Spalding
Everything you need in Spalding

Employee BENEFITS Guide

Plan Year July 1, 2023 thru **June 30, 2024**

Enroll online at:

spaldingcounty.zevobenefits.com

Then Follow On-Screen Instructions

CONTENTS

This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in the booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available at the Human Resources department. If some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you understand the benefit options available to you. If you are already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding COBRA right and responsibilities. You may view copies of all certificates of coverage / plan documents by following the below instructions:

Go to **www.msibg.com**

Click on "Client Portal" at the top right of your screen.

Username: spaldingEE

Password: Benefits123

ELIGIBILITY

Newly hired Full-time employees are eligible for benefits on the first day of the month following 30 days of service. Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent Children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian.

ELIGIBILITY

Pre-Tax Deduction of Premiums (Section 125 Plan) - Medical, dental, and vision insurance premiums are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changes until next year unless the revocation and new elections are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations).

If you have a status change during the year, you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment. Please contact Human Resources at (770) 467-4231 if you have any questions regarding the open enrollment period or changes.

MESSAGE FROM THE CHAIRPERSON

To: **All Full Time Employees**
From: **Spalding County Commissioners**
Subject: **Employee Benefits**

The Spalding County Board of Commissioners appreciates the hard work and dedication of our employees to make Spalding County a great place to work and live. A quality, comprehensive benefits package is a critical component to help Spalding County retain skilled and seasoned employees as well as recruit new talent when needed.

Please review this Employee Benefits guide carefully and contact Human Resources with any questions. The booklet is filled with many benefit plans and programs that could be a benefit to you and your family.

Clay Davis III
Chairman
Spalding County Board of Commissioners

SPALDING COUNTY COMMISSIONERS

Gwen Flowers-Taylor
District 1

James R. Dutton
(Vice-Chairman)
District 2

Rita Johnson
District 3

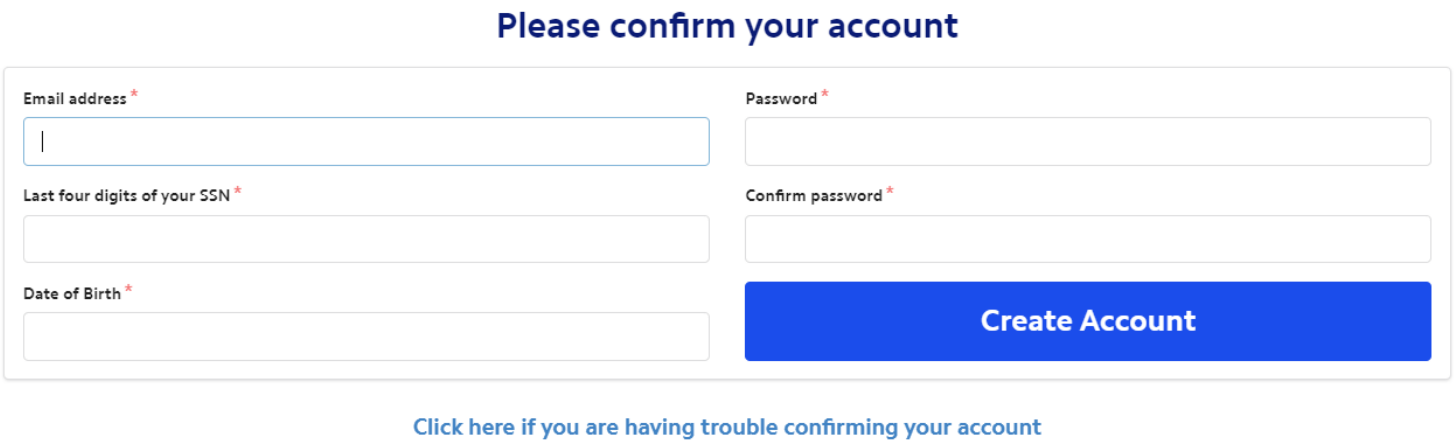
Ryan Bowlden
District 4

Spalding County is governed by an elected five-member Board of Commissioners, each Commissioner representing a different geographic district of Spalding County. The Board of Commissioners are charged with establishment of Ordinances and Policies relating to operation of the County government. In addition the Board of Commissioners will act on citizen requests such as zoning matters. The Spalding County Chairman and Vice-Chairman positions are elected by the Board of Commissioners and are voted on annually. The first official act of the Board of Commissioners at the first public meeting of each year is to elect a Chairman and Vice-Chairman.

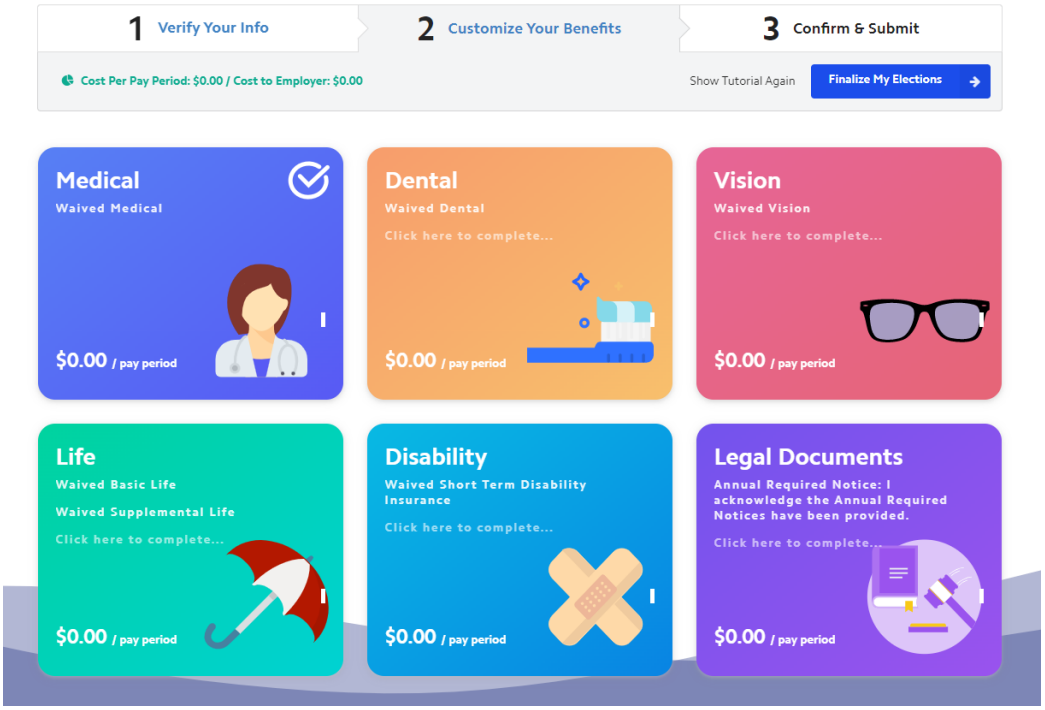
ENROLL ONLINE

How do I enroll online?
Simply follow the below instructions to confirm your new benefit elections…
Go to: spaldingcounty.zevobenefits.com

After landing on the main login screen, click “Get Started Now” on the middle of the page to create an account. You will then see the screen below:



This will prompt you to type in your email address (work or personal), the last 4 digits of your SSN, your birthdate, and then create a password that you will use for future access to this account.



If you have any issues getting logged into the system please call MSI Benefits Group at **1-800-580-1629** or local number at (770-425-1231) Monday-Friday 8:00 AM - 5:00 PM.

