcharge if your Spouse is enrolled in one of the County Medical Plans in lieu of being enrolled in their group medical plan through their own employer (if such coverage is available). If the Spouse is enrolled in their own Employer's group medical plan or your spouse does not work or is self employed, you may also enroll your Spouse in one of the County plans without paying the surcharge. **If you have a Spouse enrolled in one of the County's Medical Plans you must complete the enclosed pink Spousal Premium Surcharge form during this enrollment period.**

**A NEW SPOUSAL PREMIUM SURCHARGE FORM IS REQUIRED FOR PLAN YEAR 2010-2011,
IF NOT RECEIVED BY APRIL 21, 2010, THE ADDITIONAL \$40.00 PER MONTH WILL APPLY
SPOUSAL PREMIUM SURCHARGE AMOUNTS THAT ARE DEDUCTED WILL NOT BE REFUNDED**

The Board of Commissioners has approved the following for the 2010-2011 Self-funded Medical Plan Year:

- No premium increase this plan year;
- Increase the Hospice Benefits limitation from \$3,000 to \$5,000;
- In-network Adult and Child Annual Exams will be covered at 100% after the \$20 office visit co-payment. The \$500 maximum benefit has been removed;
- In-network Urgent Care co-payment \$50;
- Diabetic/Nutritional counseling will go from 8 hours to unlimited hours; and
- Routine Colonoscopy services will be covered at 100%.

Self-funded Medical Plan (Lifestyles Management or Standard Options):

Clayton County continues to offer you the Self-funded Medical Plan which allows you to choose your primary care and specialty care physician from a broad network of physicians and allows you coverage for out-of-network services. Your network physicians are available through the Humana National POS Open Access Network. A full list of participating providers is available on their benefit website at <http://humana.com>.

Within the Self-funded Medical Plan, you have two choices, the Lifestyles Management and Standard Plan options.

Lifestyles Management Option:

The Lifestyles Management option provides you the highest level of benefits at the lowest cost. In exchange for the higher level of benefits and lower premium, you agree to become involved in the management of your own individual health. This agreement starts with an on-site Health Risk Assessment that will be performed in Clayton County in May 2010 (dates/times/location to be announced later). At this Assessment, a Health Service Team will perform a brief physical evaluation (height, weight, blood pressure), draw blood (cholesterol, blood sugar) and have you complete a questionnaire about your health history. **If you test positive for a manageable condition (High Blood Pressure, Diabetes, High Cholesterol, Obesity (Body Mass Index greater than 30), Tobacco Use or Asthma), you will be required to respond to periodic questionnaires and report your progress throughout the plan year.** You will receive information at a later date about when and where the Health Risk Assessment will be held. If you are physically unable to attend, information will be included in that material on how to arrange for an alternative Health Risk Assessment. *Special arrangements can also be made for participants living out of the area.*

We understand that participants will have existing health conditions.

Having a current health condition or having a health condition identified during the evaluation will in no way affect your eligibility for coverage.

We are here to provide you with the resources you need to lead a healthy lifestyle!

Standard Plan Option:

The Standard Plan Option is the County's basic Self-funded Plan which provides you the basic level of benefits. You will not be required to participate in a Health Risk Assessment or actively participate with a Lifestyles Management program. This option requires higher deductibles, higher coinsurance and higher premiums.

Kaiser Permanente HMO:

There are no premium rate changes to the Kaiser Permanente HMO or Kaiser Permanente CCO plans. The only change to the Kaiser HMO and Kaiser CCO plans for this plan year is the increase in the Specialty physician co-payment from \$25 to \$30. There is a wide selection of Physicians available to you at the Kaiser Permanente Medical Centers or you may select an Affiliated Community Physician. These are private-practice Physicians who contract with Kaiser Permanente HMO and practice in their own offices. Refer to the Kaiser Permanente HMO Physician Directory or visit www.kp.org for more details.

Self-funded Dental Plan (Option I or II):

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 now 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. Effective June 1, 2010, Major Restorative Services (such as root canals, crowns, bridges, dentures, etc) will be paid according to prep date instead of seat date.

Davis Vision: NEW THIS YEAR

Clayton County is pleased to offer vision coverage through Davis Vision. This coverage provides fully integrated, comprehensive vision care services. For the best benefit, you will need to be seen by 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, and the premiums for this benefit.

Standard Life:

Clayton County continues to offer life insurance to all full time employees and Elected Officials. You may request to add or increase coverage for yourself or your dependents. There is a premium increase on the Supplemental Life benefit that will be reflected in your June pay check. This rate is guaranteed for the next three years.

If you do not do anything, your benefit elections will remain the same for the upcoming plan year. However, if you fail to return the pink Spousal Premium Surcharge form and if you have your spouse enrolled in coverage, you will be charged the additional \$40 monthly surcharge.

Benefit Enrollment/Change forms must be received in the Human Resources, Benefits Division no later than 5pm on Wednesday, April 21, 2010

All plan changes become effective June 1, 2010 except the Life Insurance rate changes which become effective July, 1, 2010.

Forms are also available online at www.co.clayton.ga.us or on CNet.

