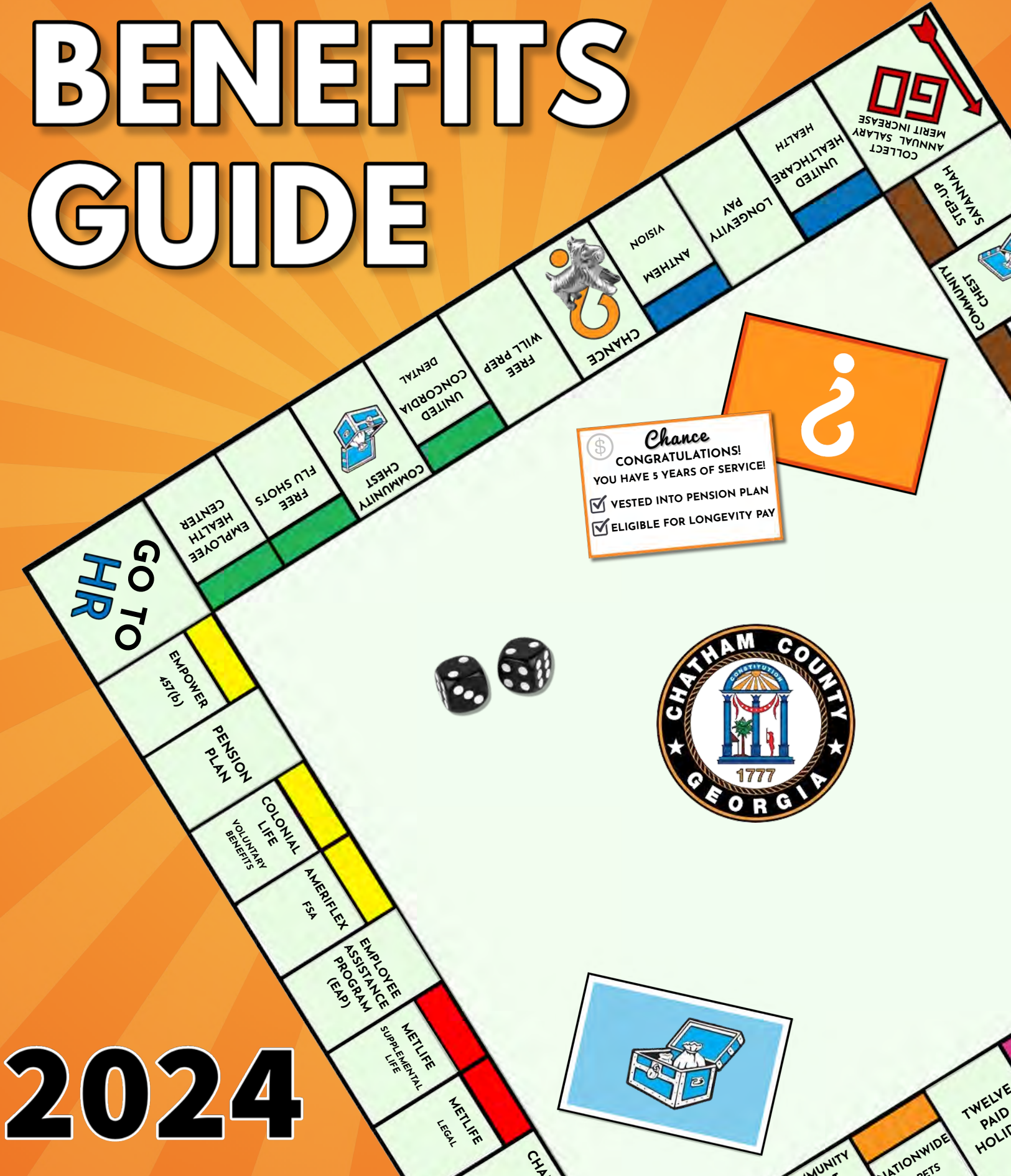


# CHATHAM COUNTY BENEFITS GUIDE



2024

**Chance**  
CONGRATULATIONS!  
YOU HAVE 5 YEARS OF SERVICE!  
 VESTED INTO PENSION PLAN  
 ELIGIBLE FOR LONGEVITY PAY





# WELCOME TO YOUR **2024 OPEN ENROLLMENT**

[CLICK HERE TO GET STARTED](#)

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## Welcome to your 2024 Benefits Guide!

This guide contains details on the comprehensive set of benefits offered by Chatham County to help you make informed benefit elections during Open Enrollment or as a new hire.

### *What's New for 2024*

- Effective January 1, 2024, UnitedHealthcare will replace Anthem for medical insurance. Plan design and prices are not changing.
- Free Virtual Care visits, through the UnitedHealthcare app.
- Hearing Aids covered by our plan for adults.
- Open Enrollment will be virtual for 2024. Please go to the Chatham County Employee Intranet and click the "2024 Open Enrollment" banner (shown above). This is your one-stop-shop for all of your enrollment needs.
- If you participate in the Medical Flexible Spending Account, be sure to make your election for 2024. You can do this by setting up a telephonic appointment with a Colonial Benefits Counselor. See your Open Enrollment Intranet Landing Page for details. Note that the maximum roll over for 2024 has increased to \$610.
- We will hold Open Enrollment Webinars to help you make the best benefit choices for 2024.

### The 2024 Open Enrollment is an Active Enrollment.

**This means you must log on to Employee Self Service (ESS) and make selections for your health, dental, and vision coverage for yourself and each dependent you want covered. If you do not make a selection, your coverage will end on December 31, 2023.**

## When Coverage Begins

**Current Employees:** Benefits eligible employees have the option to add, change, or cancel their benefits during our annual Open Enrollment for the January 1, 2024 through December 31, 2024 plan year.

**New Hires:** Benefits eligible new hires are eligible for benefits on their first day of employment. New hires should complete their new hire enrollment within one week of hire following the completion of Orientation to avoid having to pay retro premium payments.

**Qualified Life Events or Change in Status:** Benefit election changes due to a qualified life event or change in status are effective on the event date once proper documentation has been received and approved.

## When Coverage Ends

**End of Employment:** Coverage for employee and all covered dependents ends on the date of resignation, termination, or death.

**Covered Dependent Turns 26:** Coverage ends on December 31st of the plan year the dependent turns 26.

**Failure to Complete Open Enrollment:** Coverage ends on December 31st if you fail to complete Open Enrollment for the coming plan year.

## Qualifying Life Events

Once your Open Enrollment and New Hire elections become effective, they remain in effect until December 31, 2024. You may, however, change your benefit elections during the year if you experience a life event such as:

- ▶ Marriage
- ▶ Divorce
- ▶ Birth of your child
- ▶ Adoption of a child
- ▶ Loss of coverage
- ▶ Death of a covered member
- ▶ A child support order for medical coverage

**You must notify Human Resources within 30 days of a qualifying life event.** Depending on the type of event, you may need to provide proof of the event, such as a marriage certificate. If you do not contact Human Resources within 30 days of the qualifying event, you will have to wait until the next annual Open Enrollment period to make changes. Notification to Human Resources is done through the Employee Self Service Portal (ESS).



