

Clayton County Board of Commissioners
Human Resources Department, Benefits Division
134 Spring Street
Jonesboro, Georgia 30236
770-477-3590

ANNUAL OPEN ENROLLMENT
MARCH 16, 2011 - APRIL 15, 2011

It's that time of year again! Open Enrollment begins March 16, 2011 and ends on April 15, 2011. *You will need to review all of the documentation in this packet in order to understand all Federally Mandated Changes as well as plan changes for this upcoming plan year.* 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.
- **Group Life Insurance (Standard Life Insurance Company):**
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. This coverage is a voluntary plan.
- **AFLAC:**
Provides supplemental coverage for your and your dependents needs. Contact Agent, Cindy Williams (770-922-2598) for more information or to enroll. This coverage is a voluntary plan.
- **Pre-Paid Legal:**
Your life events legal plan. Contact Agent, Wes Greene (770-472-1800) for more information or to enroll. This coverage is a voluntary plan.
- **Davis Vision:**
Provides a comprehensive vision benefit ensuring low out-of-pocket cost. This coverage is a voluntary plan.
- **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. **If you are adding dependents to coverage, you must provide proof of eligibility for each dependent such as Marriage Certificate and Birth Certificates with the enrollment forms.**

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. The Spousal Premium Surcharge amounts taken due to the form not being provided to the Benefits Office will not be refunded.**

**A NEW SPOUSAL PREMIUM SURCHARGE FORM IS REQUIRED FOR PLAN YEAR 2011-2012
IF NOT RECEIVED BY APRIL 15, 2011, THE ADDITIONAL \$40.00 PER MONTH WILL APPLY**

In an effort to better assist you with your open Enrollment needs, the Benefits Division of Human Resources will have extended our office hours of 7:00 AM-5:30 PM, Monday through Friday during the Open Enrollment Period (March 16-April 15, 2011).

HEALTH CARE REFORM LEGISLATION

There are changes to all Non-Medicare Medical Plans that are mandated by Health Care Reform Legislation. These changes include:

- Removal of all Lifetime Maximums from Health Plans;
- Extend eligibility for medical coverage (not dental, vision or life) to adult children up to age 26 even if such child is married, no longer lives with you, not dependent upon you or is no longer a full-time student. Under the new tax provision in the Affordable Care Act and the Treasury guidance, the value of any employer sponsored medical coverage for an employee's child is excluded from the employee's income. NOTE: The new tax benefit applies to Federal Tax Law only. It does not apply to State Tax Law. Currently the State of Georgia Tax Law allows a tax benefit to covered children as long as the child meets eligibility requirements such as full-time student status. Therefore, unless the State of Georgia adopts the new tax break during this legislative session, the cost of covering a child age 19 to 26 who does not meet the full-time student status under the medical plan, will be subject to State Imputed Income requirements. In order to not be responsible for the State Imputed Income requirements, we will need to continue to receive student status verification on all full-time unmarried dependent children; and
- Preventive Care benefits will be covered at 100% without office co-payments for in-network providers only. Out-of-network provider charges will be paid applying the annual deductibles and coinsurance.

MEDICAL PLANS AVAILABLE

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 and your covered spouse (if applicable) 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 May 17-19, 2011 and May 24-26, 2011. 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 an online 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.** If you are physically unable to attend the on-site Health Risk Assessment, there will be information and a phone number included in your Health Risk Assessment packet to call to make arrangements for an alternative Health Risk Assessment. *Special arrangements can also be made for participants living out of the area. Failure to comply with all of the Health Risk Assessment requirements will result in being moved to the Standard Option for the remainder of the plan year.*

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!

The changes in the Lifestyles Management Option are:

- No premium increase this plan year;
- Implement Specialist Physician co-payments of \$35;
- Increase generic prescription minimum co-payment to \$15;
- Mental Health Physician co-payments will remain \$20;
- Removal of Lifetime Maximums;
- Cover adult children to age 26 (*see above Health Care Reform section*); and
- Cover Preventive Care benefits at 100% without co-payments for in-network providers only.

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.

