



Your Retiree Benefits

2022



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This guide provides a summary of benefits available to Fulton County retirees, beneficiaries and eligible dependents, effective January 1, 2022, as well as laws, procedures and regulations required to obtain and use such benefits. However, if inconsistencies occur between the contents of this benefits guide and the contracts, rules or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersedes this guide. In some instances, limitations and exclusions may apply. If you have questions, please contact the benefit program’s member service department or the Fulton County Pension Office at retirebenefits@fultoncountytga.gov or **404-612-7606**.

Important RSS Information

We're becoming more green! As we consider going paperless, we encourage you to access the Retiree Self-Service (RSS) portal—a secure, online platform where you can find important information about your retirement benefits.

Personal information available on RSS includes monthly pension pay advice, benefit summaries, current tax withholding/allowances, pay and deduction summaries, and 1099-R forms. You can also access important forms and reference guides for tasks such as address changes, direct deposits and tax withholdings.

To access RSS, send an email with your first and last name to **retireebenefits@fultoncountyga.gov**. Your email subject line should be “**RSS**.”

Welcome!

To: All Eligible Fulton County Retirees

From: Hakeem Oshikoya, Finance Director

Date: September 1, 2021

Re: 2022 Retiree Open Enrollment for Medical, Dental, Vision and Life Insurance

It's Open Enrollment season again. In the current climate, it's more important than ever to consider all your benefit options—especially your medical plan options.

Open Enrollment is your once-a-year opportunity to elect, decline or change your medical, dental, vision and life insurance options for the upcoming year.

2022 Open Enrollment will begin on October 4, 2021 and end on October 22, 2021. Coverage for the plans you choose will be effective January 1, 2022 through December 31, 2022.

This guide provides details about the benefit plans available to you as a Fulton County retiree or eligible beneficiary. You will find information on how to make the most of your benefits—including a summary of key plan provisions, enrollment instructions, and benefit costs. Please review this guide thoroughly before making a final decision about your benefit elections.

The Fulton County Pension Office team is ready to help with any benefit-related questions you may have. Email retireebenefits@fultoncountyga.gov or call **404-612-7606**. We also encourage you to attend a retiree Open Enrollment meeting.

Again this year, Open Enrollment meetings will be held virtually through Zoom, a video conferencing platform. After you register for a session at <https://bit.ly/3zbl3zo>, instructions to join the meeting (video or phone) will be emailed to you.

Note: The registration link works in Google Chrome, Microsoft Edge, Mozilla Firefox and Safari.

Retiree Open Enrollment Meeting Schedule	
Date	Time
Monday, October 4, 2021	10 a.m. and 2 p.m.
Tuesday, October 12, 2021	10 a.m. (FCREA Meeting)
Thursday, October 14, 2021	10 a.m. and 2 p.m.
Wednesday, October 20, 2021	10 a.m. and 2 p.m.

2022 Open Enrollment: What You Need to Do

Your enrollment steps depend on which medical plan you're enrolled in now and whether you're Medicare-eligible.

Biometric Screening Events

Due to the COVID-19 pandemic, we've had to cancel all biometric screening events. But you can still reduce your 2022 premium under any of the medical plans by \$20 each month. Just make an appointment to see your doctor by **mid-December** and complete all the requirements by **December 31, 2021**.

If you're 65 or older (Medicare-eligible), consider one of Aetna's Medicare Advantage plans: the Aetna Basic Medicare Advantage Plan or the Aetna Enhanced Medicare Advantage Plan. These plans offer lower monthly premiums and out-of-pocket costs compared to the other Medicare-eligible retiree plans. Questions? Call Aetna at **800-307-4830**.

Pre-65 (Non-Medicare-Eligible) Retirees

1. Complete the *Tobacco-Use Attestation* form by October 22, 2021. If you do not complete and return this form to the Fulton County Pension Office by October 22, 2021, you will be assumed to be a tobacco user, and a \$50 monthly tobacco-use surcharge will be added to your medical premium effective January 1, 2022. **You have to submit this form even if you're not making changes to your coverage for 2022.**
2. Complete all sections of the *Retiree Open Enrollment Form* and return it to the Pension Office by October 22, 2021. **If you don't want to change, add or remove coverage, don't complete the enrollment form—your 2021 coverage elections will roll over automatically to 2022, with the same coverage tier you have now.**

Consider emailing or faxing your forms to save time. Here's how you can provide your completed forms to the Pension Office:

- Email: retireebenefits@fultoncountyga.gov
- Fax: 404-612-1870
- Mail: Fulton County Pension Office
141 Pryor Street SW, Suite 7001
Atlanta, GA 30303

65+ (Medicare-Eligible) Retirees

1. If you are **NOT** currently enrolled in the Aetna Basic or Enhanced Medicare Advantage Plan and you want to enroll in either plan for 2022, you **MUST** have Medicare Part A and Part B.
2. As a Medicare-eligible retiree, you must send a completed *2022 Part B Affidavit* with a copy of your Medicare card to the Pension Office, **postmarked by October 22, 2021**. If you don't return the *2022 Part B Affidavit*, you will lose your Medicare subsidy—50% of the basic Part B premium—for the 2022 plan year.

Terms to Know

While we try to keep the information in this guide easy to understand, there are some health care terms that are important to know. Take a moment to review these terms—they'll help you better use your Fulton County benefits.

Annual deductible

What you pay out of pocket each year before the plan starts paying a share of the cost for covered services.

Copay

An upfront fee you pay for doctor visits, prescriptions and other costs, depending on the medical plan you enroll in.

Coinsurance

Once you meet your annual deductible, you and the County share the cost of your covered health care expenses. The percentage you pay is your coinsurance.

Out-of-pocket maximum

The maximum amount you'll pay out of pocket each year for in-network care. Some plans have a separate out-of-network maximum too. Once you meet the out-of-pocket maximum, the plan covers 100% of your qualified medical expenses for the remainder of the plan year.

Exclusions

Charges, services or supplies that are not covered and do not apply toward your deductible or out-of-pocket maximum.