MEDICAL BENEFIT SUMMARY

Spalding County offers a Cigna health plan option. The Plan is an Open Access Plus plan. You are not required to name a primary care physician (PCP) or obtain referrals to visit **a specialist physician. This plan offers an out-of-network benefit however; you receive the best value by staying in network.**

IN-NETWORK	$1,500 OA Plus
Individual Calendar Year Deductible*	$1,500
Family Calendar Year Deductible*	$3,000
Co-Insurance	Member pays 20% Plan pays 80%
Individual Benefit Period Out-of-Pocket (includes deductible)	$6,900
Family Benefit Period Out-of-Pocket (includes deductible)	$13,800
Lifetime Maximum	Unlimited
Urgent Virtual Care Services	$ 5
Primary Care Physician Visit Co-pay	$30
Specialist Physician/Urgent Care Center Co-pay	$60
Surgery Performed in Physician's Office	$30
Emergency Room Co-pay	$150, then member pays 20%
OUT-OF-NETWORK	
Individual Annual Deductible	$3,000
Family Annual Deductible	$6,000
Co-Insurance	Member pays 40% Plan pays 60%
Individual Out-of-Pocket	$23,700
Family Out-of-Pocket	$47,400

EMPLOYEE MEDICAL DEDUCTIONS—Per Pay Check

Semi- Monthly (24 deductions per Year)

MEMBERS COVERED	$1,500 OA POS
Employee Only	**$ 30.83**
Employee + 1 Dependent	**$202.80**
Employee + 2 or More Dependents	**$240.00**

MEDICAL BENEFIT SUMMARY

	$1,500 OA POS	
	In-Network	**Out-of-Network**
Covered Services		
Benefit Period Deductible Employee Family	**$1,500** **$3,000**	**$3,000** **$6,000**
Coinsurance	**Member pays 20%** **Plan pays 80%**	**Member pays 40%** **Plan pays 60%**
Benefit Period Out-of-Pocket Maximum (Includes benefit period deductible) Employee Family	**$6,900** **$13,800**	**$12,000** **$24,000**
*Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the Family deductible and out-of-pocket maximum. Not everyone has to meet hit or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The medical and pharmacy copayments, deductible (s), and coinsurance on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services.		
Lifetime Maximum	Unlimited	Unlimited
Preventive Care		
Routine Preventive Care – All Ages (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits) Well-child care, immunizations Periodic health examinations Annual gynecology examinations Prostate Screenings	Member pays 0% no plan deductible	Birth through age 5 PCP: Plan pays 70% after deductible Specialist: Plan pays 70% after deductible Age 6 and older PCP: Plan pays 70% after deductible Specialist: Plan pays 70% after deductible
Physician Services		
Physician Office Visits for Illness and Injury (including labs, x-rays, and diagnostic procedures and office surgery) Primary Care Physician (PCP)* Specialist Physician *Also applies to services rendered at Retail Health Clinics	$30 copay $60 copay	Plan pays 70% after deductible
Urgent Care Facility - Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.	$60 copay, and plan pays 100%	$60 copay, and plan pays 100%
Maternity Physician Services Office visits in addition to global maternity fee All subsequent prenatal visits, postnatal visits and physician's delivery charges	$30 copay Plan pays 100%	Plan pays 70% after deductible
Urgent Virtual Care Services Dedicated Virtual Providers may deliver services that are payable under other benefits,(e.g., Preventive Care, Primary Care Physician, Behavioral; Dermatology/Specialty Care Physician). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video and secure internet-based technologies.	$5 copay, and plan pays 100%	Not covered
Allergy Treatment/Injections and Allergy Serum Allergy serum dispensed by the physician in the office **Note:** Office copay does not apply if only the allergy serum is provided	$30 copay (PCP) $60 copay (Specialist)	Plan pays 70% after deductible
Outpatient Therapy Services		
Annual Limits: • Speech Therapy - 20 days • Occupational Therapy and Physical Therapy - 20 days • All other therapies - Includes Cognitive Therapy and Pulmonary Rehabilitation - 20 days • Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies. **Note:** Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.	$30 copay	Member pays 40% after deductible
Advanced Radiological Imaging (ARI)		
Outpatient Facility	Plan pays 80% after deductible	Plan pays 60% after deductible
Physician's Services/Office Visit	$30 copay (PCP) $60 copay (Specialist)	Plan pays 70% after deductible

MEDICAL BENEFIT SUMMARY

	$1,500 OA POS	
	In-Network	**Out-of-Network**
Emergency		
Emergency Room Services • Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit. • Per visit copay is waived if admitted.	$150 copay, and plan pays 80%	$150 copay, and plan pays 80%
Outpatient		
Outpatient Facility Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Surgery at Hospital • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists.	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient		
Inpatient Hospital Facility Services **Note:** Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Hospital Physician's Visit/Consultation	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists.	Plan pays 80% after deductible	Plan pays 60% after deductible
Other Health Care Facilities / Services		
Mental Health and Substance Use Disorder Impatient Mental Health	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Mental Health - Physician's Office	$30 copay, and plan pays 100% after deductible	Plan pays 70% after deductible
Outpatient Mental Health - All Other Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Substance Use Disorder	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Substance Use Disorder - Physician's Office	$30 copay, and plan pays 100% after deductible	Plan pays 70% after deductible
Outpatient Substance Use Disorder - All Other Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Home Health Care 100-visit benefit period maximum **Note:** Includes outpatient private duty nursing when approved as medically necessary.	Plan pays 100%	Plan pays 70% after deductible
Hospice Care Services **Inpatient Facilities** **Outpatient Services** **Note:** Includes Bereavement counseling provided as part of a hospice program	Plan pays 100% after deductible	Plan pays 70% after deductible Plan pays 70% after deductible
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 60% after deductible
Ambulance Services Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.	Plan pays 80% after deductible	Plan pays 80% after deductible

This will be our first year with VeracityRx and we hope that you will see a cost reduction in your medication. As your benefits partner, VeracityRx handles all claims and customer service functions including Specialty and International pharmacy fulfillment.

Prescription drug costs are unpredictable, and costs are rapidly rising each year. The goal is having your best interests in mind by providing the best coverage at an affordable rate. VeracityRx is here to help make each step of your healthcare experience easier.

The next few pages will help you better understand your pharmacy benefits, find care, manage costs and get the most out of your pharmacy plan.

How to Connect

- You can reach VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
    - Contact VeracityRx if you need to:
        - Locate a network pharmacy
        - Understand your pharmacy benefit
        - Get prior authorization information
- Call 888-388-8228

Member Portal Access and Benefits Management

- Register for your member portal access ***on or after July 1, 2023 and after you receive your ID card.***
    - Register at: https://veracity.procarerx.com/account/login
- Use your online account to:
    - Access and/or restrict profile viewing by other family members
    - Review your prescription claims history or individual prescriptions
    - Look up a drug to identify formulary status and preferred alternatives
    - Locate pharmacies within a zip code, state, city, or county

VeracityRx

Here's an overview of the Pharmacy program and how VeracityRx strives to save members money.

Go Generic and Save

- When you choose the generic prescription versus the brand name Rx, you can save on your member cost/copay. *For example, when your purchase the drug store brand of "ibuprofen" instead of the name brand "Motrin", you still receive the same pain relief without the expensive label.*

Avoid High-Cost Pharmacies

- The following pharmacies are considered **Non-Select**: CVS, Target, Walgreen's, and Rite-Aid and will require *you to pay a higher copay if you go to one of them.*
    - **Select Pharmacies:** All independent pharmacies and grocery stores are considered select.

Get your 90-day prescription filled right at your favorite preferred pharmacy

- You can elect to get a 90-day fill using your local preferred pharmacy. *Please note that this benefit is not available at the non-select pharmacies listed above.*

Access to our Pharmacist Advocate Concierge

- **Specialty Medications**
    - When you are prescribed a **Specialty Drug**, VeracityRx will contact you to find out how we can help obtain your prescription at **$0 or Minimal Cost**. If you are currently on a specialty drug, you can get started in the meantime by going to www.veracity-rx.com and complete the **"Enrollment Form"** located at the top of the page with your information. Once completed, a VeracityRx pharmacist concierge will be in touch.

- **International Medications**
    - Medications that can be obtained internationally (from Canada) must also be acquired through the VeracityRx Pharmacist Concierge program. When the medications are obtained this way, the cost to you is **$0 Copay**. *You may still continue to fill these medications at your local retail pharmacy until you're enrolled into the program.* A VeracityRx Pharmacist Concierge will be in touch to confirm enrollment. For more information on the process and to see which drugs are considered an international type of medication, see additional information within the packet.