The changes to the Standard Option are:

- No premium increase this plan year;
- Increase the Primary Care Physician co-payments to \$30;
- Implement a Specialist Physician co-payment of \$45;
- Increase generic prescription minimum co-payment to \$20;
- Removal of all Lifetime Maximums;
- Cover all Preventive Care benefits at 100% without office co-payments for in-network providers only;
- Cover Mental Health Providers office visits with a \$30 office co-payment; and
- Cover adult children to age 26 (see above Health Care Reform section).

Kaiser Permanente HMO:

Clayton County continues to offer you the Health Maintenance Organization plan in which you have to receive all of your care from a primary care and specialty care physicians that are in their network. If you receive treatment from a medical provider that is not in the Kaiser network, you could be responsible for the full cost of that care. A full list of participating providers is available on their benefit website at <http://kp.org>. There is no premium rate change to the Kaiser Permanente HMO for the upcoming plan year.

The Kaiser Permanente HMO will have the following changes:

- No premium increase this plan year;
- Increase Primary Care Physician co-payment to \$20;
- Increase Specialty Physician co-payment to \$35;
- Increase prescription co-payments to \$15 generic/\$25 brand name filled at the KP pharmacies; \$21 generic/\$31 brand name filled at network pharmacies;
- Cover adult children to age 26 (see above Health Care Reform section);
- Cover preventive care at 100% without office co-payment; and
- Cover mental health provider office visits with \$20 co-payment.

DENTAL PLAN AVAILABLE

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 if you use an in-network provider. A full list of participating dentists is available on their benefit website at <http://humanadental.com>. NOTE: There are no changes in dependent Eligibility under this plan.

OTHER PLANS AND COVERAGES AVAILABLE

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. Any requested increase or additional coverage will be underwritten and either approved or denied by Standard Life insurance company. You need to review your beneficiary designation information attached. NOTE: There is no change to dependent eligibility under this plan.

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 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. 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: There is no change to dependent eligibility under this plan.

Colonial:

Voluntary insurance that can be customized to help protect you and your family against life events such as cancer, accidents, hospital confinements/critical care, life insurance and disabilities.

AFLAC:

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.

Prepaid Legal:

Clayton County continues to offer Prepaid Legal voluntary benefits to help you prepare legally for your life events.

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 medical 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 5:30 PM on April 15, 2011.

All plan changes become effective June 1, 2011.

Forms are also available under the Human Resources Department tab online at www.claytoncountyga.gov or on CNet.

In an effort to better assist you with your Open Enrollment needs, the Benefits Division of Human Resources will have extended office hours of 7:00 AM-5:30 PM, Monday through Friday during the Open Enrollment Period (March 16-April 15, 2011).

Clayton County Board of Commissioners
Insurance Premiums
Effective June 1, 2011

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 5 and May 19, 2011. 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 (i.e., 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.

CLAYTON COUNTY MEDICAL PLANS

Effective 6/1/2011



STANDARD



LIFESTYLES MGMT



KAISER HMO

ANNUAL DEDUCTIBLES

			Not Applicable
Humana National POS-Open Access – Individual	\$600	\$300	
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 - Primary Care Physicians	\$30	\$20	\$20
Office Visit – Specialist Physicians	\$45	\$35	\$35
Urgent Care	\$50	\$50	\$40
Emergency Room	\$200 (1)	\$100 (1)	\$75 (2)

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%	N/A
Out of Network	50%	65%	

MAX OUT OF POCKET – Does not include deductible

			N/A
In Network Per Individual	\$4000	\$2000	
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			\$15/\$25
Kaiser Approved Retail Pharmacy – Generic/Preferred Brand			\$21/\$31
Generic	\$20 or *15% 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 (60,90 days supply)

Generic	\$20 or *15% of cost	\$15 or *10% of cost	\$30 (90) day supply
Preferred Brand	\$35 or *30% of cost	\$25 or *20% of cost	\$50 (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 per HCPCS/CPT E & M code levels 4 or 5.

(2) Waived if admitted to the hospital.

(* Prescriptions – whichever is greater. Generic incentive included.