Reasonable and customary charge

The amount charged for a service based on the cost of similar medical services in your geographic area. It is used to determine how much you pay in coinsurance when you receive out-of-network care.

Eligibility

If you are eligible to enroll in coverage, you may also cover your eligible family members, including:

- Your legal spouse
- Children under age 26 (biological children, adopted children and stepchildren)
- Dependent children of any age who are medically certified as disabled
- Dependent children age 26 or older who are handicapped due to a mental or physical condition that started before age 19*

Required Documents

You must provide verification documents for all eligible dependents you wish to enroll. Please email verification documents to retirebenefits@fultoncountyga.gov or fax them to **404-612-1870**. If you do not provide verification documents for your dependents when you enroll them in coverage, the start date of their coverage will be delayed.

Dependent	Required Documentation
Legal spouse	Copy of your marriage certificate
Biological child	Birth certificate
Adopted child	Placement papers signed by a court
Stepchild	Birth certificate of your stepchild; copy of your marriage certificate
Court-ordered child support	State affidavit; copy of signed court order requiring you to provide support for health coverage
Permanently disabled child age 26 or older*	Physician verification of permanent disability

* Coverage normally ends on the last day of the month in which a dependent child reaches age 26; however, you can continue coverage for a handicapped dependent child. You must provide proof to the Fulton County Pension Office that your child's handicap began before the child reached age 19. Coverage stays in force for as long as dependent coverage under the plan continues and the child remains handicapped, as defined above.

Save Money and Help Keep Health Care Costs Down!

Protect yourself from rising health care costs by taking advantage of every opportunity for savings. Before and after you need care, your Fulton County benefits are designed to save you money on premiums and out-of-pocket costs.

Wellness Credit for Pre-65 Retirees

Due to the COVID-19 pandemic, we've had to cancel all biometric screening events. But you can still reduce your 2022 premium under any of the medical plans by \$20 each month. Just make an appointment to see your doctor by **mid-December** and complete all the requirements by **December 31, 2021**.

To earn/keep your annual \$240 wellness credit for the plan year beginning January 1, 2022, all eligible employees enrolled in medical coverage must complete the steps outlined below; note that **ALL** steps must be completed by **December 31, 2021**.

Anthem medical plans

1. Schedule your Annual Wellness Exam.
2. Download the *Physician Form* from Mobile Health and take it to your Annual Wellness Exam.

To download the LabCorp Physician Form, follow these instructions.

- Visit mobilehealthconsumer.com/web/pages/login.html to log in to your Mobile Health account, **OR** download the Mobile Health app in the App Store or Google Play.
- Click the Wellness Credit tile.
- Click the link for LabCorp.
- From the landing page, complete the form to register.
- Enter the Visitor Access Code (case sensitive): **fultoncounty**.
- Complete all remaining fields.
- Once completed, download and print.
- Your doctor **must** submit the fully completed *Physician Form* to Anthem by **December 31, 2021**.

Kaiser medical plan

1. Visit kp.org/engage and sign on with your kp.org user ID and password.
2. Accept the Wellness Program Agreement.
3. Be up to date with your biometric screening:
 - Your non-fasting biometric screening includes blood pressure, hemoglobin A1C, cholesterol and body mass index.
 - If you are already scheduled for a physical, a biometric screening will be included. Or, you can schedule a nurse visit appointment for a biometric screening only by calling [404-365-0966](tel:404-365-0966).
 - If you have a routine appointment already scheduled, please ask your doctor to include your biometric labs.

Tobacco-Use Attestation

All pre-65 (non-Medicare-eligible) retirees and beneficiaries enrolled in 2022 medical coverage must complete and return the *Tobacco-Use Attestation* form to the Fulton County Pension Office by October 22, 2021. If you do not complete and return this form to the Fulton County Pension Office by October 22, 2021, you will be assumed to be a tobacco user, and a \$50 monthly tobacco-use surcharge will be added to your medical premium effective January 1, 2022. **Medicare-eligible retirees don't need to complete the *Tobacco-Use Attestation* form.**

If you are a tobacco user, you **must** complete a tobacco cessation program by **May 31, 2022** to receive a refund of the tobacco surcharge. You will receive details about the tobacco cessation program in the first quarter of 2022.

If you are a tobacco user, and do not commit to a tobacco cessation program, you will pay the \$50 monthly surcharge starting January 1, 2022.

Grady Health System

Anthem Blue Cross Blue Shield of Georgia (Anthem) and Grady Health System offer high-quality health services to retirees enrolled in Anthem medical plans. Participants in the Anthem HMO, POS, Medicare HMO, Medicare Indemnity, and PPO Plus plans receive **free care** at Grady facilities. Participants in the Anthem HSA Plan receive **free care after meeting the deductible**.

Grady is one of the largest public hospital systems in the Southeast and is a world-renowned teaching hospital. It's staffed with doctors from the Emory University and Morehouse Schools of Medicine. As an Anthem participant, you have access to inpatient and outpatient services, as well as neighborhood clinics for routine care.

Visit gradyhealth.org/locations to find your nearest Grady facility.



Know Where to Go for Care

An easy way to limit how much you pay when you need care is to carefully choose **where** you receive care. Here's how:



Skip the emergency room, if possible. If you go to the emergency room in a non-emergency situation, you could be responsible for the full cost of treatment. In fact, the average ER cost in a non-emergency situation is over \$2,000!¹ **When you have a life-threatening medical issue, go immediately to the emergency room. But if it's an ankle sprain, rash or sore throat, your doctor's office or an urgent care center is your best option.**



Try an urgent care center when your doctor is away or not conveniently available for you. Urgent care centers are best for non-emergencies when you need care and your regular doctor is unavailable. Don't use it for routine care; urgent care generally costs more and has longer wait times than your doctor's office.



Speak to a doctor by video chat. Telemedicine provides 24/7 health care from board-certified doctors to treat minor health issues via smartphone, tablet or computer. No appointment is needed.



Keep your care in-network. You'll pay much more out of pocket if you visit hospitals and doctors that aren't in your plan's network. Visit out-of-network providers only in an emergency or when in-network providers are unavailable. Certain plans, including the Anthem HMO and Kaiser HMO, won't pay benefits if you receive care out-of-network, unless it's an emergency.