### DEPENDENT ELIGIBILITY & VERIFICATION

You may enroll your eligible dependents for coverage including:

- ▶ Your legal spouse
- ▶ Your legal children up to age 26

In order to add new dependents to eligible coverage, you must provide the following documentation:

- ▶ **Spouse** — marriage certificate, and proof of joint ownership
- ▶ **Child** — birth certificate



**Remember, it is important to keep your beneficiary information up-to-date.**

If you experience a life event, don't forget to update your beneficiary information for life insurance and final pay.

Beneficiary Update forms are located on the Chatham County Employee Intranet under Forms on the Human Resources tab.

Beneficiaries can be updated at any time.

# Medical Plans Through United Healthcare

Plan Provision	CHOICE PLUS POS - HIGH PLAN	
	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	\$300 Individual/\$600 Family	\$600 Individual/\$1,200 Family
<b>Out-of-Pocket Maximum</b>	\$600 Individual/\$1,200 Family	\$2,400 Individual/\$4,800 Family
<b>Preventive Care</b> (see medical certificate for list of covered services)	Plan Pays 100% Not Subject to Deductible	40% after deductible
<b>Primary Care Physician</b>	\$15 copay	40% after deductible
<b>Specialist Visit</b>	\$20 copay	40% after deductible
<b>In-Office Labs &amp; X-Rays</b>	\$0 copay	40% after deductible
<b>Retail Health Clinic</b>	\$15 copay	40% after deductible
<b>In-Office Surgery (PCP/Specialist)</b>	\$15 / \$20 copay	40% after deductible
<b>Online Medical Visit</b>	\$15 copay	40% after deductible
<b>Inpatient &amp; Outpatient Hospital</b> (Facility & Physician Services)	10% after deductible	40% after deductible
<b>Emergency Room Care</b>	\$150 copay	\$150 copay
<b>Urgent Care</b>	\$40 copay	40% after \$40 copay
<b>Advanced Diagnostic Imaging</b> (MRI, MRA, CT Scans, and PET Scans)	10% after deductible	40% after deductible
<b>Mental Health/Substance Abuse:</b> Inpatient (facility and physician) Outpatient (facility and physician) Office Services (physician fee)	10% after deductible 10% after deductible \$15 copay	40% after deductible 40% after deductible 40% after deductible
<b>Online Behavioral Health</b>	\$15 copay	40% after deductible
<b>Prescription Drugs</b> Separate Pharmacy Out-of-Pocket Maximum: \$1,000	Generic - Tier 1: \$10 (30 day) / \$20 (90 day) Brand Preferred - Tier 2: \$35 (30 day) / \$70 (90 day) Brand Non-Preferred - Tier 3: 20% of drug cost/max of \$75 Specialty - Tier 4: 20% of drug cost/max of \$150	
<b>Bi-Weekly Payroll Deductions</b>	<b>WELLNESS DISCOUNT *</b>	<b>NON-WELLNESS</b>
<b>Employee Only</b>	<b>\$ 70.44</b>	<b>\$ 84.29</b>
<b>Employee &amp; Spouse</b>	<b>\$181.49</b>	<b>\$209.18</b>
<b>Employee &amp; Child(ren)</b>	<b>\$167.11</b>	<b>\$185.57</b>
<b>Employee &amp; Family</b>	<b>\$259.75</b>	<b>\$289.75</b>



## \* HEALTH POINTS PARTICIPATION

See page 30 for details on how to save money on premiums through participation in the Chatham Health Points Program. Note: Premiums shown do not include the \$20 bi-weekly Tobacco Surcharge, where applicable. See page 30 for information about how to avoid the Tobacco surcharge.

**HIGH POS PLAN:**

- ▶ Lower copays, deductibles, and out-of-pocket maximums
- ▶ Higher employee contribution rate

# Medical Plans Through United Healthcare

Plan Provision	CHOICE PLUS POS - LOW PLAN	
	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	\$750 Individual/\$1,500 Family	\$1,500 Individual/\$3,000 Family
<b>Out-of-Pocket Maximum</b>	\$1,500 Individual/\$3,000 Family	\$6,000 Individual/\$12,000 Family
<b>Preventive Care</b> (see medical certificate for list of covered services)	Plan Pays 100% Not Subject to Deductible	50% after deductible
<b>Primary Care Physician</b>	\$30 copay	50% after deductible
<b>Specialist Visit</b>	\$40 copay	50% after deductible
<b>In-Office Labs &amp; X-Rays</b>	\$0 copay	50% after deductible
<b>Retail Health Clinic</b>	\$30 copay	50% after deductible
<b>In-Office Surgery (PCP/Specialist)</b>	\$30 / \$40 copay	50% after deductible
<b>Online Medical Visit</b>	\$30 copay	50% after deductible
<b>Inpatient &amp; Outpatient Hospital</b> (Facility & Physician Services)	20% after deductible	50% after deductible
<b>Emergency Room Care</b>	\$150 copay	\$150 copay
<b>Urgent Care</b>	\$40 copay	50% after \$40 copay
<b>Advanced Diagnostic Imaging</b> (MRI, MRA, CT Scans, and PET Scans)	20% after deductible	50% after deductible
<b>Mental Health/Substance Abuse:</b> Inpatient (facility and physician) Outpatient (facility and physician) Office Services (physician fee)	20% after deductible 20% after deductible \$30 copay	50% after deductible 50% after deductible 50% after deductible
<b>Online Behavioral Health</b>	\$30 copay	50% after deductible
<b>Prescription Drugs</b> Separate Pharmacy Out-of-Pocket Maximum: \$1,000	Generic - Tier 1: \$10 (30 day) / \$20 (90 day) Brand Preferred - Tier 2: \$35 (30 day) / \$70 (90 day) Brand Non-Preferred - Tier 3: 20% of drug cost/max of \$75 Specialty - Tier 4: 20% of drug cost/max of \$150	
<b>Bi-Weekly Payroll Deductions</b>	<b>WELLNESS DISCOUNT *</b>	<b>NON-WELLNESS</b>
<b>Employee Only</b>	\$ 39.35	\$ 55.50
<b>Employee &amp; Spouse</b>	\$117.10	\$147.10
<b>Employee &amp; Child(ren)</b>	\$107.62	\$128.40
<b>Employee &amp; Family</b>	\$165.00	\$199.61



## \* HEALTH POINTS PARTICIPATION

See page 30 for details on how to save money on premiums through participation in the Chatham Health Points Program. Note: Premiums shown do not include the \$20 bi-weekly Tobacco Surcharge, where applicable. See page 30 for information about how to avoid the Tobacco surcharge.

### LOW POS PLAN:

- ▶ Higher copays, deductibles, and out-of-pocket maximums
- ▶ Lower employee contribution rate

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



Welcome to your Blue View Vision plan!



