

Reach for Wellness

Your 2026 Retiree Benefits



What's Inside

Welcome!.....	5
2026 Open Enrollment:What You Need To Do.....	7
Terms To Know	8
Eligibility	9
Save Money and Help Keep Health Care Costs Down	10
Medical Plans for Non-Medicare-Eligible Retirees and Dependents	13
Prescription Drug Benefits for Non-Medicare-Eligible Retirees and Dependents	16
Monthly Non-Medicare-Eligible Medical and Prescription Drug Plan Premiums.....	18
Medical Plans for Medicare-Eligible Retirees and Dependents	19
Prescription Drug Benefits for Medicare-Eligible Retirees and Dependents	22
Medicare-Eligible Monthly Medical and Prescription Drug Plan Premiums.....	25
Dental Plan Options.....	26
Vision Plan	28
Employee Assistance Program (EAP).....	29
Life Insurance	30

This guide provides a summary of benefits available to Fulton County retirees, beneficiaries and eligible dependents, effective January 1, 2026, 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 Retiree Benefits Office at retireebenefits@fultoncountyga.gov or **404-612-7600**.

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 **rsstechsupport@fultoncountyga.gov**. Your email subject line should be “RSS.”

Welcome!

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. **Open Enrollment for 2026 will begin on October 13, 2025, and end on October 24, 2025.** Coverage for the plans you choose will be effective January 1, 2026, through December 31, 2026.

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.

Benefit and Premium Changes

Effective January 1, 2026

Medical: Pre-65 (Non-Medicare-Eligible) Retirees

- **Anthem HSA Plan:** 4.5% premium increase
- **Anthem POS Plan:** 4.5% premium increase
- **Anthem HMO Plan:** 4.5% premium increase
- **Kaiser HMO Plan:** 6.8% premium increase

Medical: Age 65+ (Medicare-Eligible) Retirees

Starting in 2026, Humana will be one of your health care providers, replacing Aetna.

- **Humana Basic Medicare Advantage Plan:**
2.3% premium increase
- **Humana Enhanced Medicare Advantage Plan:**
0.8% premium decrease
- **Anthem Medicare HMO Plan:**
4.5% premium increase
- **Anthem Medicare Indemnity Plan:**
4.5% premium increase
- **Anthem PPO Plus Plan:**
4.5% premium increase
- **Kaiser Senior Advantage Plan:**
5.6% premium increase

You also have two dental plan options:

- **Aetna Dental PPO Plan:** 7% premium increase
- **Aetna Dental HMO Plan:** 1.0% premium decrease

You have two life insurance options:

- **MetLife Basic Life Insurance:** No changes
- **MetLife Dependent Life Insurance:**
Premium increase to \$2.89

You have one vision plan option:

- **Superior Vision PPO Plan:** No premium change

The Fulton County Retiree Benefits Team is ready to help with any benefit-related questions you may have. Send an email to retireebenefits@fultoncountyga.gov or call **404-612-7600**. We also encourage you to attend a retiree Open Enrollment meeting.

Open Enrollment meetings will be held virtually through Zoom, a video conferencing platform. After you register for a session at bit.ly/4pzP5wS, 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 browsers.

Retiree Open Enrollment Meeting Schedule	
DATE	TIME
Thursday, October 9, 2025	1 p.m.
Thursday, October 16, 2025	1 p.m.

2026 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.

Non-Medicare-Eligible Retirees

1. Complete and return the ***Tobacco-Use Attestation*** form by **October 24, 2025**. If you do not complete and return this form to the Fulton County Retiree Benefits Office by October 24, 2025, 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, 2026.
You have to submit this form even if you're not making changes to your coverage for 2026.

Medicare-Eligible Retirees

2. As a Medicare-eligible retiree, you must send a completed ***2026 Part B Affidavit*** with a copy of your Medicare card to the Retiree Benefits Office, **postmarked by October 24, 2025**. If you don't return the *2026 Part B Affidavit*, you will lose your Medicare subsidy—50% of the basic Part B premium—for the 2026 plan year.

If you're Medicare-eligible, consider one of Humana's Medicare Advantage plans: the Humana Basic Medicare Advantage Plan or the Humana 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 Humana at **866-396-8810**.