¹National averages of the total cost, not what members paid based on Anthem members' paid claims from January 1, 2020 through December 31, 2020.

Medical Plans for Pre-65 Retirees and Dependents

Fulton County offers four medical plan options for pre-65 (non-Medicare-eligible) retirees and their eligible dependents:

Not all medical expenses come by surprise. If you're managing an ongoing condition or have major health concerns, review each plan's annual deductible and out-of-pocket maximum to ensure you can afford to pay both in 2022. What works best for you and your family might change from year to year.

- Anthem Health Savings Account (HSA) Plan
- Anthem Point of Service (POS) Plan
- Anthem Health Maintenance Organization (HMO) Plan
- Kaiser Health Maintenance Organization (HMO) Plan

All of the plans cover in-network preventive care at 100%, including routine physical exams, immunizations, and age- and gender-appropriate tests and screenings. Certain preventive medications are also covered, including contraceptives and tobacco cessation generic prescription drugs and FDA-approved over-the-counter tobacco cessation products.

Anthem HSA Plan

The HSA Plan gives you the flexibility to visit any provider—whether they're in the Anthem network or not. That means the plan pays benefits in-network and out-of-network. However, you pay *less* when you visit an in-network provider, because they discount their fees. **Note:** The Anthem HSA Plan is not available for pre-65 dependent coverage in a split family situation (i.e., where the retiree is enrolled in Medicare-eligible coverage and a dependent is enrolled in the Anthem HSA Plan).

The Anthem HSA Plan helps you save for future health expenses, because it comes with a Health Savings Account (HSA).

If you enroll in the HSA Plan, you'll receive a welcome kit and debit card from Anthem Act Wise, the HSA administrator. You can use the debit card to pay for eligible medical, dental and vision expenses, including copays and coinsurance. Visit actwise.anthem.com to learn about covered expenses, how to use your account, and how to track your transactions.

If you choose to enroll in the Anthem HSA plan, be sure to complete the process of setting up your HSA account as quickly as possible so as not to miss out on the County's quarterly contributions to your account. Your HSA account is a personal bank account and requires the same identifying documentation as any other personal bank account you may have opened. In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. Required identification will include federal or state-issued picture ID, your signed Social Security or ITIN card, and a recent utility bill, phone bill, or bank statement verifying your current address. You will receive a letter from Anthem, detailing what is needed to open your account. Your timely response will ensure that the County's contributions, along with any pre-tax

contributions you may have elected, are deposited in your HSA account and available for use toward any medical, dental, and vision expenses you may have.

Highlights of the Health Savings Account:

- Fulton County makes pre-tax contributions to your HSA each financial quarter (1/28/2022; 4/29/2022; 7/29/2022; 10/28/2022). The amount depends on the coverage level you choose—Retiree, Retiree + 1, or Family.
- You can also make pre-tax contributions to your HSA, up to annual IRS limits.
- The money in your HSA is always yours. There’s no “use-it-or-lose-it” rule, so you can save the money for big medical expenses— even those that occur when you have Medicare coverage. The annual amount you and Fulton County contribute to your HSA each year is determined by the IRS:

Coverage Tier	Fulton County Quarterly Contribution	2022 IRS Maximum Annual Contribution*	Your Maximum Annual Contribution
Retiree	\$187.50	\$3,650	\$2,900
Retiree + 1	\$375.00	\$7,300	\$5,800
Family	\$375.00	\$7,300	\$5,800

*If you’re age 55 or older in 2022, you can make a “catch-up contribution” of up to \$1,000 in addition to your maximum annual contribution.

Anthem POS Plan

The Anthem Point of Service (POS) Plan has a lower deductible and out-of-pocket maximum than other plans, plus flexibility about where you can receive care. You can go to any doctor you wish, but you’ll pay **less** when you see **in-network** providers. You must meet the annual deductible before the plan begins paying benefits. Copays do **not** apply toward the deductible.

Anthem HMO/Kaiser HMO Plans

Health Maintenance Organization (HMO) plans offer a managed approach to in-network care, typically for a fixed cost (that is, a “copay”), but with less flexibility than the Anthem HSA and POS plans. If you receive care out-of-network, you’re responsible for 100% of the cost, except in an emergency.

For the Kaiser HMO Plan, you’ll have to select an in-network primary care physician (PCP). Your PCP oversees your entire care and must refer you for any specialty care you may need. Visit my.kp.org/fulton to view a list of in-network PCPs in your area. A PCP is not required for the Anthem HMO Plan.

Note: The Kaiser HMO Plan is not available for pre-65 dependent coverage in a split family situation in which the Medicare-eligible retiree is enrolled in a non-Kaiser plan (i.e., an Anthem or Aetna plan). If the Medicare-eligible retiree is enrolled in the Kaiser Senior Advantage Plan, pre-65 dependents may enroll in the Kaiser HMO Plan.

There’s no deductible for the HMO plans.

Want to make the most of your HSA balance? Use Grady Health System providers! Most services are covered at 100% after you meet your annual deductible. To find a Grady Health System provider, visit gradyhealth.org/find-a-doctor.

If you plan to enroll in the Anthem HMO Plan, it’s important to confirm your providers are in-network:

- Anthem HMO Plan: anthem.com
-

Medical Plan Comparison

Below is a comparison of **what YOU pay** when you receive covered services.

Important: If you are enrolled in the Anthem POS or Anthem HMO and use Grady Health System providers, services are covered 100%, **without** meeting a deductible. If you are enrolled in the Anthem HSA Plan and use Grady Health System providers, services are covered 100% **after** you pay your deductible.