You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [anthem.com](http://anthem.com), or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$10 copay	Up to \$40 reimbursement	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 reimbursement	Once every two calendar years
<b>Eyeglass Lenses (<i>instead of contact lenses</i>)</b>			
One pair of standard plastic prescription lenses:			
<ul style="list-style-type: none"> <li>• Single vision lenses</li> <li>• Bifocal lenses</li> <li>• Trifocal lenses</li> <li>• Lenticular lenses</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay</li> <li>\$10 copay</li> <li>\$10 copay</li> <li>\$10 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$40 reimbursement</li> <li>Up to \$60 reimbursement</li> <li>Up to \$80 reimbursement</li> <li>Up to \$80 reimbursement</li> </ul>	Once every calendar year
<b>Eyeglass Lens Enhancements</b>			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> <li>• <b>Transitions</b> Lenses (for a child under age 19)</li> <li>• Standard polycarbonate (for a child under age 19)</li> <li>• Factory scratch coating</li> </ul>	<ul style="list-style-type: none"> <li>\$0 copay</li> <li>\$0 copay</li> <li>\$0 copay</li> </ul>	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (<i>instead of eyeglass lenses</i>)</b>			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> <li>• Elective conventional (non-disposable)</li> </ul>	\$130 allowance, then 15% off any remaining balance	Up to \$105 reimbursement	Once every calendar year
OR			
<ul style="list-style-type: none"> <li>• Elective disposable</li> </ul>	\$130 allowance ( <i>no additional discount</i> )	Up to \$105 reimbursement	
OR			
<ul style="list-style-type: none"> <li>• Non-elective (medically necessary)</li> </ul>	Covered in full	Up to \$210 reimbursement	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

**EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)**

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• <b>Transitions</b> lenses (Adults) \$75</li> <li>• Standard Polycarbonate (Adults) \$40</li> <li>• Tint (Solid and Gradient) \$15</li> <li>• UV Coating \$15</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard \$65</li> <li>• Premium Tier 1 \$85</li> <li>• Premium Tier 2 \$95</li> <li>• Premium Tier 3 \$110</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard \$45</li> <li>• Premium Tier 1 \$57</li> <li>• Premium Tier 2 \$68</li> </ul> </li> <li>• Other Add-ons 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>• Complete Pair 40% off retail price</li> <li>• Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price</li> </ul>	
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>• Standard contact lens fitting<sup>3</sup> Up to \$55</li> <li>• Premium contact lens fitting<sup>4</sup> 10% off retail price</li> </ul>	
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>• Discount applies to materials only 15% off retail price</li> </ul>	

<sup>1</sup> Please ask your provider for their recommendations as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for their recommendations as well as the available coating brands by tier.

<sup>3</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



**ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM \***

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.

\* Discounts cannot be used in conjunction with your covered benefits.

**OUT-OF-NETWORK**

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at **anthem.com**, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at **1-866-723-0515** to request a claim form.

To Fax: 866-293-7373  
 To Email: oonclaims@eyewearspecialoffers.com  
 To Mail: Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

	Bi-weekly	Monthly
Employee Only	\$3.15	\$6.30
Employee + Spouse	\$5.52	\$11.03
Employee + Child(ren)	\$5.99	\$11.97
Employee + Family	\$9.13	\$18.26

**Please note that payroll deductions for vision coverage are taken out of the first two bi-weekly paychecks of each calendar month.**



## Did you know?

Chatham County offers you a choice of two dental plans through United Concordia Dental. Both plans allow you to see the provider of your choice; however, you will receive the largest discount if you are able to utilize the United Concordia Dental providers. To find a provider participating in your dental plan network, visit [www.unitedconcordia.com](http://www.unitedconcordia.com).

# Dental Plans United Concordia dental<sup>SM</sup>

<b>ELITE PLUS — HIGH OPTION</b>		
<b>Benefit Category<sup>1</sup></b>	<b>CONCORDIA</b>	
	<b>In-Network<sup>2</sup></b>	<b>Non-Network<sup>2</sup></b>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Space Maintainers		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings, to include composite)	80%	80%
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment	50%	50%
<b>Included Plan Features</b>		
Preventive Incentive <sup>®</sup>	Class I services do not count toward your annual program maximum	
Smile for Health <sup>®</sup> Maternity Benefit	Covers 1 additional cleaning during pregnancy	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	
Annual Program Maximum (per person)	\$1,500 Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$1,000	
Reimbursement	Elite Plus	90 <sup>th</sup> Percentile

**United Concordia.com**  
**1-800-332-0366**

Please note that payroll deductions for dental coverage are taken out of the first two bi-weekly paychecks of each calendar month.

<b>Rates - High Option</b>	<b>Bi-weekly</b>	<b>Monthly</b>
Employee Only	\$16.30	\$32.59
Employee + Spouse	\$33.43	\$66.86
Employee + Child(ren)	\$40.75	\$81.49
Employee + Family	\$57.89	\$115.77



## Did you know?

Your oral health might contribute to various diseases and conditions, including:

- **Endocarditis:** Endocarditis is an infection of the inner lining of your heart (endocardium). Endocarditis typically occurs when bacteria or other germs from another part of your body, such as your mouth, spread through your bloodstream and attach to damaged areas in your heart.
- **Cardiovascular Disease:** Some research suggests that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause.
- **Pregnancy and Birth:** Periodontitis has been linked to premature birth and low birth weight.

Source: Mayo Clinic – [www.mayoclinic.org](http://www.mayoclinic.org)

# Dental Plans **United Concordia** dental<sup>SM</sup>



ELITE PLUS — LOW OPTION		
Benefit Category <sup>1</sup>	CONCORDIA	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
<b>Class I – Diagnostic/Preventive Services</b>		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Space Maintainers		
<b>Class II – Basic Services</b>		
Basic Restorative (Fillings, to include composite)	50%	50%
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
<b>Class III – Major Services</b>		
Inlays, Onlays, Crowns	25%	25%
Prosthetics (Bridges, Dentures)		
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, Active, Retention Treatment	25%	25%
<b>Included Plan Features</b>		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Smile for Health® Maternity Benefit	Covers 1 additional cleaning during pregnancy	
<b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b>		
Annual Program Deductible (per person/per family)	\$75/\$225	
Annual Program Maximum (per person)	\$1,250 Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$750	
Reimbursement	Elite Plus	90 <sup>th</sup> Percentile

**United Concordia.com**  
**1-800-332-0366**

Please note that payroll deductions for dental coverage are taken out of the first two bi-weekly paychecks of each calendar month.

Rates - Low Option	Bi-weekly	Monthly
Employee Only	\$10.39	\$20.77
Employee + Spouse	\$20.83	\$41.65
Employee + Child(ren)	\$26.63	\$53.26
Employee + Family	\$37.07	\$74.14

## Your Dental Plan Includes Smile for Health®–Wellness

### A healthier smile can mean a healthier you

**Smile for Health®–Wellness** provides additional coverage for treatment of gum disease for members with certain chronic health conditions. Gum disease is a health risk for everyone, but if you have it in combination with one of these conditions, they can be harder to control.