The following applies ONLY if you are requesting changes to any or all of your benefits:

3. Complete all sections of the *Retiree Open Enrollment Form* and return it to the Retiree Benefits Office by October 24, 2025. **If you don't want to change, add or remove coverage, don't complete the enrollment form—your 2025 coverage elections will automatically roll over to 2026 with the same coverage tier you have now.**

To save time, we highly recommend that you email your enrollment form and any other required documents. Here's how you can provide your completed form(s) to the Retiree Benefits Office:

- **Email:** retireebenefits@fultoncountyga.gov
- **Mail:** Fulton County Retiree Benefits Office
141 Pryor Street SW, Suite 7001
Atlanta, GA 30303

Terms To Know

While we try to keep the information in this guide easy to understand, some health care terms 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 <i>in-network</i> care. Some plans have a separate <i>out-of-network</i> 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 can 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. You do not need to re-verify dependents already approved for coverage. Please email verification documents to retireebenefits@fultoncountyga.gov. If you do not provide verification documents for your new 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 Retiree Benefits 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 Non-Medicare-Eligible Retirees

You can still reduce your 2026 premium under any of the medical plans by \$20 each month (\$240 per year). Just make an appointment to see your doctor by **mid-December** and complete all of the Anthem or Kaiser requirements (see below) by **December 31, 2025**.

If you have any questions, contact your Wellness Coordinator at employeeewellness@fultoncountyga.gov.

Anthem Medical Plans

1. **If you have already scheduled your physical**, a biometric screening is included, and your information will be registered through your claims.
2. **If you already have another appointment scheduled**, ask your doctor to include your non-fasting biometric labs. Your non-fasting biometric labs include blood pressure, hemoglobin A1C, cholesterol and body mass index.

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**.
4. If you have another appointment already scheduled, please ask your doctor to include your biometric labs.



Grady Health System

Anthem Blue Cross and 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. Anthem plan participants can access inpatient and outpatient services, as well as neighborhood clinics for routine care.

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



Tobacco-Use Attestation

All non-Medicare-eligible retirees and beneficiaries enrolled in 2026 medical coverage must complete and return the *Tobacco-Use Attestation* form to the Fulton County Retiree Benefits Office by **October 24, 2025**. If you do not complete and return this form to the Fulton County Retiree Benefits Office by **October 24, 2025**, 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, 2026. **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, 2026**, in order to receive a refund of the tobacco surcharge. You will receive details about the tobacco cessation program in the first quarter of 2026.

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, 2026.

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:



Unless it's a true emergency, skip the emergency room.

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! **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. If absolutely necessary, 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.

Medical Plans for Non-Medicare-Eligible Retirees and Dependents

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

- 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 generic tobacco cessation prescription drugs and FDA-approved over-the-counter tobacco cessation products.

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 2026. What works best for you and your family might change from year to year.

Anthem HSA Plan

The HSA Plan gives you flexibility to visit any provider, whether the provider is 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 those providers discount their fees.

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

MetLife Health Savings Account

If you enroll in the Anthem HSA Plan, you'll receive a welcome kit and debit card from MetLife. You can use the debit card to pay for eligible medical, dental and vision expenses, including copays and coinsurance. Visit HealthSavingsAndSpending.MetLife.com to establish your account and review the portal 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 as quickly as possible so as not to miss out on the County's quarterly contributions to your account. Your HSA 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 a 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 communication from MetLife, 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 and available for use toward any medical, dental, and vision expenses you may have.

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
-

Highlights of the Health Savings Account:

- Fulton County makes pre-tax contributions to your HSA each financial quarter (1/23/2026; 4/24/2026; 7/24/2026; 10/23/2026). The amount depends on the coverage tier 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 maximum annual amount you and Fulton County can contribute to your HSA each year is determined by the IRS.

Coverage Tier	Fulton County Quarterly Contribution	2026 IRS Maximum Annual Contribution*	Your Maximum Annual Contribution
Retiree	\$187.50	\$4,400	\$3,650
Retiree + 1	\$375.00	\$8,750	\$7,250
Family	\$375.00	\$8,750	\$7,250

*If you're age 55 or older in 2026, 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 the 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 and Kaiser HMO Plans

Health Maintenance Organization (HMO) plans offer a managed approach to in-network care, typically for a fixed cost (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. You are not required to choose a primary care doctor for the Anthem HMO Plan.

The Kaiser HMO Plan offers in-network coverage only, except in an emergency. 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.

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 (that is, an Anthem or Humana plan). If the Medicare-eligible retiree is enrolled in the Kaiser Senior Advantage Plan, non-Medicare-eligible dependents may enroll in the Kaiser HMO Plan.