		Anthem HSA Plan		Anthem POS Plan		Anthem HMO and Kaiser HMO Plans
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Annual deductible	Retiree	\$1,500	\$3,000	\$500	\$1,000	No deductible
	Retiree + 1	\$3,000	\$6,000	\$750	\$1,500	
	Family	\$3,000	\$6,000	\$1,000	\$2,000	
Annual out-of-pocket maximum	Retiree	\$3,000	\$6,000	\$2,000	\$4,000	\$6,450
	Retiree + 1	\$6,000	\$12,000	\$3,000	\$6,000	\$12,900
	Family	\$6,000	\$12,000	\$4,000	\$8,000	\$12,900
Coinsurance		10%	40%	20%	40%	100% covered
Preventive care		100% covered, no deductible	40% after deductible	100% covered, no deductible	40%	100% covered
Office visit		10% after deductible	40% after deductible	PCP: \$30 Specialist: \$50	40% after deductible	PCP: \$25 Specialist: \$40
Emergency room		10% after deductible	10% after deductible	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)	\$150 copay (waived if admitted)
Urgent care		10% after deductible	40% after deductible	\$50 copay	40% after deductible	\$50 copay
Inpatient hospital		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$250 copay
Outpatient hospital		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$150 copay
Outpatient lab and x-ray		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered
Skilled nursing facility		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered, up to 120 days per year
Inpatient mental health		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$120 copay
Outpatient mental health		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$25 copay
Hearing aid benefit		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered, up to \$2,000 annual maximum

Prescription Drug Benefits for Pre-65 Retirees and Dependents

When you enroll in an Anthem medical plan, you're enrolled automatically in prescription drug benefits through IngenioRx. You can fill prescriptions at a retail pharmacy that participates in the IngenioRx network (most do), or you can have your medication delivered to your home.

If you enroll in the Kaiser HMO Plan, your prescription drug benefits are through Kaiser. The amount you'll pay for a prescription drug depends on which tier the drug falls into, and whether you fill the prescription at a retail pharmacy or by mail.

Drug Tiers

- **Tier 1:** Generic drugs are the lower-cost equivalents of brand-name drugs. They are approved by the U.S. Food and Drug Administration and have the same active ingredients, safety, dosage, quality, and strength as their brand-name equivalents.
- **Tier 2:** Preferred drugs are brand-name drugs. They are more expensive than generic drugs, but less expensive than non-preferred drugs.
- **Tier 3:** Non-preferred drugs are more expensive brand-name drugs.
- **Tier 4:** Specialty and injectable drugs are drugs used to treat complex, chronic conditions and may require special handling and/or management.

Formulary

Anthem Plans

Visit [anthem.com](https://www.anthem.com) to find the IngenioRx Prescription Drug List and search for your medication. The search result will tell you the tier of your prescription. Anthem's website can also help you find generic alternatives to existing prescriptions and FDA recalls and warnings.

Kaiser HMO Plan

Visit [kp.org](https://www.kp.org) to use the formulary lookup tool. It's available under **Health & Wellness** and then **Drug formulary** (under **Drugs & natural medicines**). Select **Georgia** as your region. Then, select the **HMO formulary** pdf.

Prescription Drug Plan Comparison

	Anthem HSA Plan		Anthem POS Plan		Anthem HMO/Kaiser HMO Plans
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
RETAIL (UP TO A 30-DAY SUPPLY)					
Generic	10% after deductible	40% after deductible	\$10 copay	40% after deductible	\$10 copay
Preferred			\$35 copay		\$30 copay
Non-preferred			\$60 copay		\$50 copay
Specialty			\$100 copay		\$75 copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)					
Generic	10% after deductible	40% after deductible	\$20 copay	40% after deductible	\$20 copay
Preferred			\$60 copay		\$60 copay
Non-preferred			\$100 copay		\$100 copay
Specialty			\$150 copay		\$150 copay

Additional Prescription Drug Information for Anthem Plans

Mandatory Generics

When your doctor prescribes a prescription drug, ask if a generic version is available. If it is, but your doctor writes “Dispense as Written” (or “DAW”) on your prescription and your prescription is filled with the brand-name drug, you will pay more—you’ll pay the generic drug copay plus the difference in cost between the generic drug and the brand-name drug. Visit anthem.com to see if your brand-name drug has a generic equivalent.

Mail Order

You have the option to get your prescription medications delivered to your home instead of picking them up at the pharmacy. It’s easy to set up home delivery for the prescriptions you take long-term for conditions like diabetes or asthma. You’ll get a 90-day supply with free standard shipping. IngenioRx Home Delivery Pharmacy is the mail-order prescription drug pharmacy. To order a prescription for mail delivery:

- Visit anthem.com and select **Pharmacy**, or call the Pharmacy Member Services number at **833-270-6379**.
- Update your mailing address and phone number, if needed.
- Enter your credit card number or checking account information.
- Re-enroll for auto-refill, if needed.

Specialty Medications

Specialty medications are high-cost medications used to treat complex long-term conditions like hepatitis C, cancer, immune deficiencies, certain inflammatory conditions and multiple sclerosis. These drugs may need special handling, such as temperature-controlled packaging and overnight delivery, and are often not available at retail pharmacies. If you’re ordering a specialty prescription, you may contact the IngenioRx Specialty Pharmacy. The Care Team is available 24 hours a day, 7 days a week, at **833-255-0645**.

Monthly Pre-65 Medical and Prescription Drug Plan Premiums

The following tables show what you'll pay monthly for medical and prescription drug coverage. Monthly premiums will be \$50 higher if you must pay the tobacco surcharge.

All pre-65 retirees enrolled in a Fulton County medical plan will receive a \$20 monthly premium reduction in 2022. On your pension statement, you'll see a \$20 wellness credit deduction on the monthly premium rates shown below.

Split Rates

Retirees and dependents may be enrolled in different plans, depending on Medicare eligibility. All Medicare-eligible retirees and dependents are enrolled in age 65+ plans (see page 15). If you have enrolled dependents who are not yet eligible for Medicare (typically, those under age 65), they are enrolled in a pre-65 plan. This means that some retirees and dependents will be enrolled in different plans. This is also referred to as a "split family."

The rates shown below are for pre-65 plans only. If you are in a split family, use the example to the right to determine how your rate is calculated.

Split Family Example

Jack, a pre-65 (non-Medicare-eligible) retiree, is enrolled in the pre-65 Anthem HMO Plan. Megan, Jack's spouse, is 65+ (Medicare-eligible) and enrolled in the 65+ Anthem Medicare Indemnity Plan.