You are eligible for enhanced dental benefits to treat gum disease through Smile for Health®–Wellness if we have record that you have been diagnosed with:

- Diabetes
- Heart disease
- Lupus
- Oral cancer
- Rheumatoid Arthritis

You're also eligible if we have record that you have gum disease and have had a **stroke** or an **organ transplant**. Professional dental care is necessary to treat and stop gum disease from worsening. Smile for Health®–Wellness can make it more affordable to get proper gum disease care, which in turn may help improve your overall health.<sup>1</sup>

And with Smile for Health®–Wellness, you may be eligible to get your gum disease treated at no cost by an in-network dentist.<sup>2</sup> But remember, if you go to an out-of-network dentist, you may owe a balance and be billed for that amount.

Benefits with no additional cost	In-network coverage <sup>2</sup>	Out-of-network coverage <sup>2,4</sup>
One additional gum disease treatment per year	100%	100%
Deep cleaning treatment for gum disease		
Up to four surgeries to treat gum disease <sup>3</sup>		

### How to Register

You and any eligible dependents can register to use Smile for Health®–Wellness anytime after your insurance plan's effective date. Here's how:

- Visit [UnitedConcordia.com/GetMDB](http://UnitedConcordia.com/GetMDB) from your desktop or mobile device.
- Sign into **MyDentalBenefits** (or create an account).
- Click the **Wellness** tab at the top menu.
- Click the **+Add a new condition** and complete the fields as prompted.
- Your condition status will show as **ACTIVE** to confirm your activation.

Once registered, talk to your dentist about what (if any) additional services you may need to keep your mouth as healthy as possible.

1. Jeffcoat MK, Jeffcoat RL, Gladowski P, Bramson JB, and Blum JJ. Impact of Periodontal Therapy on General Health; *American Journal of Preventive Medicine*; 2014.  
2. Your standard plan's frequency limitations (how often services are covered), annual maximum (the maximum amount your plan will pay toward services during the plan year), and other details still apply. 3. Four procedures related to gingival flap or osseous surgeries. 4. Balance billing may apply.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。

The Group Policy or Contract and Certificate of Insurance/Coverage ("Plan Documents") include a complete listing of covered services, limitations, exclusions, and cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. PPO products are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company and United Concordia Insurance Company of New York. Not all products available in all jurisdictions. United Concordia policies are limited benefit policies covering dental benefits only. Administrative and claims offices located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).

# Flexible Spending Account

Flexible Spending Accounts (FSAs) are designed to help you save money on taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and credited to a Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses. Your FSA Accounts are provided through Ameriflex.

To elect contributions to your Flexible Spending Accounts during our 2024 Open Enrollment, go to the Open Enrollment Page on the Chatham County Employee Intranet.

Click on the Flexible Spending Account link to set up a telephonic appointment with a Colonial Representative, who can assist you with enrollment.

## IMPORTANT INFORMATION ABOUT FSA's

- Your FSA election will be for the new plan year – January 1 - December 31, 2024. Please plan your contributions carefully.
- Please note, if you do not enroll in the Medical FSA for the coming year, Flex funds of \$25.00 or less will not roll over.
- New for 2024: The maximum roll over for unused FSA funds for 2024 is \$610.

**Note: FSA elections do not automatically continue from year to year; you must actively enroll each year.**

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS	BENEFIT
Healthcare FSA	Most medical, dental, and vision care expenses that are not covered by your health plan (such as co-payments, coinsurance, deductibles, eyeglasses, braces, menstrual products, and some over the counter medications)	Maximum contribution is \$3,050 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as daycare, after school programs, or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year; \$2,500 if married and filing separate tax returns (\$100 minimum)	Reduces your taxable income



Make a telephonic appointment to renew your flex — **RIGHT NOW!**

Simply point your smartphone camera at the image to the left.



## KEEP YOUR RECEIPTS

Be sure to keep your receipts and Explanation of Benefits (EOB) for proof of eligible purchase. You may be asked to provide substantiation.

Check out Ameriflex online at [www.myameriflex.com](http://www.myameriflex.com). You can track your spending, check your card balance, calculate your tax savings, and more. The site also includes a search tool that allows you to see what common health products can be purchased with your Flexible Spending Account funds. It is an excellent resource to help you realize the full benefit of pre-taxing your qualified medical, pharmacy, vision, and dental expenses.



**The St. Joseph's/Candler Diabetes Management Center provides compassionate & individualized care that includes: comprehensive diabetes education, follow-up, support, & outcomes monitoring**

**Diabetes Management Programs for individuals living with**

- Pre-Diabetes
- Type 1 Diabetes
- Type 2 Diabetes
- Gestational Diabetes
- Complications or without complications

*All services meet the American Diabetes Association recommended guidelines for diabetes management*

**To schedule an appointment contact our Patient Care Specialist**



**912-819-6146**



**912-819-6161**

**\*Providers may submit referrals via fax**

## **Comprehensive Diabetes Self-Management Education & Support Program**

*This program is offered at no cost to employees and spouses of Chatham County enrolled in the employer-sponsored health insurance plan*

### **Services include:**

- ✔ Education & support from Registered Nurses & Licensed Dietitians who are Certified Diabetes Educators
- ✔ Quarterly visits with RN Case Manager at Diabetes Management Center
- ✔ Collaboration with providers for improved continuity of care
- ✔ Home glucose monitoring equipment & testing supplies
- ✔ Lab work to monitor Diabetes control
- ✔ Annual foot exam
- ✔ Annual dilated retinal eye exam by Ophthalmologist
- ✔ Vaccinations
- ✔ Membership to SJC Wellness Center

## **You Can Prevent Type 2 Diabetes!**

### **This program is free to Chatham County Employees & Spouses on our health plan**

**The PreventT2 Lifestyle change program is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC) and St. Joseph's/Candler. This proven program can help you make modest lifestyle changes and cut your risk of type 2 diabetes by more than half!**

**The health benefits are invaluable and include:**

- **Centers for Disease Control and Prevention (CDC) approved curriculum with lessons, handouts, and other resources to help you make healthy changes.**
- **A lifestyle coach, specially trained to lead the program, to help you learn new skills, encourage you to set and meet goals, and keep you motivated. The coach will also facilitate discussions and help make the program fun and engaging.**
- **A support group of people with similar goals and challenges. Together, you can share ideas, celebrate successes, and work to overcome obstacles. In some programs, the participants stay in touch with each other during the week. It may be easier to make changes when you are working as a group than doing it on your own.**
- **Candler Wellness Center Membership throughout the program duration.**
- **Biometrics and A1c at the beginning of the program, then once every 6 months.**

**To learn more about the program or enroll please contact:  
St. Joseph's/Candler Diabetes Management Center: 912-819-6146**





# Visit with a doctor 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video<sup>1</sup> through **myuhc.com**<sup>®</sup> or the UnitedHealthcare<sup>®</sup> app.



## A convenient and faster way to get care

Doctors can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,<sup>2</sup> if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$0.**<sup>3</sup>

### Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- and more

# \$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000<sup>4</sup> cost down to \$0.

## Get started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call 1-855-615-8335  
Download the UnitedHealthcare app

# United Healthcare

<sup>1</sup> Data rates may apply.