Insurance Premiums

Effective June 1, 2010

Self-funded Medical Plan PPO - Standard

	Employee (Per Month)	Employee (Per Pay Period)	County Contribution (Per Month)
Employee Only	\$126.06	\$63.03	\$474.28
Employee + One	\$252.12	\$126.06	\$948.52
Employee + Family	\$378.20	\$189.10	\$1422.76

Self-funded Medical Plan PPO - Lifestyles Management

	Employee (Per Month)	Employee (Per Pay Period)	County Contribution (Per Month)
Employee Only	\$114.60	\$57.30	\$431.16
Employee + One	\$229.22	\$114.61	\$862.36
Employee + Family	\$343.82	\$171.91	\$1293.44

Kaiser Permanente HMO

	Employee (Per Month)	Employee (Per Pay Period)	County Contribution (Per Month)
Employee Only	\$83.80	\$41.90	\$315.18
Employee + One	\$167.58	\$83.79	\$630.36
Employee + Family	\$251.36	\$125.68	\$945.54

Kaiser Permanente HMO – Consumer Choice Option*

	Employee (Per Month)	Employee (Per Pay Period)	County Contribution (Per Month)
Employee Only	\$153.62	\$76.81	\$315.18
Employee + One	\$307.22	\$153.61	\$630.36
Employee + Family	\$460.82	\$230.41	\$945.54

**This option permits you to nominate your own physician for your healthcare; however it does not guarantee that Kaiser will accept the physician or that the physician is willing to become a provider based on Kaiser's plan requirements.*

Self-funded Dental Plan (1st pay period of month)

	Option I \$1200 PP max Employee Per Month	Option I County Contribution Per Month	Option II \$1700 PP max Employee Per Month	Option II County Contribution Per Month
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

New premiums will be reflected on your paychecks dated May 6 and May 20, 2010. The deductions taken in May pays for June's coverage.

Contribution changes to Post-retirement Medical Benefits: The Board of Commissioners now has to recognize the actuarial value of post-retirement benefits (ie, medical, dental, life insurance, etc.) on the financial records of the County. Since these have always been paid on a "pay as you go basis", it will appear as though it is a very large unfunded liability. As a result, starting 1/1/2008, all retirees who left (or will leave) the County's employment as an "Early Retiree" (excluding the Window Retirees) will be required to pay 30% of their premium. For "Vested Terminated Retirees" who have continued their full COBRA premiums until they become eligible to draw a check from the County Pension Fund, the County will contribute \$130 per month per covered individual, prior to Medicare eligibility and \$100 per month per covered individual after Medicare eligibility. In addition, any increases in premiums to ALL retirees, will be limited to 5% contribution by the County. Any amounts in excess of 5% will be paid by the Retiree. The Board of Commissioners has the right to change, amend or terminate entirely the coverages that are presently in place.

Effective 6/1/2010



STANDARD



LIFESTYLES MGMT



KAISER HMO

ANNUAL DEDUCTIBLES

Humana National POS-Open Access - Individual	\$600	\$300	Not Applicable
Humana National POS – Open Access - Family	\$1250	\$600	
Out of Network – Individual	\$1200	\$600	
Out of Network – Family	No family max	No family max	

CO-PAYMENTS

Office Visit	\$20	\$20	\$15 Primary Care \$30 Specialist
Emergency Room	\$200 (1)	\$100 (1)	\$75 (2)
Urgent Care/After Hours Care	\$50	\$50	\$30

PER HOSPITAL ADMISSION CO-PAYMENT

In Network Facility	\$200	\$100	\$200
Out of Network Facility	\$400	\$200	\$200 (Emergencies only)

COINSURANCE

Humana National POS	60%	80%	100%
Out of Network	50%	65%	

MAX OUT OF POCKET – Does not include deductible

In Network Per Individual	\$4000	\$2000	Not Applicable
In Network Family	\$10,000	\$5000	
Out of Network Per Individual	No limit	\$4000	
Out of Network Family	No limit	No limit	

PRESCRIPTION CO-PAYS

Kaiser Pharmacy – Generic/Preferred Brand			\$10/\$20
Kaiser Approved Retail Pharmacy – Generic/Preferred Brand			\$16/\$26
Generic (through CVS/Caremark)	\$15 or *15% of cost	\$10 or *10% of cost	
Preferred Brand (through CVS/Caremark)	\$35 or *30% of cost	\$25 or *20% of cost	
Non-Preferred Brand (through CVS/Caremark)	\$55 or *40% of cost	\$45 or *30% of cost	

MAIL ORDER (60,90 days supply)

Generic	\$15 or *15% of cost	\$10 or *10% of cost	\$20 (90) day supply
Preferred Brand	\$35 or *30% of cost	\$25 or *20% of cost	\$40 (90) day supply
Non-Preferred Brand	\$55 or *40% of cost	\$45 or *30% of cost	

Key: (1) Waived if accident related; admitted within 24 hours or true emergency.
 (2) Waived if admitted to the hospital.
 (*) Prescriptions – whichever is greater. Generic incentive included.