The split-family rate will be a combination of the following premiums:

- Pre-65 Anthem HMO Plan "Retiree" premium, PLUS
 - 65+ Anthem Medicare Indemnity Plan "Retiree" premium.
-

Plan	Coverage Tier	Retired 2004 or Earlier	Retired 2005	Retired 2006
Anthem HSA Plan	Retiree	\$101.39	\$152.09	\$172.37
	Retiree + 1	\$193.84	\$290.76	\$329.52
	Family	\$258.62	\$387.93	\$439.65
Anthem POS Plan	Retiree	\$129.42	\$194.13	\$220.01
	Retiree + 1	\$238.87	\$358.31	\$406.08
	Family	\$324.11	\$486.17	\$550.99
Anthem HMO Plan	Retiree	\$113.61	\$170.41	\$193.13
	Retiree + 1	\$209.68	\$314.53	\$356.46
	Family	\$284.52	\$426.78	\$483.68
Kaiser HMO Plan	Retiree	\$82.06	\$123.09	\$139.50
	Retiree + 1	\$156.86	\$235.29	\$266.67
	Family	\$209.48	\$314.22	\$356.11

Plan	Coverage Tier	Retired 2007–2011	Retired 2012–2015	Retired 2016 or Later
Anthem HSA Plan	Retiree	\$202.79	\$223.07	\$202.79
	Retiree + 1	\$387.67	\$426.44	\$387.67
	Family	\$517.24	\$568.96	\$517.24
Anthem POS Plan	Retiree	\$258.83	\$284.72	\$323.54
	Retiree + 1	\$477.74	\$525.52	\$597.18
	Family	\$648.22	\$713.04	\$810.27
Anthem HMO Plan	Retiree	\$227.21	\$249.93	\$227.21
	Retiree + 1	\$419.37	\$461.30	\$419.37
	Family	\$569.03	\$625.94	\$569.03
Kaiser HMO Plan	Retiree	\$164.12	\$180.53	\$164.12
	Retiree + 1	\$313.73	\$345.10	\$313.73
	Family	\$418.96	\$460.85	\$418.96

Medical Plans for Age 65+ Retirees and Dependents

Fulton County offers six medical plans for retirees age 65+ (Medicare-eligible) and their eligible dependents:

- Aetna Basic Medicare Advantage Plan
- Aetna Enhanced Medicare Advantage Plan
- Anthem Medicare Health Maintenance Organization (HMO) Plan
- Anthem Medicare Indemnity Plan
- Anthem Medicare Preferred Provider Organization (PPO) Plus Plan (see page 16 for eligibility requirements)
- Kaiser Senior Advantage Plan

Aetna Basic and Enhanced Medicare Advantage Plans

Aetna contracts with Medicare to provide all your Medicare Part A and Part B benefits. You can visit any Medicare-approved provider (that is, any provider who accepts Medicare) and receive the same benefits—the provider does not need to be in the Aetna network.

These plans offer **greater benefits with lower premiums** than the Anthem Medicare HMO, Indemnity, and PPO Plus plans. There is no deductible or coinsurance for the Aetna Basic or Enhanced Medicare Advantage plans. Additionally, preventive care, well-being and the SilverSneakers fitness programs are covered benefits.

Differences Between the Plans

- The Aetna Enhanced Medicare Advantage Plan offers the greatest benefits available to Medicare retirees; however, your premiums are higher than the Aetna Basic Medicare Advantage Plan.
- You'll pay copays when you need care under the Aetna Basic Medicare Advantage Plan; there are no copays for the Aetna Enhanced Medicare Advantage Plan—it covers 100% of eligible expenses.

Anthem Medicare HMO Plan

This plan supplements benefits paid by Medicare. **Your care MUST be provided by or referred by your in-network primary care physician;** otherwise, the plan does not pay benefits (except in case of emergency).

Medicare pays benefits first, then the plan pays benefits. You and the plan share the cost of your care through copays—there are no deductibles or coinsurance.

Preventive care and preventive medications are covered 100% by the plan with no cost to you. Routine physical exams, immunizations, and age- and gender-appropriate tests and screenings count as preventive care. Preventive medications include eligible tobacco cessation products, brand-name drugs with no generic alternative, and some over-the-counter items. See page 18 for more information about which prescription drugs are covered.

Anthem Medicare Indemnity Plan

This plan supplements your Medicare benefits. As long as you meet your deductible and receive medical services covered under Medicare, the plan pays 100% of the amount Medicare doesn't pay.

Anthem Medicare PPO Plus Plan

You may enroll in this plan only if you are age 65 or older, your last day as an active employee was on or before December 31, 1991, and you were enrolled in this plan at that time.

You and the plan share the cost for your care through your annual deductible and coinsurance. **When received in-network,** preventive care and preventive medications are covered 100% by the plan—no deductible or coinsurance is required. Routine physical exams, immunizations, and age- and gender-appropriate tests and screenings count as preventive care. Preventive medications include eligible tobacco cessation products, prescription contraceptives, brand-name drugs with no generic alternative, and some over-the-counter items.

Kaiser Senior Advantage Plan

Kaiser contracts with Medicare to provide all your Medicare Part A and Part B benefits. **You'll have to select an in-network primary care physician (PCP). Your PCP oversees your entire care and must refer you for any specialty care you may need.**

The plan shares the cost of covered services immediately—there's no deductible. Generally, all you pay is a copay until you reach your out-of-pocket maximum. Once you hit the out-of-pocket maximum, the plan covers the full cost of services for the rest of the plan year.

Medical Plan Comparison

Below is a comparison of **what YOU pay** when you receive covered services.