Note: *Some drugs require a pre-authorization. Even if you have obtained a pre-authorization with the current plan, you may have to obtain an updated one for the new plan.*

IMPORTANT: Specialty Medications

Specialty Medications will only be covered by VeracityRx Pharmacist Concierge Services. A Pharmacist Concierge, who is a registered pharmacist, will work with you as an advocate. Their team works closely with you (and/or covered family members who are taking a specialty or international medication) and with the specialty medication manufacturer, the prescriber, and other entities to maintain the prescriptions while alleviating the financial burden.

- The program allows you to continue to fill Specialty medications **at low or no cost, but never more than you are currently paying.**
- To participate in this program, you will be required to submit certain documentation. If you choose not to participate in this program, you will be responsible for the **full cost of the medication.** This cost will **not** apply to your deductible or out of pocket accumulators.

Please allow a member of our Pharmacist Concierge team to take the lead in discussions with the drug manufacturer or their various foundations that offer assistance. As your concierge and patient advocate, we are here to work on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, someone will be in touch with you by email or phone regarding the steps needed to alleviate your financial burden.

To begin the process, log onto the website below to complete the "Enrollment Form".

These documents typically include:

- Limited Power of Attorney (gives the Pharmacist Concierge only the authority to help and that authority permits seeking assistance for Specialty medications).
- Signed copy of most recent federal tax return;
- Front and back copy of medical insurance card.

To offset your costs, enrollment and requested documents must be provided. If you comply with the document request, you will never pay more than you are currently paying for a Specialty medication. In most cases, ***you pay nothing****.*

Examples of Commonly Prescribed Specialty and International Drugs:

Aubagio, Avonex, Bydureon, Cosentyx, Dovato, Dupixent, Enbrel, Erivedge, Genvoya, Humira, Ibrance, Imbruvica, Levemir, Orencia, Otezla, Ozempic, Praluent, Prezcobix, Repatha, Rinvoq, Skyrizi, Stelara, Tagrisso, Taltz, Tecfidera, Toujeo, Tremfya, Tresiba, Triumeq, Trulicity, Truvada, Ubrelvy, Victoza, Xeljanz, Xifaxan, Xtandi

VeracityRx Pharmacist Concierge Contact Information:

Sign-up at: www.veracity-rx.com

IMPORTANT: International Medications

Note: The international medications process differs slightly from the specialty.

Enrollment Process:

- If you or a covered member of your household are on any of the commonly prescribed international drugs listed below, **please continue to fill locally at your pharmacy.**

- VeracityRx will contact you once we move you into the international program. **The benefit of enrolling is that you will no longer have a copay** and your employer will save at least 50% on the cost of the medication.

- Medications fulfilled through the international program will be the same medications, made by the same manufacturers but filled through our partner pharmacy in Canada. Once we enroll you in the international program, you will be contacted to verify your shipping address and/or additional information. Processing and shipping can take up to 30 days, however, please note that your medications will continue to be filled without interruption.

COMMONLY PRESCRIBED INTERNATIONAL DRUG LIST*

Ajovy	Isentress	Trelegy Ellipta
Apidra	Janumet	Tresiba
Atripla	Janumet XR	Trintellix
Basaglar KwikPen	Januvia	Trulicity
Biktarvy	Jardiance	Truvada
Breo Ellipta	Levemir	Victoza
Bydureon	Ozempic	Xarelto
Dexcovy	Prexcobix	
Eliquis	Rexulti	
Farxiga	Saxenda	
FIASP	Tivicay	
Invokana	Toujeo	
Invokamet	Tradjenta	

**List is only a sample of the top international drugs and is subject to change without notice. Additional international drugs can be pursued beyond this list.*

Frequently Asked Questions

Pharmacy FAQs	Pharmacy Benefits
Who is my Pharmacy Benefit Provider?	VeracityRx is your Pharmacy Benefit Provider.
Are there select or non-select pharmacies?	There are a few pharmacies that are considered *non-select.* They are CVS, Walgreen's, Target, and Rite Aid. All other independent pharmacies are considered preferred. We encourage grocery store chains, locally-owned neighborhood pharmacies and Costco as your lowest cost options.
Where can I fill my prescriptions?	Virtually any pharmacy can fill your prescription(s). However, you will pay a higher copay if you go to a *non-select* pharmacy. If you request a brand drug when a generic is available, you will pay the difference in cost.
Can I get a 90-day supply?	A 90-day supply is available at any pharmacy ***other than*** the non-select pharmacies.
What is considered a specialty or international drug?	**Examples of Commonly Prescribed Specialty and International Drugs:** *Aubagio, Avonex, Bydureon, Cosentyx, Dovato, Dupixent, Enbrel, Erivedge, Genvoya, Humira, Ibrance, Imbruvica, Levemir, Orencia, Otezla, Ozempic, Praluent, Prezcobix, Repatha, Rinvoq, Skyrizi, Stelara, Tagrisso, Taltz, Tecfidera, Toujeo, Tremfya, Tresiba, Trikafta, Triumeq, Trulicity, Truvada, Ubrelvy, Victoza, Xeljanz, Xifaxan, Xtandi*
Where can I fill my specialty or international prescriptions?	Our Pharmacist Concierge can help you obtain your specialty or international drugs at the lowest possible cost for you and your employer. Go to: www.veracity-rx.com to get started!

Common drug exclusions

The plan does not cover certain items. Some exclusions may include:

- Over the counter (OTC) medications or their equivalents, including certain Proton Pump Inhibitors (PPI) or allergy medications, such as Prevacid, Prilosec, Nexium, Zyrtec, Allegra, and Claritin
- Drug products used for cosmetic purposes
- Vitamins and minerals (except prenatal vitamins)
- Experimental drug products, or any drug used in an experimental manner

Pharmacy Benefit Provider

VERACITYRX

Phone: 888-388-8228

When to Call:

- To locate a pharmacy
- To ask a benefit question
- To get information on prior authorizations
- To get help when you are at the pharmacy and a drug is denied

90-Day Prescription

MAINTENANCE DRUGS

At Retail:

Preferred Pharmacies Only

Specialty Medications

HIGH-COST DRUGS

Enroll at www.veracity-rx.com and a VeracityRx Pharmacist Concierge will be in touch.

Retail Pharmacy Network

SELECT PHARMACIES

Advantages:

- Lower Copays on Generic Prescriptions

Which are select?

Grocery Stores such as Kroger, Publix, Costco, Ingles, Wal-Mart, Sam's Club, and locally-owned neighborhood pharmacies. *Basically any pharmacy EXCEPT those that are non-select.*

NON-SELECT PHARMACIES

Disadvantages:

- Higher Copays on Generic Prescriptions

Which are Non-Preferred?