There's no deductible for the HMO plans.

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** paying 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 Plan	Kaiser HMO Plan
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Annual deductible	Retiree	\$1,800	\$3,600	\$500	\$1,000	No deductible	No deductible
	Retiree + 1	\$3,600	\$7,200	\$750	\$1,500		
	Family	\$3,600	\$7,200	\$1,000	\$2,000		
Annual out-of-pocket maximum	Retiree	\$3,600	\$7,200	\$2,000	\$4,000	\$6,450	\$6,450
	Retiree + 1	\$7,200	\$14,400	\$3,000	\$6,000	\$12,900	\$12,900
	Family	\$7,200	\$14,400	\$4,000	\$8,000	\$12,900	\$12,900
Coinsurance		10%	40%	20%	40%	100% covered	100% covered
Preventive care		100% covered, no deductible	40% after deductible	100% covered, no deductible	40%	100% covered	100% covered
Office visit		10% after deductible	40% after deductible	PCP: \$30 Specialist: \$50	40% after deductible	PCP: \$25 Specialist: \$40	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)	\$150 copay (waived if admitted)
Urgent care		10% after deductible	40% after deductible	\$50 copay	40% after deductible	\$50 copay	\$50 copay
Inpatient hospital		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$250 copay	\$250 copay
Outpatient hospital		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$150 copay	\$150 copay
Outpatient lab and x-ray		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered	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	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	\$120 copay
Outpatient mental health		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$25 copay	\$25 copay
Hearing aid benefit		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$4,000 for up to two devices, every 36 months	\$3,000 every 36 months

Prescription Drug Benefits for Non-Medicare-Eligible Retirees and Dependents

When you enroll in an Anthem medical plan, you're automatically enrolled in prescription drug benefits through CaredonRx. You can fill prescriptions at a retail pharmacy that participates in the CaredonRx 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 CaredonRx 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 view the drug formulary. It's available under **Health & Wellness > Tools for you > Pharmacy services > Manage your prescriptions > Tools and resources > Covered drugs.**

Prescription Drug Plan Comparison

	Anthem HSA Plan		Anthem POS Plan		Anthem HMO Plan	Kaiser HMO Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
RETAIL (UP TO A 30-DAY SUPPLY)						
Generic	10% after deductible	40% after deductible	\$10 copay	40% after deductible	\$10 copay	\$10 copay
Preferred			\$35 copay		\$30 copay	\$30 copay
Non-preferred			\$60 copay		\$50 copay	\$50 copay
Specialty			\$100 copay		\$75 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	\$20 copay
Preferred			\$60 copay		\$60 copay	\$60 copay
Non-preferred			\$100 copay		\$100 copay	\$100 copay
Specialty			\$150 copay		\$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](https://www.anthem.com) to see if your brand-name drug has a generic equivalent.

Mail Order

You have the option to have 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. CarelonRx 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, contact the CarelonRx (formerly IngenioRx) Specialty Pharmacy. The Care Team is available 24 hours a day, seven days a week, at **833-255-0645**.

Monthly Non-Medicare-Eligible Medical and Prescription Drug Plan Premiums

What you'll pay. To see what you'll pay for medical and prescription drug coverage, review the *2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees* insert included with your guide. Monthly premiums will be \$20 lower if you earn the wellness credit, and \$50 higher if you must pay the tobacco surcharge.

Split Rates

Retirees and dependents can enroll in different plans, depending on Medicare eligibility. All Medicare-eligible retirees and dependents are enrolled in Medicare-eligible plans (see page 19). If you have enrolled dependents who are not yet eligible for Medicare (typically those under age 65), they are enrolled in a non-Medicare-eligible plan. This means that some retirees and dependents will be enrolled in different plans. This is also referred to as a "split family."

If you are in a split family, review the *2026 Monthly Premium Rates: Medicare Eligible Retirees* to see what you'll pay.

Split-Family Example

Jack, a non-Medicare-eligible retiree, is enrolled in the Anthem HMO Plan. Megan, Jack's spouse, is Medicare-eligible and enrolled in the Anthem Medicare Indemnity Plan. The split-family rate will be a combination of the following premiums:

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

What you'll pay

To see what you'll pay for medical and prescription drug coverage, review the ***2026 Monthly Premium Rates: Non-Medicare-Eligible Retirees*** insert included with your guide.