<sup>2</sup> Certain prescriptions may not be available, and other restrictions may apply.

<sup>3</sup> The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

<sup>4</sup> Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on the difference between average Urgent Care visit cost of \$180 and Virtual Visit cost of \$0; \$2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

## The Right Meds at The Best Price™

You could save hundreds or even thousands of dollars each year on your prescriptions.

Scripta finds prescription medicines that are the same or clinically equivalent to the ones you're already taking, but they cost less on your insurance plan.

If you have an opportunity to save, you'll receive a **Personalized Savings Report** that lists your current meds & lower-priced options to discuss with your doctor.

Scripta is here to provide you, your doctor and your pharmacist with the tools and information you need to be a better prescription shopper—so you get what's best for your health *and* your wallet. Your doctor knows best.



**YOU'RE ALREADY ENROLLED!**  
This FREE member benefit is part of your health plan. There's no cost to participate.

## Saving with Scripta is Easy as 1-2-3:

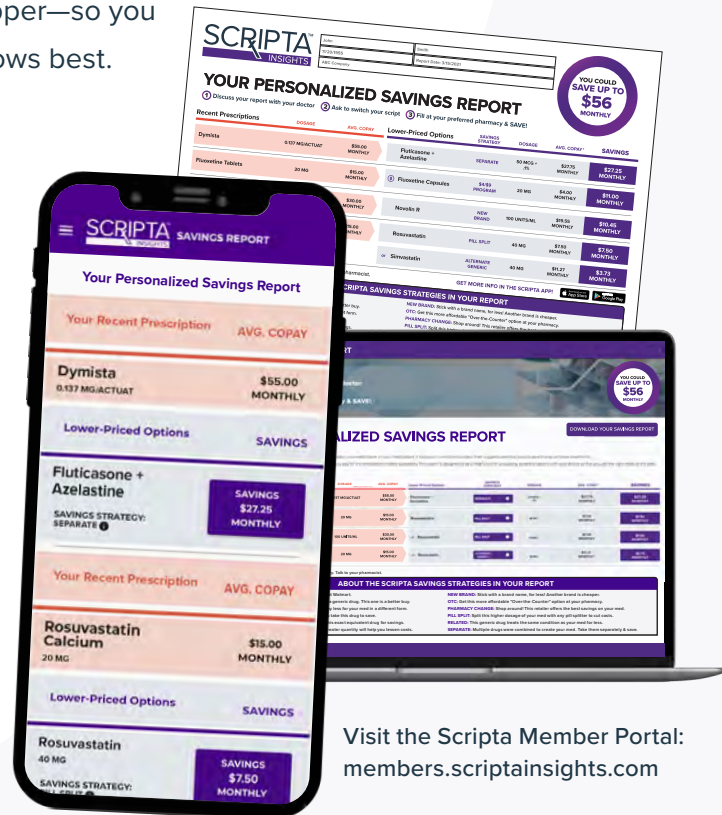
1. Discuss your report with your doctor
2. Ask to switch your prescription
3. Fill at your preferred pharmacy & SAVE!

## Access Your Savings Reports

Reports may come via mail or view your latest Rx savings anytime, 24/7, in the Scripta app or online member portal.

Savings reports will be available soon.

**Look for the Scripta Purple Dot!**



Visit the Scripta Member Portal:  
[members.scriptainsights.com](https://members.scriptainsights.com)

Download the FREE Scripta app today



Your Scripta savings reports are completely confidential—your employer does not have access to your reports or prescription information. Scripta is also HIPAA compliant, so you can trust that your personal health data will remain private and protected. Always talk to your doctor before switching any medications.

# Employee Assistance Program

Sometimes life can be challenging -- that's why Chatham County provides an Employee Assistance Program (EAP) to all employees through **Performance Management Resources (PMR)** -- at no cost to you. The EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect any of us from time to time. This benefit is available for you and anyone living in your household.

## It's Confidential

Per state and federal law, your use of the EAP is confidential.

No information will be shared with anyone without your written permission.

## It's Free and Informal

There is no charge to you or any individual living in your household for initial evaluation and brief counseling. If your issue goes beyond the scope of our program, you will be referred to resources that are covered by your insurance or based on ability to pay.

## EAP COUNSELORS WILL ASSIST YOU WITH CONCERNS SUCH AS:

- ▶ Marital & Relationship Issues
- ▶ Alcohol & Drug Abuse
- ▶ Stress Management
- ▶ Financial Problems
- ▶ The death of someone close
- ▶ Pressure from work or career
- ▶ Information about legal or financial services in your community



## WHAT IS AN EAP?

An EAP is a benefit designed to help employees and their families address issues that can compromise personal satisfaction and, occasionally, job performance. An EAP provides you and your family members with a professional and confidential resource.

PMR Counselors are fully licensed professionals who have the clinical training and experience to help you and members of your family. Our counselors are selected for their practical, active approach to counseling, so that your issues can be rapidly and effectively resolved. Counseling services can be provided face-to-face or by telephone if you prefer.

To speak to a Counselor or access additional information, call Performance Management Resources at 912-692-0988 or 1-888-886-7988 or visit the website at [www.pmr.savannah.com](http://www.pmr.savannah.com).





# The Benefits of Time Off

Taking time for yourself, or time with your family can provide physical and mental benefits. Chatham County provides employees with a generous schedule of vacation, holiday, and sick leave.

Vacation and Sick leave are accrued each pay period and are reflected on your pay stub.

## Vacation Accrual

- Under 2 years      8 hours per month = 12 days per year
- 2 to 4 years      10 hours per month = 15 days per year
- 5 to 9 years      12 hours per month = 18 days per year
- 10 to 14 years    13 hours per month = 19.5 days per year
- 15 to 19 years    14 hours per month = 21 days per year
- 20+ years        16 hours per month = 24 days per year

Accrual is unlimited



## Sick Leave Accrual

- Sick leave may be used for an employee's personal illness, well-care, and medical and dental appointments. Up to five days of sick leave may also be used for illness of the employee's spouse, child, grandchild, grandparent, parent, or other member of the employee's immediate family living in the same household, or any dependent that the employee claimed on their most recent tax return.
- Accrued at the rate of 10 hours per month = 15 days per year. Accrual is unlimited.

## Holiday Schedule

Chatham County employees enjoy a generous holiday schedule — please refer to the Chatham County Employee Intranet for a list of official holidays.





# Be a champion for your future

## Start by enrolling in your plan today

Saving through your employer retirement plan is one of the simplest ways to pursue the future you imagine.

Enroll today to start taking advantage of tax savings and other important benefits.

- ✦ Save as much or as little as you like (up to the IRS maximum).
- ✦ You can change your contribution rate anytime.
- ✦ It's portable.

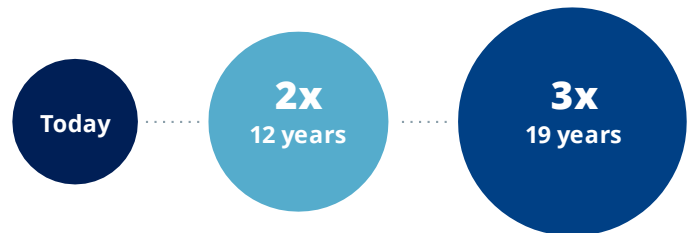
Governmental 457 funds rolled into another type of plan or account may become subject to the 10% early withdrawal penalty if taken before age 59½.