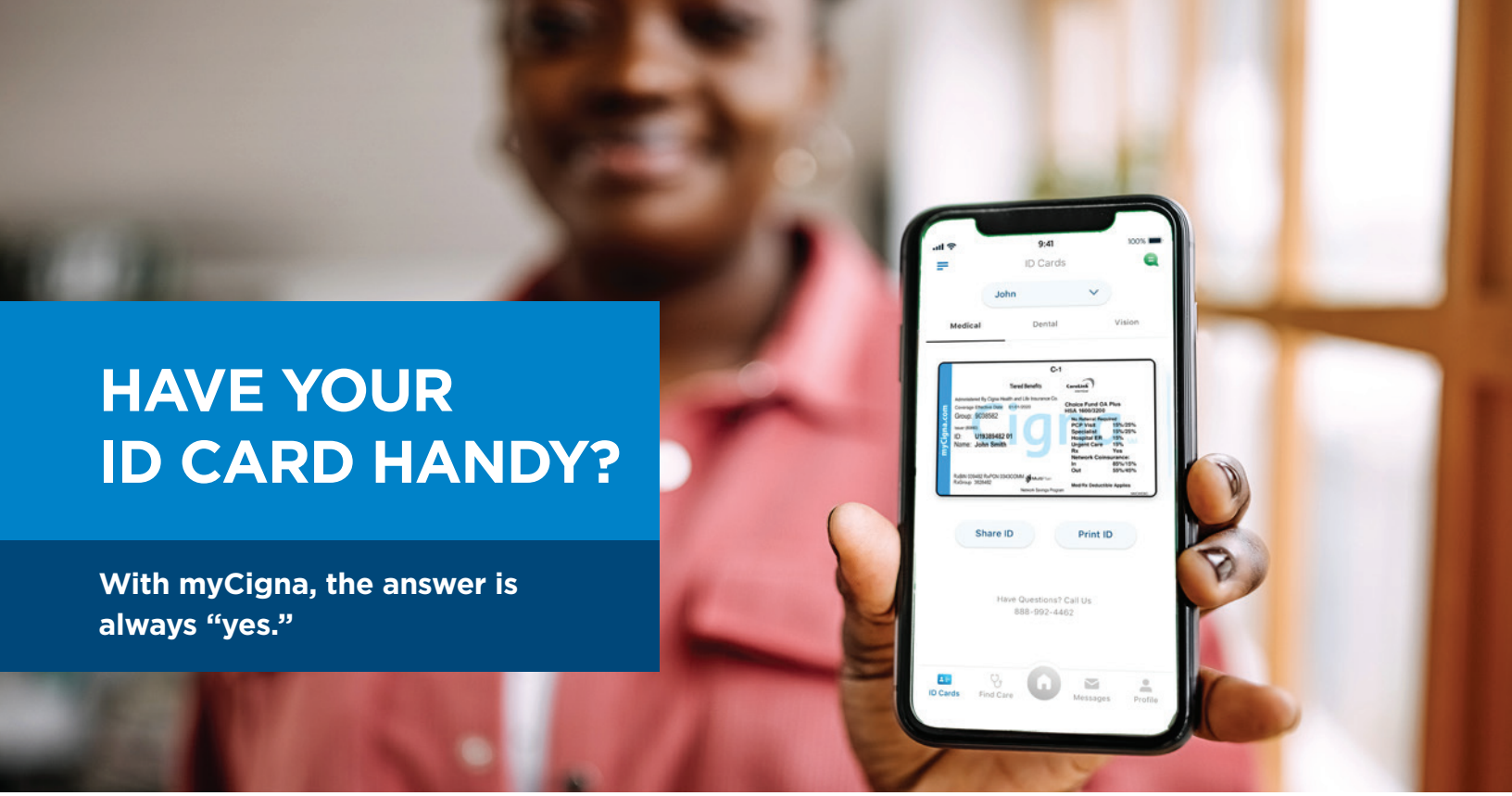
CVS, Walgreens, Rite-Aid, and Target

If you have questions regarding your plan benefits, please contact VeracityRx at 888-388-8228.

	select Pharmacies
	34 Day Retail
Generic	Select Pharmacy: $5 copay Non-Select Pharmacy: $20 copay
Preferred Brand	$45 copay
Non-Preferred Brand	$80 copay
90 Day	$10/$90/$160 copay(s)
Specialty (REQUIRED)	**Specialty Drugs are Excluded** Enroll www.veracity-rx.com to get started.
International Pharmacy (REQUIRED)	A1C - Insulins - Antiviral /HIV drugs are available through VeracityRx **Pharmacist Concierge Services.**

**90-day supply can only be filled at Preferred Pharmacies or through ProCare Rx mail order services.*

*****Non-Preferred Pharmacies are:***
CVS, Target, Walgreen's and Rite-Aid



HAVE YOUR ID CARD HANDY?

With myCigna, the answer is always "yes."

Big news: You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.*

Accessing your digital ID cards is easy.

Log in to **myCigna.com** or the **myCigna App**

ID Cards

Click or tap "ID Cards"

View your card(s), as well as any dependents' card(s)**

Email cards directly to doctors

Save your digital ID cards in your Apple Wallet

Not registered on myCigna yet? It's quick and easy.
Visit **myCigna.com**® or scan the QR code to download the **myCigna App**® and register now.

Cigna®

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Unlock the full value of your health plan with myCigna.

From programs that help improve your health to tools that help you manage your health spending, there's so much you can do on **myCigna.com** and the **myCigna App**.***

Find in-network doctors, hospitals and medical services

See cost estimates for medical procedures

Compare quality-of-care information, including patient reviews

Manage and track claims

Use the click-to-chat feature to connect with a live Cigna rep

Access a variety of health and wellness tools and resources, including an interactive health assessment

Feel better protected
Cigna is as committed to protecting your health information as we are to your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

* The transition to digital ID cards does not apply to the following: all insured medical clients situsted in Texas, New York, Florida and Colorado (ASO will be included); all medical clients situsted in Minnesota regardless of funding type; all D-HMO plans situsted in Texas; all D-HMO and D-PPO plans situsted in Georgia and Minnesota; all vision plans situsted in Georgia, Minnesota, and Texas. Clients with situs in Texas, North Carolina, New York, Tennessee, Colorado, Georgia and Florida will transition beginning with 7/1/2023 new and renewal effective dates unless prohibited by a state mandate.

** Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

*** Actual myCigna features may vary depending on your plan and customer profile.

TRANSITIONING TO DIGITAL ID CARDS

Frequently Asked Questions

Q: Why is Cigna transitioning to digital ID cards?

- Many of our customers already access their ID cards through **myCigna.com**® and the **myCigna**® **app**. Both the website and app offer convenient, timely access to ID cards, as well as many other features to help customers manage their health and savings.
- Digital ID cards will allow customers to access their plan coverage information more easily, and they are more conveniently available when needed.
- Real-time communication channels, including **myCigna.com** and the **myCigna app**, are key to putting your health care information in the palm of your hands.

Q: Does the availability of digital ID cards depend on my state of residence?

- Yes. Some states have mandates that prohibit digital medical, dental or vision ID cards.* Colorado, Texas, Minnesota, New York, Florida and Georgia have certain exclusions. Customers residing in these states may continue to receive physical ID cards in the mail depending on their plan type. Even if your state requires we send a printed card, your digital card is always available for you to access on **myCigna.com**.

Q: Will I use one digital ID card for all benefits (medical, behavioral, dental, vision, etc.), or will I have multiple digital ID cards?

- The current ID card experience is not changing. Digital ID cards are available for medical with separate digital ID cards for vision and dental.

Q: Is Cigna able to email or mail a copy of the digital ID cards to me upon my enrollment?

- To protect customer protected health information (PHI) and avoid fraud, Cigna will never email or text digital ID card images. However, customers can securely log on to **myCigna.com** or the **myCigna app** and share their own ID card images if they so choose.

Q: Will I still be able to request physical ID cards?

- Yes. Customers can request physical medical ID cards through **myCigna.com** and the **myCigna app**, through their employer (via the Cigna employer portal), or by calling Cigna Customer Service at **1.800.997.1654** and following the prompts.

Q: How do I use digital ID cards?

- Customers will use their digital ID cards in the same way they use their physical ID cards.
- Doctors, specialists, labs, hospitals, pharmacies and other medical facilities will have different ways of processing digital ID cards. Customers can share the digital ID card image on a phone screen at the provider office, relay the data verbally over the phone to preregister for their appointment, or securely email the digital card image directly to the provider office from **myCigna.com** or the **myCigna app**. Many providers are also using their own patient portals where customers can upload an image of their card.
- Customers can also print a copy of their ID card and share it with the provider office.

Cigna®

Q: Will I be able to save my digital ID cards in my "wallet" on my iPhone or Android phone?

- Customers will be able to save their digital medical ID cards in the Apple Wallet in early 2023. Similar capability for dental and vision ID cards will be available later in 2023.
- A similar capability is not yet available for the Google Wallet.

Q: Are digital ID cards safe to use? Are they more prone to identity theft and hacking?

- Digital ID cards are only accessible through the creation of a **myCigna.com** account, which requires customer authentication. Digital authentication protects access more than a physical ID card can since a physical card can be lost or stolen.
- We encourage customers to use caution when storing and sharing digital images of their ID cards outside of **myCigna.com** or the **myCigna app**. The same precautions taken to protect sensitive credit cards or state ID data should also apply to digital ID cards.

Q: Are providers ready and able to accept digital ID cards?