Medical Plans for Medicare-Eligible Retirees and Dependents

Starting in 2026, Humana will be one of your health care providers, replacing Aetna.

Fulton County offers six medical plans for Medicare-eligible retirees and their eligible dependents:

- Humana Basic Medicare Advantage Plan
- Humana 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 20 for eligibility requirements)
- Kaiser Senior Advantage Plan

Humana Basic and Enhanced Medicare Advantage Plans

Humana 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 Humana network.

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

Differences Between the Plans

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

Anthem Medicare HMO Plan

This plan coordinates with 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 an 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 is 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 22 for more information about which prescription drugs are covered.

Anthem Medicare Indemnity Plan

This plan coordinates with 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 can 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 is 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 all 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.

	Humana Basic Medicare Advantage Plan	Humana 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 care	\$120 copay per admission	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	\$2,000 per ear (total of \$4,000) every 3 years	\$2,000 per ear (total of \$4,000) every 3 years	\$4,000 for up to two devices, every 36 months	100% covered after deductible	90% covered after deductible	\$3,000 every 36 months

Prescription Drug Benefits for Medicare-Eligible Retirees and Dependents

When you enroll in an **Anthem plan**, you're automatically enrolled in prescription drug benefits through CarelonRx. Starting January 1, 2026, Medicare-eligible retirees enrolled in Anthem plans will receive a new prescription card as part of a transition to a new Part D pharmacy benefit. Your prescription coverage will continue to be administered by CarelonRx, but this update will replace your current pharmacy benefits, including changes such as a new formulary. To review the updated formulary, please visit [anthem.com](https://www.anthem.com) and search for the CarelonRx Prescription Drug List. You can fill prescriptions at a retail pharmacy that participates in the **CarelonRx** network (most do), or you can have prescriptions delivered to your home.

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

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](https://www.anthem.com) to find the CarelonRx 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.

Humana Plans

Visit [humana.com](https://www.humana.com) to review the most current Drug Guide. It's available under **Member Resources > Pharmacy > Medicare Drug List > Option 2:** Print out the list of drugs.

Select:

Plan type: **Group Medicare**

Select Plan Year

Click: Find Drug Guide

Plan Type: **GRP2**

Then choose one of the documents to download.

Kaiser Senior Advantage Plan

Visit kp.org to view the drug formulary. It's available under **Health & Wellness > Tools for you > Pharmacy services > Manage your prescriptions > Tools and resources > Covered drugs.**

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)*			
	Humana Plans	Anthem Plans	Kaiser Senior Advantage Plan
Tier 1: Generic drugs	\$10	\$9	\$10
Tier 2: Preferred drugs	\$25	\$25	\$25
Tier 3: Non-preferred drugs	\$45	\$45	\$45
Tier 4: Specialty and injectable drugs	\$60	\$60	\$60
Mail Order (up to a 90-day supply)*			
	Humana Plans	Anthem Plans	Kaiser Senior Advantage Plan
Tier 1: Generic drugs	\$15	\$13.50	\$20
Tier 2: Preferred drugs	\$45	\$45	\$50
Tier 3: Non-preferred drugs	\$90	\$90	\$90
Tier 4: Specialty and injectable drugs	N/A**	N/A**	\$120

*If you are enrolled in an Anthem or Humana plan, your out-of-pocket maximum will be \$2,100. Once you've hit the \$2,100 out-of-pocket maximum, all medications will be covered at 100%, with no copays or coinsurance paid by you.

**When you are enrolled in an Anthem or Humana plan, Tier 4 drugs are limited to a 30-day supply.

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 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. CarelonRx (formerly 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 **833-285-4636**.
- 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 deficiency diseases, 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, contact the CarelonRx Specialty Pharmacy. The Care Team is available 24 hours a day, seven days a week, at **833-285-4636**.

Medicare-Eligible Monthly Medical and Prescription Drug Plan Premiums

Split Rates

Retirees and dependents can be enrolled in different plans, depending on Medicare eligibility. All Medicare-eligible retirees and Medicare-eligible dependents are enrolled in Medicare-eligible plans (see page 19). If you have enrolled dependents who are not yet eligible for Medicare (typically, those under age 65), they are enrolled in a non-Medicare-eligible plan. This means that some retirees and dependents will be enrolled in different plans. This is also referred to as a “split family.”

If you are in a split family, review the **2026 Monthly Premium Rates: Medicare-Eligible Retirees** insert to see what you'll pay.