	Aetna Basic Medicare Advantage Plan	Aetna Enhanced Medicare Advantage Plan	Anthem Medicare HMO Plan (in-network only)	Anthem Medicare Indemnity Plan	Anthem Medicare PPO Plus Plan	Kaiser Senior Advantage Plan
Annual deductible	None	None	None	Retiree: \$100 Family: \$200	Retiree: \$100 Family: \$300	None
Annual out-of-pocket maximum	\$1,000	None	Retiree: \$7,350 Family: \$14,700	None	Retiree: \$1,500 Family: \$3,000	\$1,000
Preventive care	100% covered	100% covered	100% covered	100% covered after Medicare	100% covered	100% covered
Emergency room services	\$65 copay (waived if admitted)	100% covered	\$90 copay	100% covered after Medicare	10% after deductible	\$65 copay
Doctor's office visit	\$15 copay	100% covered	\$25 copay	100% covered after Medicare	10% after deductible	\$15 copay
Ambulance	100% covered	100% covered	100% covered	100% covered after Medicare	10% after deductible	100% covered
Outpatient office visit	\$15 copay	100% covered	\$120 copay, max. of \$500	100% covered after Medicare	In-network: 10% after deductible Out-of-network: 20%	\$50 copay
Inpatient office visit	\$120 copay	100% covered	\$120 copay, max. of \$500	100% covered after Medicare	In-network: 10% after deductible Out-of-network: 20%	\$100 copay
Lab, x-ray and other diagnostic tests	100% covered	100% covered	100% covered	100% covered after Medicare	In-network: 10% after deductible Out-of-network: 20%	100% covered
Skilled nursing facility	100% covered, up to 100 days per calendar year	100% covered, up to 100 days per calendar year	100% covered, up to 120 days per calendar year	100% covered after Medicare	10% after deductible	100% covered, up to 100 days per calendar year
Home health care	100% covered	100% covered	100% covered, up to 120 days per calendar year	100% covered after Medicare	10% after deductible	100% covered
Hearing aid benefit	100% covered, up to \$2,000 annual maximum	100% covered, up to \$2,000 annual maximum	100% covered, up to \$2,000 annual maximum	100% covered after deductible	90% covered after deductible	Not covered

Prescription Drug Benefits for Age 65+ Retirees and Dependents

When you enroll in an **Anthem plan**, you're automatically enrolled in prescription drug benefits through IngenioRx. You can fill prescriptions at a retail pharmacy that participates in the **IngenioRx** network (most do), or you can have prescriptions delivered to your home.

If you enroll in an **Aetna plan**, your prescription drug benefits are through **Aetna**.

If you enroll in the **Kaiser Senior Advantage Plan**, your prescription drug benefits are through **Kaiser**.

The amount you'll pay for a prescription depends on which tier the drug falls into and whether you fill the prescription at a retail pharmacy or by mail.

Drug Tiers

- **Tier 1:** Generic drugs are the lower-cost equivalents of brand-name drugs. They are approved by the U.S. Food and Drug Administration and have the same active ingredients, safety, dosage, quality and strength as their brand-name equivalents.
- **Tier 2:** Preferred drugs are brand-name drugs that are more expensive than generic drugs, but less expensive than non-preferred drugs.
- **Tier 3:** Non-preferred drugs are more expensive brand-name drugs.
- **Tier 4:** Specialty and injectable drugs are drugs used to treat complex, chronic conditions and may require special handling and/or management.

Formulary

Anthem Plans

Visit **anthem.com** to find the IngenioRx Prescription Drug List and search for your medication. The search result will tell you the tier of your prescription. Anthem's website can also help you find generic alternatives to existing prescriptions and FDA recalls and warnings.

Aetna Plans

Visit **aetnaretireplans.com**. Scroll down to the middle of the webpage, and in the section titled **Choose a Formulary (Drug List) Name to See Documents**, select:

- Plan type: **MAPD**
- Formulary name: **GRP B2 Plus (4 Tier)**

Then, choose one of the documents to download.

The Aetna MAPD pharmacy network is switching to Aetna’s Preferred (“P1”) pharmacy network January 1, 2022. This change has no impact on your member access, and you can continue to use your current pharmacy. Some pharmacies within the P1 network offer some savings to members, particularly for generic drugs.

For more information about the Aetna MAPD pharmacy network, visit aetnaretireplans.com. Scroll down to the middle of the webpage, and in the section titled **Find doctors or providers**, select:

- **Find a pharmacy**
- Select A Plan: **Medicare Part D 2022 Group Pharmacy, Medicare Group Part D 2022 P1 Network**

Kaiser Senior Advantage Plan

Visit kp.org to use the formulary lookup tool. It’s available under **Health & Wellness** and then **Drug formulary** (under **Drugs & natural medicines**). Select **Georgia** as your region. Then, select **Medicare Part D formulary, 2022**.

Prescription Drug Copays

If you are a Medicare-eligible retiree, the amount you pay for prescription drugs depends on your medical plan and where you fill your prescription:

Retail (up to a 30-day supply)*		
	Aetna and Anthem Plans	Kaiser Senior Advantage Plan
Tier 1: Generic drugs	\$10	\$10
Tier 2: Preferred drugs	\$25	\$25
Tier 3: Non-preferred drugs	\$45	\$45
Tier 4: Specialty and injectable drugs	\$60	\$60
Mail Order (up to a 90-day supply)*		
	Aetna and Anthem Plans	Kaiser Senior Advantage Plan
Tier 1: Generic drugs	\$15	\$20
Tier 2: Preferred drugs	\$45	\$50
Tier 3: Non-preferred drugs	\$90	\$90
Tier 4: Specialty and injectable drugs	\$120	\$120

*If you are enrolled in an Aetna plan, your copay while in the Medicare catastrophic coverage phase for generic medications will be the greater of \$3.70 or 5% of the drug cost; your copay for all other medications will be the greater of \$9.20 or 5% of the drug cost.

Additional Information for Anthem Plans

Mandatory Generics

When your doctor prescribes a prescription drug, ask if a generic version is available. If it is, but your doctor writes “Dispense as Written” (or “DAW”) on your prescription and your prescription is filled with the brand-name drug, you will pay more—you’ll pay the generic drug copay plus the difference in cost between the generic drug and the brand-name drug. Visit [anthem.com](https://www.anthem.com) to see if your brand-name drug has a generic equivalent.