- Doctors, specialists, labs, hospitals, pharmacies and other medical facilities are in various stages of readiness to accept digital ID cards.
- Cigna is partnering with providers to ensure readiness to accept digital ID cards beginning in January 2023.

Q: What happens if a provider has questions about or does not accept a digital ID card?

- We understand that providers are at varying stages of readiness to accept digital ID cards. Your provider can also access your information via the provider portal. If they continue to have difficulties, please advise them to contact Cigna through the usual channels.
- If you need further assistance, please call customer service.

Q: If my employer changes our benefits plan, will I need new ID cards? How and when will those be available?

- Going digital introduces the ability for real-time updates. As plans change and the information on the cards needs to change, Cigna can make the changes digitally with greater efficiency, speed and security compared to producing physical ID cards.
- The good news is, your digital ID cards on **myCigna.com** and the **myCigna app** are always the most current version for your plan year.

Q: Can I continue to use the physical ID cards that I have in my possession?

- Customers should always use the most current ID cards to ensure the accurate processing of services received. Digital ID cards will always reflect the most up-to-date information.

Q: How do I register for a myCigna.com account?

- Cigna will reach out through email and direct mail before, during and after open enrollment to communicate how and where to access a digital ID card.

Q: Will I be able to register on myCigna.com before the effective date without having my member ID? Can I use my Social Security number (SSN)?

- Any customer over the age of 13 can create a **myCigna.com** account before or after their plan effective date.
- Subscribers need either their SSN or member ID to create a **myCigna.com** account. Spouses and dependents will need either their member ID or the subscriber's SSN to register.
- Your digital ID card will be available on or about the first day of your plan year.
- Registered, active customers will always see the ID cards for their current plan year. For instance, anyone with a 1/1/22 effective date can log in at any time this year to access their 2022 cards. On the first day of their new plan year (1/1/23), the "new" ID cards will be available.

Q: Where can I go to get answers to questions regarding digital ID cards?

- To help answer any questions, we've included information about digital ID cards on **Cigna.com** in the new member guide section.

Q: How will Cigna support customers who do not have access to the internet or who prefer not to register on myCigna.com or express-scripts.com?

- Cigna customers can request a physical card via **myCigna.com** or by calling customer service and following the prompts.
- An employer can also request medical ID cards on an employee's behalf via the employer portal.

Q: What happens if I need to change my name on my digital ID cards?

- Customers can call customer service to request a name change on their digital medical ID cards.

DENTAL BENEFIT SUMMARY

BENEFITS	IN-NETWORK	OUT-of-NETWORK
Calendar year Maximum Class I, II and III, IX Expenses	$1,500	$1,500
Calendar Year Deductible • Per Individual • Per Family	$50 $150	$50 $150
Class I Expenses - Preventive & Diagnostic Care • Oral Exams • Non-routine X-Rays • Routine Cleaning • Routine X-Rays • Fluoride Application • Sealants • Perio Cleaning/Maintenance	100% No Deductible	100% No Deductible
Class II Expenses - Basic Restorative Care • Fillings • Emergency Care to Relieve Pain • Oral Surgery, Simple Extractions • Minor Periodontics • Root Canal Therapy / Endodontics • Major Periodontics • Anesthetics • Oral Surgery, All Except Simple Extractions • Surgical Extraction of Impacted Teeth • Space Maintainers (limited to non-orthodontic treatment)	80% After Deductible	80% After Deductible
Class III Expenses - Major Restorative Care • Crowns / Inlays / Onlays • Implants • Dentures • Bridges • Relines, Rebases and Adjustments • Repairs, Bridges Crowns and Inlays • Repairs - Dentures	50% After Deductible	50% After Deductible
Class IV Expenses - Orthodontia • Coverage for eligible children only • Lifetime Maximum	50%, No Ortho Deductible $1,000	50%, No Ortho Deductible $1,000
Class IX Expenses –Implants	50% After Deductible $1500	50% After Deductible $1500
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Allowed Charges
Additional Member Responsibility in excess of Coinsurance	None	The difference between the member's dentist billed charges and the dental plan reimbursement

EMPLOYEE DENTAL DEDUCTIONS—Per Pay Check

Semi-Monthly (24 / year)

MEMBERS COVERED	EMPLOYEE COST
Employee Only	**$ 0.00**
Employee + One Dependent	**$12.48**
Employee + 2 or More Dependents	**$24.95**

VISION BENEFIT SUMMARY

COVERAGE	IN-NETWORK BENEFIT***	OUT-OF-NETWORK BENEFIT	FREQUENCY PERIOD**
Exam Copay	$10 copay	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after copay	Up to $45	12 months
Eyeglass Lenses Allowances: (once per frequency period)	$10 copay		
Lenses	Covered 100% after copay	Up to $32	12 months
Single Vision	Covered 100% after copay	Up to $55	12 months
Lined Bifocal	Covered 100% after copay	Up to $65	12 months
Lined Trifocal	Covered 100% after copay	Up to $80	12 months
Lenticular			
Contact Lenses Allowances: (one pair or single purchase per frequency period)			
Elective	Up to $130	Up to $105	12 months
Therapeutic	Covered 100%	Up to $210	12 months
Frame Retail Allowance (once per frequency period)	Up to $130	Up to $71	24 months

**Your Frequency Period begins on January 1 (Calendar year basis)

Definitions:

Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).
Coinsurance: the percentage of charges Cigna will pay. You are is financially responsible for the balance.
Allowance: the maximum amount Cigna will pay. You are financially responsible for any amount over the allowance.
Materials: eyeglass lenses, frames, and/or contact lenses.

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

In-Network Coverage Includes***:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - ◊ Polycarbonate lenses for children under 18 years of age
  - ◊ Oversize lenses
  - ◊ Rose #1 and #2 solid tints
  - ◊ Minimum 20% savings on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults) all tints/photochromic (glass or plastic)
  - ◊ Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.
*** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

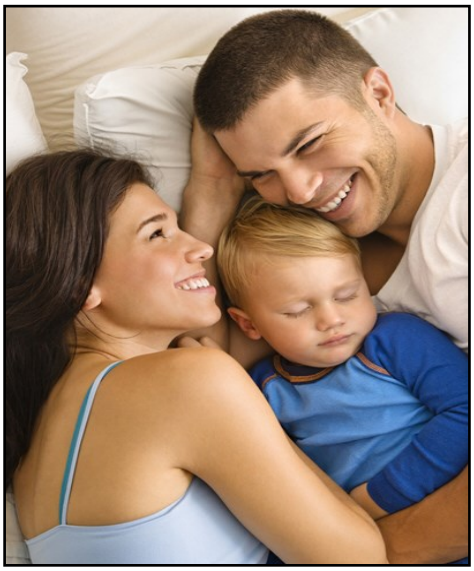
EMPLOYEE VISION DEDUCTIONS

Semi-Monthly (24 deductions per Year)

MEMBERS COVERED	COST
Employee Only	**$0.00**
Employee + 1	**$2.62**
Employee + 2	**$5.89**

BASIC TERM LIFE and AD&D INSURANCE

AnthemLife



The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

ELIGIBILITY

All Active Full Time Employees, all Spalding County elected officials and employees of the Spalding County Development Authority in active employment in the United States with the Employer.

BENEFIT

1.5 times annual salary to a maximum of $225,000.

CONTRIBUTION

Spalding County pays 100% of the cost for your coverage.

Employee coverage in excess of $50,000 will result in taxation of benefit exceeding $50,000.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Group Accidental Death & Dismemberment (AD&D) is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D benefits include Seat Belt Rider, Airbag Rider, Education, Repatriation benefit, Line of Duty and common carrier.

AD&D SCHEDULE OF LOSS*	SUM PRINCIPAL
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech of Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%

ACCELERATED DEATH BENEFIT (ADB)

Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.

AGE REDUCTION SCHEDULE

Life and AD&D benefits reduce to 65% of the original amount at age 70 and to 50% of original amount at age 75. All benefits terminate at end of employment with the County.

Actively at Work

Your life insurance policy will terminate if you have not been ACTIVELY AT WORK within the last **six months**. To continue coverage you must elect a portability or conversion option within 30 days of your coverage terminating.