➤ Visit [empowermyretirement.com](http://empowermyretirement.com) or Empower Customer Service 1-800-701-8255.

➤ **REMEMBER:**  
**You can enroll in or make changes to your 457 plan at any time -- you are not limited to Open Enrollment!**

## The beauty of compound interest

The money you save today could double in just 12 years and triple in 19 years.



FOR ILLUSTRATIVE PURPOSES ONLY. This is a demonstration of the rules of 72 and 114, mathematical rules used to approximate the number of years it takes a given investment to double and triple, respectively, in value. It assumes a \$100 balance and a 6% rate of return and is not a guarantee of future results.

This hypothetical illustration does not reflect a particular investment and is not a guarantee of future results.

**Contact: Paul Stern**  
**Retirement Plan Advisor**  
**[paul.stern@empower.com](mailto:paul.stern@empower.com)**  
**904-776-0380**

## Meet your dedicated and local representative for your Chatham County 457(b) Deferred Compensation Plan

Your Retirement Plan Advisor is available to provide you one-on-one counseling with personalized account services at no cost to you such as:

- Enrollment
- Investment Choices
- Retirement Readiness
- Rollovers — Consider all of your options and their features and fees before moving money between accounts.
- Contributions
- Account Review
- Comparison of retirement accounts



**PAUL STERN**  
*Retirement Plan Advisor*

paul.stern@empower.com

Mobile: 904-776-0380

Your local Retirement Plan Advisor is a salaried professional with one goal:

***To help prepare you for retirement!***

To schedule an one-on-one appointment or to find out about upcoming retirement planning seminars, scan the QR code, or go to <https://chathamcountyga.empowermytime.com/#/>



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# Your Chatham County Pension Plan: Know Your Benefits



A helpful video explaining your pension plan can be found in the Employee section on the Chatham County internet Homepage. This six-minute video will teach you how to estimate your pension payout, as well as plan for retirement.

For a comprehensive view of your retirement, see how this benefit will add to your Social Security earnings and your savings in our 457(b) Retirement Savings Plan.

Check out the video in the Employee section on the Chatham County Internet Homepage.



**Chatham County offers a generous Pension Plan!**  
**Learn more:**

- ▶ What is a pension plan?
- ▶ Who is eligible for the Chatham County pension plan?
- ▶ When can you retire?
- ▶ What being vested with 5 and 10 years of service means for your retirement
- ▶ How to estimate a calculation for your pension benefit

# Life and AD&D

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

Chatham County provides Basic Life and AD&D Insurance to all eligible employee at no cost to you. This benefit includes:

- **Life Insurance in the amount of one times your Basic Annual Earnings to a maximum of \$200,000 (\$50,000 minimum).**
- **AD&D in the amount of \$50,000.**
- **Dependent coverage in the amount of \$1,000 for your spouse and each of your children or step-children under the age of 19.**

**If you would like to make changes to your life coverage with MetLife during our 2024 Open Enrollment, go to the Open Enrollment page on the Chatham County Employee Intranet. Click on the MetLife link and complete the application to add, change, or delete coverage.**



## EMPLOYEE-PAID TERM LIFE INSURANCE

In addition to the employer-paid Life and AD&D, Chatham County provides regular full-time employees the opportunity to purchase additional life insurance through MetLife for you and your family.

### IS IT TIME FOR A CHECK-UP ON YOUR DEPENDENT LIFE COVERAGE?

Note that our dependent coverage has limitations: No dependent child can receive life coverage under two different employees. Only one coverage will pay out in the event of death. Dependent children are eligible for coverage between the ages of 6 months and 19 years. Full time students can be covered to age 25 if they are dependent upon you for support. Dependents are not covered if they are on military active duty or are insured as an employee with Chatham County.

PROVISIONS	EMPLOYEE LIFE		SPOUSE and CHILD(REN) LIFE	SPOUSE and CHILD(REN) LIFE
	Maximum Life Insurance	\$10,000 increments to a maximum of \$200,000		\$10,000 spouse \$10,000 child(ren)
Bi-Weekly Employee Rates per \$10,000 of coverage	Age	Rate	\$10,000 and \$10,000	\$20,000 or \$10,000
	0-24	\$0.20	\$1.65	\$3.22
	25-29	\$0.24		
	30-34	\$0.32		
	35-39	\$0.36		
	40-44	\$0.44		
	45-49	\$0.68		
	50-54	\$1.06		
	55-59	\$1.93		
	60-64	\$2.73		
65-69	\$5.10			
70+	\$8.28			

\* Rates continue to increase with age. Employee coverage will decrease to;  
65% at age 65  
45% at age 70  
30% at age 75  
20% at age 80  
10% at age 90

### Evidence of Insurability

Newly hired employees are able to purchase up to the Guarantee Issue Amount of \$100,000 without answering medical questions. Evidence of Insurability is required for any amounts over \$100,000.

If you did not elect additional life insurance when you were first eligible and want to elect it now, Evidence of Insurability is required for any amounts of life insurance.

# Voluntary Benefits

Chatham County is pleased to have trained benefit counselors assist with this year's enrollment for voluntary benefits. During the enrollment, you are encouraged to attend a quick, private 1-on-1 session with a benefits counselor.

In that session, you'll discuss all of your current benefits as well as new and updated benefit options. Your benefits counselor will answer any questions you may have and offer you simple, straightforward advice as you sort through your choices.

## The following voluntary benefits will be offered during the enrollment:

**Accident insurance** helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

**Cancer insurance** helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

**Disability insurance** replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

**Whole Life insurance** provides guaranteed features – cash value accumulation, premium rates and death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect your family's way of life.

**Colonial Life**  
The benefits of good hard work.®



# Voluntary Benefits



With most Colonial Life insurance products:

- ◆ Benefits are paid directly to you, unless you specify otherwise.
- ◆ You can continue coverage with no increase in premium when you retire or change jobs.
- ◆ You're paid regardless of any other insurance you may have with other insurance companies.
- ◆ Coverage is available for your spouse and dependent children.



***Make sure to...***

**Visit the Open Enrollment page on the Chatham County Employee Intranet to make an appointment for a telephonic session with a Colonial Benefits Counselor.**

**For more information, contact:**

**Eddie Wilson**

**Colonial Life**

**912-443-0181**

**[Eddie.Wilson@coloniallifesales.com](mailto:Eddie.Wilson@coloniallifesales.com)**



# Disability Insurance

Disability insurance helps replace a major portion of your income when you are sick or injured and unable to work. Some people think of it as “paycheck protection.” Others view it as a way to protect their home since a mortgage payment is often a family’s most significant monthly expense. Having disability insurance can provide a sense of security, knowing that if the unexpected should happen, you’ll still receive a monthly income.