Mail Order

You have the option to get your prescription medications delivered to your home instead of picking them up at the pharmacy. It’s easy to set up home delivery for the prescriptions you take long-term for conditions like diabetes or asthma. You’ll get a 90-day supply with free standard shipping. IngenioRx Home Delivery Pharmacy is the mail-order prescription drug pharmacy. To order a prescription for mail delivery:

- Visit [anthem.com](https://www.anthem.com) and select **Pharmacy**, or call the Pharmacy Member Services number at **833-270-6379**.
- Update your mailing address and phone number, if needed.
- Enter your credit card number or checking account information.
- Re-enroll for auto-refill, if needed.

Specialty Medications

Specialty medications are high-cost medications used to treat complex long-term conditions like hepatitis C, cancer, immune deficiencies, certain inflammatory conditions and multiple sclerosis. These drugs may need special handling, such as temperature-controlled packaging and overnight delivery, and are often not available at retail pharmacies. If you’re ordering a specialty prescription, you may contact the IngenioRx Specialty Pharmacy. The Care Team is available 24 hours a day, 7 days a week, at **833-255-0645**.

Age 65+ Monthly Medical and Prescription Drug Plan Premiums

Split Rates

Retirees and dependents may be enrolled in different plans, depending on Medicare eligibility. All Medicare-eligible retirees and Medicare-eligible dependents are enrolled in age 65+ plans (see page 15). If you have enrolled dependents who are not yet eligible for Medicare (typically, those under age 65), they are enrolled in a pre-65 plan. This means that some retirees and dependents will be enrolled in different plans. This is also referred to as a “split family.”

The rates shown below are for 65+ (Medicare-eligible) plans only. If you are in a split family, use the example to the right to determine how your rate is calculated.

Split Family Example

Steve, a 65+ (Medicare-eligible) retiree, is enrolled in the Aetna Basic Advantage Plan and has two pre-65 (non-Medicare-eligible) dependents—a spouse and a child—enrolled in the pre-65 Anthem POS Plan. The split family rate will be a combination of the following premiums:

- 65+ Aetna Basic Medicare Advantage “Retiree” premium, PLUS
 - Pre-65 Anthem POS Plan “Retiree + 1” premium.
-



	Coverage Tier	Retired 2004 or Earlier	Retired 2005	Retired 2006
Aetna Basic Medicare Advantage Plan	Retiree	\$22.92	\$34.38	\$38.96
	Retiree + 1	\$45.84	\$68.76	\$77.92
	Family	\$68.76	\$103.14	\$116.89
Aetna Enhanced Medicare Advantage Plan	Retiree	\$61.50	\$72.96	\$77.54
	Retiree + 1	\$123.00	\$145.92	\$155.08
	Family	\$184.50	\$218.88	\$232.63
Anthem Medicare HMO Plan	Retiree	\$80.48	\$120.73	\$136.82
	Family	\$152.04	\$228.05	\$258.46
Anthem Medicare Indemnity Plan	Retiree	\$123.12	\$135.43	\$141.59
	Family	\$315.43	\$346.97	\$362.74
Anthem Medicare PPO Plus Plan	Retiree	\$61.56		
	Family	\$157.71		
Kaiser Senior Advantage Plan	Retiree	\$17.54	\$26.31	\$31.45
	Retiree + 1	\$35.07	\$52.61	\$62.91
	Family	\$52.61	\$78.92	\$94.36

	Coverage Tier	Retired 2007–2011	Retired 2012–2015	Retired 2016 and Later
Aetna Basic Medicare Advantage Plan	Retiree	\$45.84	\$50.42	\$45.84
	Retiree + 1	\$91.68	\$100.84	\$91.68
	Family	\$137.51	\$151.27	\$137.51
Aetna Enhanced Medicare Advantage Plan	Retiree	\$84.42	\$89.00	\$84.42
	Retiree + 1	\$168.84	\$178.00	\$168.84
	Family	\$253.25	\$267.01	\$253.25
Anthem Medicare HMO Plan	Retiree	\$160.97	\$177.06	\$160.97
	Family	\$304.07	\$334.47	\$304.07
Anthem Medicare Indemnity Plan	Retiree	\$153.90	\$166.21	\$153.90
	Family	\$394.28	\$425.83	\$394.28
Kaiser Senior Advantage Plan	Retiree	\$37.00	\$40.70	\$37.00
	Retiree + 1	\$74.01	\$81.41	\$74.01
	Family	\$111.01	\$122.11	\$111.01

Dental Plan Options

Fulton County offers dental coverage for you and your eligible dependents. Dental coverage is the same for pre-65 and age 65+ retirees.

You have two dental plan options:

- Aetna Dental HMO Plan (not available in Louisiana)
- Aetna Dental PPO Plan

To find an in-network dentist, visit Aetna's website at [aetna.com/individuals-families/find-a-doctor.html](https://www.aetna.com/individuals-families/find-a-doctor.html).

Aetna Dental HMO Plan

Under the Aetna Dental HMO Plan, **you and each enrolled family member must choose a primary care dentist**. Your primary care dentist will treat you or refer you for care to other Aetna network providers. The plan pays benefits for preventive, basic and major care when provided by or referred by your primary care dentist (the exception is orthodontia—it's covered, and you don't need a referral for orthodontic care). **Benefits are *not* paid for care provided by or referred by out-of-network dentists, except in emergencies.**

This plan has the following advantages when compared with the Aetna Dental PPO Plan:

- Lower monthly premiums
- No deductible
- No annual benefit maximum
- Generally, lower out-of-pocket expenses when you receive care

Note: The Dental HMO Plan is not available in Louisiana.

Aetna Dental PPO Plan

Under the Aetna Dental PPO Plan, you can receive benefits for care from in-network or out-of-network dentists. However, you'll pay less for care received from in-network dentists. When you receive care from an out-of-network dental provider, you are responsible for paying the difference in cost if your dentist charges more than Aetna's pre-approved network fees. Plus, you may be required to pay the entire cost of care at the time of treatment and submit a claim for reimbursement.

The Aetna Dental PPO network includes more providers than the Aetna Dental HMO network.