AnthemLife

SUPPLEMENTAL TERM LIFE INSURANCE

LIFE INSURANCE AMOUNT

Employee: Increments of $10,000 to a maximum of $500,000. Not to exceed seven times annual salary.

Spouse: Increments of $5,000 to a maximum of $100,000. Not to exceed 100% of employee's elected amount. Your spouse is not eligible or considered a dependent if they are insured under the Policy as an employee.

Child: $10,000. Children are eligible from age 15 days until they reach 26 years

GUARANTEED ISSUE AMOUNT

Employee: **$100,000**
Spouse: **$ 30,000**
Child: **$ 10,000**

BENEFIT REDUCTION SCHEDULE

Benefit reduces to 65% of original amount at age 70 and to 50% of original amount at age 75.

WAIVER OF PREMIUM (IF DISABLED)

If you become totally disabled under age 60 and meet other eligibility requirements, Life insurance coverage may continue under the Waiver provision without premium payments until Age 65.

Actively at Work:

Your life insurance policy will terminate if you have not been ACTIVELY AT WORK within the last **six months**. To continue coverage you must elect a portability or conversion option within 30 days of you coverage terminating.

	EMPLOYEE LIFE OPTIONS				SEMI-MONTHLY DEDUCTIONS (24 / Year)					
AGE	**<30**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**
$10,000	$0.35	$0.40	$0.60	$0.90	$1.45	$2.45	$3.95	$5.25	$8.30	$14.50
$20,000	$0.70	$0.80	$1.20	$1.80	$2.90	$4.90	$7.90	$10.50	$16.60	$29.00
$30,000	$1.05	$1.20	$1.80	$2.70	$4.35	$7.35	$11.85	$15.75	$24.90	$43.50
$40,000	$1.40	$1.60	$2.40	$3.60	$5.80	$9.80	$15.80	$21.00	$33.20	$58.00
$50,000	$1.75	$2.00	$3.00	$4.50	$7.25	$12.25	$19.75	$26.25	$41.50	$72.50
$60,000	$2.10	$2.40	$3.60	$5.40	$8.70	$14.70	$23.70	$31.50	$49.80	$87.00
$70,000	$2.45	$2.80	$4.20	$6.30	$10.15	$17.15	$27.65	$36.75	$58.10	$101.50
$80,000	$2.80	$3.20	$4.80	$7.20	$11.60	$19.60	$31.60	$42.00	$66.40	$116.00
$90,000	$3.15	$3.60	$5.40	$8.10	$13.05	$22.05	$35.55	$47.25	$74.70	$130.50
$100,000	$3.50	$4.00	$6.00	$9.00	$14.50	$24.50	$39.50	$52.50	$83.00	$145.00
$110,000	$3.85	$4.40	$6.60	$9.90	$15.95	$26.95	$43.45	$57.75	$91.30	$159.50
$120,000	$4.20	$4.80	$7.20	$10.80	$17.40	$29.40	$47.40	$63.00	$99.60	$174.00
$130,000	$4.55	$5.20	$7.80	$11.70	$18.85	$31.85	$51.35	$68.25	$107.90	$188.50
$140,000	$4.90	$5.60	$8.40	$12.60	$20.30	$34.30	$55.30	$73.50	$116.20	$203.00
$150,000	$5.25	$6.00	$9.00	$13.50	$21.75	$36.75	$59.25	$78.75	$124.50	$217.50
$200,000	$7.00	$8.00	$12.00	$18.00	$29.00	$49.00	$79.00	$105.00	$166.00	$290.00
$300,000	$10.50	$12.00	$18.00	$27.00	$43.50	$73.50	$118.50	$157.50	$249.00	$435.00
$400,000	$14.00	$16.00	$24.00	$36.00	$58.00	$98.00	$158.00	$210.00	$332.00	$580.00
$500,000	$17.50	$20.00	$30.00	$45.00	$72.50	$122.50	$197.50	$262.50	$415.00	$725.00

	SPOUSE LIFE OPTIONS				SEMI-MONTHLY DEDUCTIONS (24 / Year)					
AGE	**<30**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**
$5,000	$0.18	$0.20	$0.30	$0.45	$0.73	$1.23	$1.98	$2.63	$4.15	$7.25
$10,000	$0.35	$0.40	$0.60	$0.90	$1.45	$2.45	$3.95	$5.25	$8.30	$14.50
$15,000	$0.53	$0.60	$0.90	$1.35	$2.18	$3.68	$5.93	$7.88	$12.45	$21.75
$20,000	$0.70	$0.80	$1.20	$1.80	$2.90	$4.90	$7.90	$10.50	$16.60	$29.00
$25,000	$0.88	$1.00	$1.50	$2.25	$3.63	$6.13	$9.88	$13.13	$20.75	$36.25
$30,000	$1.05	$1.20	$1.80	$2.70	$4.35	$7.35	$11.85	$15.75	$24.90	$43.50
$35,000	$1.23	$1.40	$2.10	$3.15	$5.08	$8.58	$13.83	$18.38	$29.05	$50.75
$40,000	$1.40	$1.60	$2.40	$3.60	$5.80	$9.80	$15.80	$21.00	$33.20	$58.00
$45,000	$1.58	$1.80	$2.70	$4.05	$6.53	$11.03	$17.78	$23.63	$37.35	$65.25
$50,000	$1.75	$2.00	$3.00	$4.50	$7.25	$12.25	$19.75	$26.25	$41.50	$72.50
$60,000	$2.10	$2.40	$3.60	$5.40	$8.70	$14.70	$23.70	$31.50	$49.80	$87.00
$70,000	$2.45	$2.80	$4.20	$6.30	$10.15	$17.15	$27.65	$36.75	$58.10	$101.50
$75,000	$2.63	$3.00	$4.50	$6.75	$10.88	$18.38	$29.63	$39.38	$62.25	$108.75
$80,000	$2.80	$3.20	$4.80	$7.20	$11.60	$19.60	$31.60	$42.00	$66.40	$116.00
$90,000	$3.15	$3.60	$5.40	$8.10	$13.05	$22.05	$35.55	$47.25	$74.70	$130.50
$100,000	$3.50	$4.00	$6.00	$9.00	$14.50	$24.50	$39.50	$52.50	$83.00	$145.00

DEPENDENT CHILD(REN) LIFE RATE
$10,000 Life Insurance Semi-Monthly Cost = $0.35

VOLUNTARY SHORT TERM DISABILITY

AnthemLife

Below is a description of the Voluntary Short-Term Disability insurance coverage underwritten by Anthem Life. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. Certificates, which will be available at the Human Resources Department, include the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy. The Master Policy contains all the controlling terms and provisions of coverage.

SHORT TERM DISABILITY insurance is designed to provide income protection in the form of a fixed monthly benefit during periods of disability occurring as a result of a covered accident or sickness. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

ELIGIBILITY: All Active Full-Time Employees working 30 hours or more per week

BENEFITS: Plan replaces 60% of your Basic Weekly Earnings **up to a maximum weekly benefit of $1,060.**

BENEFIT WAITING PERIOD: 15 Day(s) for Accident; **15 Day(s)** for Sickness

MAXIMUM BENEFIT PERIOD: 24 Weeks

Maternity coverage same as any other disability.

Occupational benefits are excluded.

Pre-existing conditions limitation: *Are benefits limited for Pre-existing Conditions?*
We will not pay any benefit, or any increase in benefits for a disability that results from, or is caused or contributed to by, a Pre-existing Condition, unless, at the time you become disabled:

You have not received Medical Care for the condition for 3 consecutive months while insured under The Policy; or
You have been continuously covered under The Policy for 12 consecutive months

Other income benefits: Any income you received from your employer as a result of any accumulated sick time salary continuation or paid time off, which causes the weekly benefit, plus other income benefits to exceed 100% of your weekly earnings. The amount in excess of 100% of your weekly earnings will be used to reduce the weekly benefit.

HOW TO CALCULATE YOUR INDIVIDUAL PREMIUM

To calculate your per-paycheck cost for this coverage, complete the calculations below.