If you think about it, everything you have today - your home, car, groceries, savings - basically your lifestyle, depends on your ability to earn an income. Most people are quick to insure their possessions, such as their home and car. And they generally have life insurance that would provide for their family. But the one thing that makes all this possible is – your income. It's your most important asset. So, protecting it with disability insurance isn't just a good decision – it's essential.

## LONG TERM DISABILITY

After six months of service, Chatham County provides eligible full-time employees working at least 40 hours per week with Long Term Disability Benefits at no cost. Long Term Disability covers 66.67% of your basic salary (not to include bonuses, commissions, or overtime pay) up to a maximum of \$10,000 per month. If approved, benefits begin after 120 days of non-work related disability or illness.



### *IT'S A FACT:*

**26% of adults in the United States live with some type of disabilities -- that's 61 million people.**

**It is sobering that adults living with disabilities are more likely to also:**

- > **Have obesity**
- > **Have heart disease**
- > **Smoke**
- > **Have diabetes**

Source CDC



# Will Preparation Services

## Free to Chatham County Employees



### Experts at hand

Having a will prevents unnecessary stress and ensures your final wishes are clear. We offer valuable legal resources through MetLife Legal Plans to assist you with creating or updating a binding will at no additional cost with your Supplemental Life coverage. Get expert guidance and unlimited consultations with Network Attorneys so you can feel confident you're making the right decisions.

### Tailored guidance when it matters most

Choose to meet with any of our more than 17,500 Network Attorneys in-person or by phone for a one-on-one consultation in a private and supportive environment. There are no claim forms to file for covered services – fees are taken care of through your plan. To help you find the right fit for you, you can use an out-of-network attorney, the fees for these services are based on a set fee schedule.\*

### You've got it covered

Take advantage of covered services including:

- **Unlimited access:** Talk to an attorney as many times as needed to prepare, update or revise a will.
- **Protection for the unexpected:** Prepare living wills and powers of attorney to help ease the stress if individuals become unable to make decisions for themselves.

These services will automatically be available to you when your life insurance coverage starts.

### Expert guidance is just a conversation away

Simply contact a Client Services Representative to get started. We'll give you a case number and help you find a participating plan attorney.

- Call MetLife Legal Plans' toll-free number 1-800-821-6400, Monday through Friday, 8am – 8pm EST.
- Provide the Chatham County BOC customer number (122344) and the last 4 digits of the policy holder's Social Security number.
- And find the best network attorney for you.

### Other services that may also be included with your life coverage

- **Grief Counseling Services:** Access professional support in a time of need.
- **Beneficiary Grief Counseling:** Personalized counseling sessions to meet your beneficiary's needs.
- **Estate Resolution Services:** Settle an estate with ease.



## Chatham County Board of Commissioners



**Cover the costs on a wide range of common legal issues with a Legal Plan.**

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

See your Colonial Life Benefits Counselor to enroll in the plan.

### Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

**Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.**

#### How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.<sup>1</sup>

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

#### Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.<sup>2</sup>

#### How to use the plan

##### 1. Find an attorney

Create an account at [members.legalplans.com](https://members.legalplans.com) to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

##### 2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

##### 3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

# Helping you navigate life's planned and unplanned events.

Our high-low plans enables you to choose the right plan to suit your needs and your budget. For **\$18.00 a month for our high plan**, or for **\$9.00 a month for our low plan**, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.<sup>3</sup>

	High Plan	Low Plan
<b>Money Matters</b>	<ul style="list-style-type: none"> <li>Debt Collection Defense</li> <li>Identity Theft Defense</li> <li>Negotiations with Creditors</li> <li>Promissory Notes</li> <li>Tax Collection Defense</li> </ul>	<ul style="list-style-type: none"> <li>LifeStages Identity Restoration Services<sup>3</sup></li> <li>Personal Bankruptcy</li> <li>Tax Audit Representation</li> </ul>
<b>Home &amp; Real Estate</b>	<ul style="list-style-type: none"> <li>Deeds</li> <li>Eviction Defense</li> <li>Foreclosure</li> <li>Mortgages</li> <li>Security Deposit Assistance</li> <li>Tenant Negotiations</li> </ul>	<ul style="list-style-type: none"> <li>Boundary &amp; Title Disputes</li> <li>Property Tax Assessments</li> <li>Refinancing &amp; Home Equity Loan</li> <li>Sale or Purchase of Home</li> <li>Zoning Applications</li> </ul>
<b>Estate Planning</b>	<ul style="list-style-type: none"> <li>Codicils</li> <li>Complex Wills</li> <li>Healthcare Proxies</li> <li>Living Wills</li> <li>Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> <li>Simple Wills</li> </ul>	<ul style="list-style-type: none"> <li>Revocable &amp; Irrevocable Trusts</li> </ul>
<b>Family &amp; Personal</b>	<ul style="list-style-type: none"> <li>Affidavits</li> <li>Conservatorship</li> <li>Demand Letters</li> <li>Garnishment Defense</li> <li>Guardianship</li> <li>Name Change</li> <li>Personal Property Protection</li> <li>Protection from Domestic Violence</li> <li>Review of ANY Personal Legal Document</li> <li>School Hearings</li> </ul>	<ul style="list-style-type: none"> <li>Adoption</li> <li>Immigration Assistance</li> <li>Juvenile Court Defense, Including Criminal Matters</li> <li>Parental Responsibility Matters</li> <li>Pre-nuptial Agreement</li> </ul>
<b>Civil Lawsuits</b>	<ul style="list-style-type: none"> <li>Administrative Hearings</li> <li>Disputes Over Consumer Goods &amp; Services</li> <li>Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>Civil Litigation Defense</li> <li>Pet Liabilities</li> <li>Small Claims Assistance</li> </ul>
<b>Elder-Care Issues</b>	<ul style="list-style-type: none"> <li>Consultation &amp; Document Review for Issues Related to Your Parents:                             <ul style="list-style-type: none"> <li>Deeds</li> <li>Leases</li> <li>Medicaid</li> <li>Medicare</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Notes</li> <li>Nursing Home Agreements</li> <li>Powers of Attorney</li> <li>Prescription Plans</li> <li>Wills</li> </ul>
<b>Vehicle &amp; Driving</b>	<ul style="list-style-type: none"> <li>Defense of Traffic Tickets<sup>4</sup></li> <li>Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>License Suspension Due to DUI</li> <li>Repossession</li> </ul>

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.



Create an account at [members.legalplans.com](https://members.legalplans.com) or scan the QR code.

Questions? Call the MetLife Legal Plans Client Service Center at **800-821-6400** Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

- The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
- Digital notary and signing is not available in all states.
- No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
- Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
- Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP4]



## Save Money On College

### Earn points for discounts on tuition

Now you can help the students in your family to afford a college education. Because your United Concordia Dental plan includes the College Tuition Benefit®, a savings program offered in partnership with SAGE Scholars, Inc.

Much like a frequent flier program, you'll earn Tuition Rewards® points that can be redeemed for tuition discounts at more than 400 participating private colleges and universities.