What you'll pay

To see what you'll pay for medical and prescription drug coverage, review the **2026 Monthly Premium Rates: Medicare-Eligible Retirees** insert included with your guide.

Split-Family Example

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

- Humana Basic Medicare Advantage “Retiree” premium, PLUS
 - Anthem POS Plan “Retiree + 1” premium
-

Dental Plan Options

Fulton County offers dental coverage for you and your eligible dependents. Dental coverage is the same for non-Medicare-eligible and Medicare-eligible 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.

What you'll pay

To see what you'll pay for dental coverage, review the **2026 Monthly Premium Rates** insert included with your guide.

Vision Plan

Under the vision plan with Superior Vision, members have access to the Superior National network, where you can receive vision care, lenses, frames and contact lenses from any in-network provider. The Superior National provider network includes independent ophthalmologists and optometrists as well as all the top-50 U.S. optical retailers, such as Warby Parker, LensCrafters, Target Optical, Costco Optical, Pearle Vision, America's Best Contacts & Eyeglasses, VisionWorks and Walmart.

For a list of participating providers, visit superiorvision.com. Select **Find an Eye Care Professional**, enter your location, select the **Insurance Through Your Employer** option, choose the **Superior National** network, complete the information requested and hit the **Search** button.

Plan Details

Services	In-Network	Out-of-Network
Exam (once every 12 months*)	Plan pays 100%	Up to \$50
Frames (once every 12 months*)	\$200 allowance	Up to \$100
Lenses per pair (Standard) (once every 12 months*)		
Single Vision	Covered in full	Up to \$40
Bifocal	Covered in full	Up to \$60
Trifocal	Covered in full	Up to \$80
Progressives	Covered at lined trifocal level	Up to \$100
Contact Lens Fitting (Standard) (once every 12 months*)	Covered in full after \$30 copay	Not Covered
Contact Lens Fitting (Specialty) (once every 12 months*)	\$50 retail allowance, after \$30 copay	Not Covered
Contacts (once every 12 months) in lieu of eyeglass lenses and frames	\$200 allowance (or covered in full if medically necessary)	Up to \$160 (or up to \$210 if medically necessary)

*Based on date of service

What you'll pay

To see what you'll pay for vision coverage, review the **2026 Monthly Premium Rates** insert included with your guide.

Employee Assistance Program (EAP)

Even if you don't enroll in Fulton County medical plan coverage, you and your eligible family members can access the EAP, which is administered by Anthem Blue Cross and 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 (password: Fulton).

Life Insurance

Life Insurance coverage is available through MetLife.

Your coverage options include:

- **Basic Life Insurance**
- **Dependent Spouse and Child Life Insurance**
 - » **No changes to this plan**
 - » **Monthly premium will increase to \$2.89 in 2026**

Coverage Restrictions

Eligible employees, retirees and dependents can be covered only one time under the Fulton County Group Life Insurance Policy. Specifically, if a person is covered as an employee or retiree, that person CANNOT be covered as a dependent of another employee or retiree. Also, if both parents are covered as insured employees or retirees under the group policy, only one can 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
Retiree Benefits Office	Fulton County	404-612-7600	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	CarelRx	833-285-4636	
Prescription Drug Mail-Order Program			
Specialty Pharmacy		833-255-0645	
Health Savings Account (HSA Plan)	MetLife Participant Services	833-571-0500	MetLife@service.healthaccountservices.com
HUMANA MEDICAL PLANS			
Humana Basic Medicare Advantage Plan Humana Enhanced Medicare Advantage Plan	Humana	866-396-8810	humana.com
KAISER MEDICAL PLANS			
Kaiser HMO Plan	Kaiser Permanente	404-239-6940	my.kp.org/fulton
Kaiser Senior Advantage Plan		800-232-4404	
OTHER BENEFITS			
Aetna Dental PPO Plan Aetna Dental HMO Plan	Aetna	877-238-6200	aetna.com
Superior Vision PPO Plan	Superior Vision	800-507-3800	superiorvision.com
Life Insurance	MetLife	800-638-5000	metlife.com
Employee Assistance Program	Anthem	800-999-7222	anthemeap.com (password: Fulton)
401(a) Retirement Financial Services Group# 767316-01	Empower	General questions: 855-756-4738 Account Review, call Standar Hammonds: 808-989-1612	participant.empower-retirement.com