Note: *If your weekly salary exceeds $1,767 use **$1,767** as your weekly salary in the calculation.*

_____ ÷ 52 = _____ X 60% = _____
Annual Salary — Weekly Salary — **Your Weekly Benefit**

_____ ÷ 10 = _____ X _____ = _____
Your Weekly Benefit — **Your Rate*** — **Your Monthly Cost**

_____ X 12 = _____ ÷ _____ = _____
Your Monthly Cost — Annual Cost — # Paychecks per Year — **Cost per Paycheck****

*RATES BASED ON AGE								
Under 25	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 - 49**	**50 - 54**	**55 - 59**	**60 +**
$0.60	**$0.634**	**$0.826**	**$0.676**	**$0.617**	**$0.742**	**$0.934**	**$1.084**	**$1.251**

**Final cost may vary slightly due to rounding

AnthemLife

VOLUNTARY LONG TERM DISABILITY

Your Long Term Disability Benefits help to protect You from loss of income due to a Disability as defined under the Policy. Your Long Term Disability Benefits are subject to any limitations, maximums, exclusions and reductions under the policy, including any reductions by Your Deductible Sources of Income. Deductible sources of income include any salary continuation, worker's compensation, social security off-set or employer retirement benefits. This page provides highlights only. The Long Term Disability Insurance Certificate will contain complete details of benefits, policy provisions, limitations, etc. Long Term Disability coverage is non-occupational. This means there is no coverage for any Injury or Illness that was caused by or aggravated by any employment for pay or profit.

ELIGIBILITY
All Active Full Time Employees working 30 hours a week, all Spalding County elected officials and employees of the Spalding County Development Authority in active employment in the United States with the Employer.

BENEFIT PERCENTAGE
60% of Basic Monthly Earnings.
Gross monthly rate of earnings from the employer excluding overtime pay, commissions & bonuses.

BENEFIT WAITING PERIOD
180 days

MAXIMUM MONTHLY BENEFIT
$6,000 per month

MINIMUM MONTHLY BENEFIT
Greater of $100 or 10% of the gross Monthly Benefit

MAXIMUM BENEFIT PERIOD
For as long as you remain disabled, or until you reach your Social Security Normal Retirement Age

Guaranteed Issue
Coverage is Guaranteed Issue at initial offering only.

Pre-existing Condition Limitation (3/6/12):
This limitation applies to conditions for which an employee receives medical services within 6 months of the effective date of coverage. No benefits are payable for a disability resulting from such a condition until the employee has been covered for 6 consecutive months with no medical care for the condition, or until the employee has been covered for 12 consecutive months. In addition, the amount of a benefit increase, which results from a change in benefit options, a change of class or a change in the Plan, will not be paid for any Disability that is due to, contributed to by, or results from a Pre-Existing condition.

HOW TO CALCULATE YOUR INDIVIDUAL PREMIUM

To calculate your per-paycheck cost for this coverage, complete the calculations below.

_____ ÷ 100 = _____ X _____ = _____
Annual Salary — **AGE RATE** (Use Table Below) — Annual Cost

_____ ÷ _____24_____ = _____
Annual Cost — # Paychecks per Year — **Cost per Paycheck***

AGE RATES								
Under 25	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60 +**
$0.144	**$0.153**	**$0.342**	**$0.468**	**$0.576**	**$0.891**	**$1.269**	**$1.548**	**$1.296**

HEALTH CARE / DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA/DCA)

Through a Flexible Spending Account (FSA), you are able to set aside money, before it is taxed, in order to pay for eligible out-of-pocket costs for dependent and medical care expenses.

Spalding County's FSA expense reporting period is July 1, 2023 through June 30, 2024.

There are two types of Flexible Spending Accounts:

- Healthcare FSA
- Dependent Care FSA

Healthcare Flexible Spending Account (FSA)

Set aside money in a Healthcare Flexible Spending Account for medical, dental and vision expenses incurred by you, your spouse and your dependents. Eligible expenses include deductibles, co-payments, prescription drugs, x-rays and lab.

FSA Annual Minimum Election: $240 ($10.00 / 24 deductions per year)

FSA Annual Maximum Election: $3,050 ($127.08 / 24 deductions per year)

Dependent Care Flexible Spending Account (DCA)

Through a Dependent Care Flexible Spending Account, you can pay for dependent care expenses when the services allow you to work. (Please note: We can only reimburse you **up to the amount you've contributed to the plan).**

DCA Annual Maximum Election:
$5,000 per family per year
$2,500 per employee per year if married and filing separate tax returns

Here's how it works:

First, estimate how much money you will spend in the coming year for eligible healthcare and dependent care expenses. Once calculated, the flexible spending account allows you to set aside a portion from your salary each payday. The amount you allocate to your account is taken out of your pay before taxes are calculated and withheld. That means that part of your pay that goes towards flexible spending account is tax-free. When you pay for eligible medical and dependent care expenses during the year, you get reimbursed for them with the money you have set aside in your flexible spending account. Since the money was set aside on a tax-free basis, you've saved the tax dollars you would have paid on earnings spent for medical and dependent care expenses.

INTERNAL REVENUE SERVICE RESTRICTIONS:

- Participant cannot receive payment from any other source for reimbursement amounts requested – the participant must certify expenses are not reimbursable under any other coverage.
- Participant cannot claim reimbursed expenses for the purpose of income tax.
- Claims cannot be reimbursed until the service is rendered (regardless of when payment is made).
- Cosmetic Procedures are not eligible (i.e. teeth bleaching, weight reduction, hair loss, face lift, etc).
- A healthcare account cannot be used to reimburse dependent care expenses.
- A dependent care reimbursement account cannot be used to reimburse medical expenses.
- Remaining balances, after all reimbursements for plan year have been processed, will be forfeited.

CHANGING YOUR ELECTION:

- You can change your election once a year during the open enrollment period.
- It is important to know that federal law places restrictions on changing your election at other times during the year. For this reason, if you participate in the program, you are generally not allowed to change or cancel the amount you allocate until the next annual enrollment period.
- The events that might permit you to make a change are:
- Family status changes, including your marriage or divorce, the birth or adoption of a child, or the death of your spouse or dependent.
- Employment status changes, including a change in your spouse's employment status, a change in full-time vs. part-time employment status of either you or your spouse, or an unpaid leave of absence taken by either you or your spouse.

Note: Keep in mind that the only requirement is that the change you make must be consistent with the particular event that has occurred.

CARRY OVER PROVISION

You will only be allowed to carry **up to $610** for subsequent years as the IRS requires that any unused portion of your account balance above $610 remaining at the end of the year be forfeited. It is important to estimate your expenses carefully. In order to be eligible to carry over any unused FSA amounts, you must continue to stay enrolled in the FSA plan the following year.

FSA with Debit Card

The FSA with Debit Card option offers customers the ability to use a debit card for all purchases. A Visa® debit card is preloaded with the individual's annual Health Care FSA goal amount. The card is restricted to approximately 30 merchant types, including pharmacies, hospitals and physician offices, that are considered health-care related.

Direct Claim Submission, Online Reimbursement and Mobile Reimbursement

Customers can directly submit requests for reimbursement to Cigna via myCigna.com, fax or mail. Reimbursement request forms are available on myCigna.com. Separate forms are required for health care and dependent care. Requests may be submitted in any amount and as often as necessary.