Dental Plan Comparison

	Aetna Dental HMO Plan	Aetna Dental PPO Plan	
	In-Network ONLY	In-Network	Out-of-Network*
Deductible	None	Single: \$50 Family: \$150	
Preventive services	100% covered	100% covered	100% covered
Basic services	100% covered	15%	15% PLUS any amount over the R&C
Major services	40%	50%	50% PLUS any amount over the R&C
Annual benefit maximum	None	\$1,500 per person	
Orthodontic services	No referral required. \$1,500 copay (for 2 years of treatment plus 2 years of follow-up)	Deductible: \$50 per person Lifetime maximum: \$1,500 per person	

*The reasonable and customary charge (R&C) is the normal amount charged by most dental providers in your geographic region, as determined by Aetna.

Pre-65 (Non-Medicare-Eligible) Monthly Dental Plan Premiums

Coverage Tier	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Retiree	\$16.97	\$32.83
Retiree + 1	\$33.11	\$67.33
Family	\$54.33	\$88.29

Age 65+ (Medicare-Eligible) Monthly Dental Plan Premiums

Coverage Tier	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Retiree	\$16.97	\$32.83
Family	\$39.43	\$74.75



Vision Plan

Under the EyeMed Vision PPO Plan, you can receive vision care, lenses, frames and contact lenses from any provider. If you choose a network provider (including leading optical retailers such as LensCrafters®, Sears Optical, and most Pearle Vision® locations), the plan pays greater benefits.

To find a network provider, visit eyemedvisioncare.com or call **866-723-0596**.

Pre-65 (Non-Medicare-Eligible) Monthly Vision Premium Costs for EyeMed Vision PPO

Coverage Tier	EyeMed Vision PPO
Retiree	\$2.95
Retiree + 1	\$6.05
Family	\$7.93

Age 65+ (Medicare-Eligible) Monthly Vision Premium Costs for EyeMed Vision PPO

Coverage Tier	EyeMed Vision PPO
Retiree	\$2.95
Family	\$6.71

The EyeMed Vision PPO plan costs depend on the coverage you enroll in for 2022.

Plan Details

Services	In-Network	Out-of-Network
Exam , once every 12 months	Plan pays 100%, up to \$50	Up to \$50
Lenses and frames , once every 12 months	Up to \$200 allowance*	Up to \$100 allowance
Contacts (instead of glasses and frames)	Up to \$200 allowance (or 100% covered if medically necessary)*	Up to \$160 allowance (up to \$200 if medically necessary)

*Unused portion of the \$200 allowance can be used for future services during the plan year. You will receive a 20% discount at in-network providers on items not fully covered by the plan.

Employee Assistance Program (EAP)

Even if you don't enroll in Fulton County medical plan coverage, you and your eligible family members have access to the EAP, which is administered by Anthem Blue Cross Blue Shield of Georgia. The EAP provides 100% free, confidential, short-term assistance and counseling to help individuals resolve a variety of personal concerns. Your free EAP resources include:

- Toll-free telephone consultations and crisis management with a licensed mental health professional
- Up to **eight** face-to-face counseling sessions to address personal and/or work-related problems, including stress, depression, anxiety, health and wellness
- Legal services, including a 30-minute phone or in-person consultation with an attorney, as well as a 25% discount off normal attorney fees if additional services are required
- Customized resources and referrals for childcare and senior care
- Access to the Anthem website with a library of articles on mental health, stress management, relationships, substance abuse, financial resources and more.

EAP services are available 24 hours a day, seven days a week. Call 800-999-7222 or visit [anthemeap.com](https://www.anthemeap.com) (password: Fulton).



Life Insurance

Life Insurance coverage is available through MetLife.

Your coverage options include:

- **Basic Life Insurance**
- **Dependent Spouse and Child Life Insurance**

Coverage Restrictions

Eligible employees, retirees and dependents may be covered only one time under the Fulton County Group Life Insurance Policy. Specifically, if a person is covered as an employee or retiree, they CANNOT be covered as a dependent of another employee or retiree. Also, if both parents are covered as insured employees/retirees under the group policy, only one may cover their eligible dependent child(ren). If you fall into any of those categories as an employee or a retiree, the following is applicable:

- If you are a retiree covered as a dependent on another employee's or retiree's plan with Fulton County, that employee or retiree will need to drop you from their plan as a dependent. If that employee or retiree has no other eligible dependents besides you, the dependent premium will be refunded retroactively effective from April 1, 2013.
- Retirees who have children together will need to determine which retiree will cover the dependent child(ren), since they cannot be covered by both parents. If either retiree has no other eligible dependent besides the child(ren) dropped from their coverage, that retiree will be refunded the dependent premium retroactively effective from April 1, 2013.

Important Contacts

Plan/Service	Administrator	Phone	Website
Pension Office	Fulton County	404-612-7606	fultoncountyga.gov
Preventive Services			
Anthem HSA Plan Anthem POS Plan Anthem HMO Plan Anthem Medicare Indemnity Plan Anthem Medicare HMO Plan Anthem Medicare PPO Plus Plan	Anthem	800-474-2227 Pre-admission: 800-662-9023 Pre-certification and referral authorization: 800-722-6614 Mental health and substance abuse: 800-292-2879	anthem.com
Prescription Drugs	IngenioRx	833-270-6379	
Prescription Drug Mail-Order Program			
Specialty Pharmacy			
Health Savings Account (HSA Plan)	Anthem Act Wise	800-474-2227	actwise.anthem.com
Aetna Medical Plans			
Aetna Basic Medicare Advantage Plan Aetna Enhanced Medicare Advantage Plan	Aetna	800-307-4830 (TTY/TDD: 711)	aetna.com
Kaiser Medical Plans			
Kaiser HMO Plan Kaiser Senior Advantage Plan	Kaiser Permanente	404-239-6940 800-232-4404	my.kp.org/fulton
Other Benefits			
Aetna Dental PPO Plan Aetna Dental HMO Plan	Aetna	877-238-6200	aetna.com
EyeMed Vision PPO Plan	EyeMed	866-723-0513	eyemedvisioncare.com
Life Insurance	MetLife	800-638-5000	metlife.com
Employee Assistance Program	Anthem	800-999-7222	anthemeap.com (password: Fulton)