FLEXIBLE SPENDING ACCOUNT ELIGIBLE / INELIGIBLE EXPENSES

ELIGIBLE EXPENSES		INELIGIBLE EXPENSES
Medical Expenses • Acupuncture • Alcoholism treatment • Ambulance • Artificial limbs • Autoette/wheelchair • Bandages • Breast reconstruction Surgery (following masectomy from cancer) • Birth control pills • Braille book and magazines • Chiropractor • Christian science Practitioner • Crutches • Diagnostic services • Disabled dependent medical care • Drug addiction treatment • Drugs and medicines • Fertility treatment • Guide dog • Hearing aids • Home care • Hospital services • Laboratory fees • Lead based paint removal • Maternity care & related services • Meals for inpatient • Medical information plan • Medical services (i.e. physician, surgeon, etc.) • Nursing home • Nursing services • Operations	• Organ donor's medical expenses • Osteopath • Oxygen • Prosthesis • Psychoanalysis • Psychologist • Special education • Sterilization • Stop-smoking programs • Surgery • Telephone/television for hearing-impaired • Therapy • Transplants • Transportation for medical care • Vasectomy • Weight-loss program (specific disease diagnosed by doctor) • Wheelchair • Replacement hair lost due to illness • X-ray **Dental expenses** • Artificial teeth • Dental treatment **Eye care expenses** • Eyeglasses • Contact lenses • Prescription sunglasses • Eye examinations • Eye surgery (for example, LASIK) • Optometrist ***Please Note:** **Over the Counter Medications are not an eligible expense.**	• Babysitting, childcare, and nursing services for a normal, healthy baby • Controlled substances without a prescription • Cosmetic surgery • Dancing lessons • Diaper services • Electrolysis or hair removal • Funeral expenses • Hair transplant • Health club dues • Health coverage tax credit • Household help • Illegal operations and treatments • Insurance premiums (for example, HMO premiums, Employer sponsored health insurance plan premiums) • Maternity clothes • Medical savings account (MSA)/health saving account (HSA) contributions • Medicare B and D premiums • Nutritional supplements • Over-the-counter medications • Personal use items • Swimming lessons • Teeth whitening • Veterinary fees • Weight-loss program not part of specific disease treatment

Direct Claim Submission, Online Reimbursement and Mobile Reimbursement

Customers can directly submit requests for reimbursement to Cigna via myCigna.com, fax or mail. Reimbursement request forms are available on myCigna.com. Separate forms are required for health care and dependent care. Requests may be submitted in any amount and as often as necessary.

Mobile reimbursement request is a feature that allows customers to submit Choice Fund HRA/FSA claims for reimbursement via the myCigna® mobile app in addition to the traditional experience on the myCigna website. The features will allow customers to:

◊ Save inputs as they're entered
◊ Upload photos of receipts
◊ Check status of reimbursement requests

Digital Health Statements

Customizable online health statements allow customers with Flexible Spending Accounts to build online health statements customizable to their Preferences. The enhanced customizable online health statements allow customers to:

◊ Choose the data they want in their health statement
◊ Choose a date range from anytime within the previous 24 months for their health statement
◊ Download, save and print a health statement as a PDF file

DEPENDENT CARE ACCOUNT ELIGIBLE / INELIGIBLE EXPENSES

To be considered qualified, dependents must meet the following criteria:

•Children under the age of 13
•A spouse who is physically or mentally unable to care for him/herself
•Any adult you can claim as a dependent on your tax return that is physically or mentally unable to care for him/herself

ELIGIBLE EXPENSES	INELIGIBLE EXPENSES
• Babysitter inside or outside household • Before and after school or extended day programs • Custodial childcare or eldercare expenses • Day camps • Daycare centers • Household employee whose services include care of a qualifying person • Late pick-up fees • Looking-for-work expenses • Nanny expenses • Preschool/nursery school for pre-kindergarten • Sick-child care center • Summer day camps	• Educational/tuition expenses • Expenses paid to child of participant • Field trip expenses • Food, clothing education or entertainment expenses • Household services • Incidental expenses • Overnight camps • Payments for care while on a leave of absence, or while on maternity, or other medical leave • Payments for care while you are on vacation or due to illness • Payment for services not yet provided • Payments for care where you are not the custodial parent

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Spalding County will be offering an Employee Assistance Program (EAP). The County will be offering the EAP to employees at no cost. The Anthem EAP provides solutions to help you balance work and life through confidential and easily accessible services. The EAP puts convenient resources within your reach, and that helps you – and your household members – stay healthy. EAP services include:

With Anthem EAP you have access to:

- **Six free visits, per concern, with a licensed counselor.** If you need further assistance we may be able to help you coordinate with available resources.

- **Assistance with legal and financial concerns.** The EAP offers access to a free legal consultation that may last for up to 30 minutes. Simply call the EAP to request legal services on virtually any issue, including matters related to criminal, civil, estate issues and more.

- **Financial Services.** The EAP offers access to a free telephonic financial consultation on topics that are important to you including bankruptcy, budgeting, taxes, estate planning, home purchases and more. Financial calculators and tools are available on the EAP website as well.

- **ID Recovery.** Specialist are available 24/7 to assess you risk level and then identify steps to resolve potential identity theft. All services are provided free of charge. Our specialist will work with you to restore your financial identity to its pre-theft status.

- **Tobacco Cessation (Online and Coaching).**
  - **Online:** The EAP offers a free 10 session, online training program which will help you learn how to break the tobacco habit.
  - **Coaching:** Tobacco cessation coaching is a free service provided via telephone or through instant Messaging on the EAP website.

- **Child and Elder Care Resources and Information.** You and your household members can get information on child and elder care resources such as day care, in home services, adult day care, support groups and more by contacting the EAP.

- **EAP Website.** www.anthemeap.com provides access to a variety of resources to help you balance the demands of home and work. Log on to the web for articles, guides, interactive tools, self-assessments, financial/legal resource and more.

Contact with BSBSGA EAP is confidential. Our representatives answer calls 24 hours a day, seven days a week. We recommend that you place this letter with your household resources so you'll have our number handy if you ever need it. There are no limitations on how often you can call.

EAP toll free number: 1-800-865-1044
You can also visit our website at:
www.anthemeap.com
Log in: Spalding County

CONTINUATION COVERAGE RIGHTS UNDER COBRA

SPALDING COUNTY HEALTH PLAN

Introduction

You are receiving this notice because you have recently become eligible or will soon become eligible under the **Spalding County** health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan**,** qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to:
Spalding County, P.O. Box 1087, Griffin, GA 30224.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the plan and COBRA continuation coverage can be obtained on request from:

Spalding County
P.O. Box 1087
Griffin, GA 30224
Phone: 770-467-4221

BENEFIT ELECTIONS and COSTS

You may use this form to record your benefit elections and costs

Type of Benefit	Benefit Plan	Coverage Level / Covered Amount	Employee Cost	Employer Cost
Medical				
Dental				
Vision				
Basic Term Life and AD&D Insurance	Enrolled			
Supplemental Term Life				
Spousal Term Life				
Dependent Life Insurance				
Short Term Disability				
Long Term Disability				
Flexible Spending Account (FSA)				
Dependent Care Flexible Spending Account (DCA)				
		Total Per Pay Cost:		
		Total Annual Cost:		

NOTES

NOTES

IMPORTANT CONTACT INFORMATION

SPALDING COUNTY
Kyria Williams
Tel: 770-467-4231
www.spaldingcounty.com

MEDICAL PLANS
Cigna
Tel: **1 (800) 244-6224**
www.cigna.com

DENTAL PLAN
Cigna
Tel: **1 (800) 244-6224**
www.cigna.com

VISION PLAN
Cigna
Tel: **1 (800) 244-6224**
www.cigna.com

MSI BENEFITS GROUP, INC.
Administrative Contact
Tel: 770-425-1231
Fax: 770-425-4722
Email: helpme@msibg.com
www.msibg.com

To view copies of all certificates of coverage and plan documents go to:
www.msibg.com

Click on "Employee" at the top right of the page

Username: **spaldingEE**
Password: **Benefits123**

LIFE INSURANCE
Anthem Life
Tel: 800-851-8544
www.anthem.com

SHORT / LONG TERM DISABILITY
Anthem Life
STD - Tel: 800-232-0113
LTD - Tel: 800-851-8544
www.anthem.com

FLEXIBLE SPENDING ACCOUNT (FSA)
DEPENDENT CARE ACCOUNT (DCA)
Cigna
Tel: **1 (800) 244-6224**

Presented to you by MSI Benefits Group

MSI Benefits Group
245 TownPark Drive, Suite 100
Kennesaw, GA 30144
Tel: 800-580-1629 / 770-425-1231
Fax: 800-580-2675 / 770-425-4722
www.msibg.com