### How Tuition Rewards work

- Earn 2,000 Tuition Rewards points every year you're covered by United Concordia Dental insurance.
- 1 Tuition Rewards point = \$1. So 2,000 points = \$2,000 in tuition discounts.
- Helps eligible students in the policyholder's family afford college including children, grandchildren, nieces, nephews, stepchildren, godchildren and adopted children.
- Each child enrolled receives a one-time bonus of 500 Tuition Rewards points.

### Sign up for Tuition Rewards

You can sign up on or after your plan's effective date. Then simply enroll the students in your family, and start earning points.

1. Log into your **MyDentalBenefits** account at **UnitedConcordia.com**.
2. Click on **Learn More** in the Tuition Rewards notification bar above your benefits info.
3. Click on the **Get Started** button and consent to participate.
4. Look for an email from SAGE Scholars that shows your registration instructions.

**Don't have a MyDentalBenefits account? Create one now at [UnitedConcordia.com/GetMDB](https://UnitedConcordia.com/GetMDB).**



You can enroll on  
or after your plan's  
effective date.

MEM-0527-0719 • Tuition Rewards® is a Registered Trademark of SAGE Scholars, Inc.  
SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCIC does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.

# Pet Insurance 101

A pet insurance policy can help you plan for your pet's healthcare—and offset costs for routine care and unexpected illness or injury.

## So, how does pet insurance work?

Brought to you by Nationwide®

1

### Understand what you're buying

Know what is covered and what isn't—before you need it. Get a clear understanding of how reimbursements and deductibles work.



2

### Choose coverage

Do you need a policy for a dog, cat, exotic pet or an avian?



3

### Pick a plan that works for you

Choose a complete care plan or go à la carte with medical or wellness coverage. Monthly premiums and annual deductibles will vary by plan.



4

### Enroll pets young and healthy

Pre-existing conditions aren't covered by any pet insurer. Enroll pets when they're young and healthy to help ensure maximum coverage at a lower cost.



5

### Get reimbursed for vet visits

Pet insurance policies reimburse eligible veterinary expenses based on a percentage of treatment cost or an annual benefit schedule.



Using your pet insurance policy is easy



Visit any vet.



Send us your claim.



We'll send you a check.

Nationwide has a pet insurance plan for every pet and every budget.

Call us at 866-838-3471 and we'll help you find the best plan for you and your pet.

Get a quote at [petinsurance.com](https://petinsurance.com)

For more pet health and safety tips, visit [MyPetHealthZone.com](https://MyPetHealthZone.com)



Nationwide®  
is on your side

# Chatham County Employee Health Center

Extensive service offerings to spark your health journey:



## Prevention

### Health Screenings

- Annual Exams
- Blood Pressure
- Body Mass Index
- Cholesterol
- Glucose
- School, Camp, and Sports Physicals

### Health Coaching

- Nutrition
- Physical activity
- Tobacco cessation
- Stress management
- Weight loss

### Chronic Condition

- Coaching
- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Heart Health
- Low Back Pain
- Sleep Apnea
- Educational Offerings



## Sick Visits

- Bronchitis
- Common Cold
- Constipation
- Cough
- Diarrhea
- Eye Infections
- Headache
- Joint Pain
- Nausea and Vomiting
- Nosebleed
- Sinus Infections
- Skin Infections
- Strep Throat



## Behavioral Health

- Anxiety
- Depression
- Eating Disorders
- Grief
- PTSD
- Relationship Issues
- Self-Image
- Stress
- Substance Use



## Lab Services

Blood work and lab tests processed at the center include hemoglobin A1C, lipid panel, glucose, rapid strep, mono, urinalysis, oxygen saturation, and pregnancy. Additional lab tests can also be drawn and sent to an outside lab for processing.

## Privacy

The care you receive by Marathon Health is confidential and protected by state and federal law.

## Eligibility and Cost

Services are available at no cost to Chatham County employees, pre-65 retirees, and spouses enrolled in the Chatham County health plan. Visit the center to learn about earning wellness points.

## Location and Hours

### Chatham County Employee Health Center

813 E. 68th Street, Suite B  
Savannah, Georgia 31405  
912-228-5655  
[my.marathon-health.com](http://my.marathon-health.com)

Monday/Tuesday/Wednesday/Thursday:  
8am - 6pm  
(Closed 1:30pm - 2:30pm)  
Friday 8am - 12pm



# Chatham Health-Points Program

Chatham County is committed to providing programs that support employee efforts to lead healthier lives. Whether your goal is to lose weight, reduce stress, or manage a chronic condition, the Chatham Health-Points program offers a way to help you reach your goals and be rewarded for it. Employees who are enrolled in the medical plan can earn a discount on health insurance premiums by participating in the Chatham Health-Points program. The Health-Points program is voluntary, but participation is encouraged. Chatham County has partnered with Marathon Health to administer the Chatham Health-Points program and the information in this guide is designed to provide guidance for earning the wellness incentive.

## HOW DO I EARN POINTS?

The program is based on accumulating 101 points from voluntarily participating in the wellness activities described in this guide. Points are accumulated and self-reported throughout the program year. Earn 101 points between January and November of the current year to receive discounted health insurance premiums for the next calendar year. For example: The health plan year begins January 1<sup>st</sup> and you will have through November 30<sup>th</sup> to complete wellness activities. When you reach 101 points, the health insurance premium discount will be applied to your health insurance deduction for the next plan year beginning January 1.

If you believe you might not be able to meet a standard under the Chatham Health-Points program due to a health condition, please contact Tamala Fulton at 912-652-7936 or [trfulton@chathamcounty.org](mailto:trfulton@chathamcounty.org). Human Resources will work with you (and if you wish, your doctor) to provide reasonable alternatives.

Online Wellness Activity	Employee Points Earned
Online Health Risk Assessment (Required)	15 Points
Biometric Screening (Required)	25 Points
Tobacco Attestation (Required)	1 Point
All Other Points Activities	60 Points
Total Wellness Credits Available	101 Points

## TOBACCO USE ATTESTATION

You must certify your tobacco status every year stating that you do or do not use tobacco products. If you certify that you are tobacco free, you will avoid the surcharge of \$20 per bi-weekly pay period. If you use tobacco products and would like to avoid the surcharge, enroll and complete the tobacco cessation program through the Chatham County Employee Health Center.

Log on to the Marathon member portal at [https://my.marathon-health.com/sign\\_in](https://my.marathon-health.com/sign_in) to complete the tobacco attestation by November 30th. For information on enrolling in a tobacco cessation program, contact the Chatham County Employee Health Center at 912-228-5655.



To enroll in a tobacco cessation program, call the Chatham County Employee Health Center at 912-228-5655.

## HOW DO I REPORT ACTIVITIES?

All points will be tracked through the Marathon Health portal at [https://my.marathon-health.com/sign\\_in](https://my.marathon-health.com/sign_in), your personal hub for all wellness tracking tools and resources.

**Obtain your username and password for the Marathon Health portal by registering at [https://my.marathon-health.com/sign\\_in](https://my.marathon-health.com/sign_in) or by calling Marathon Health Technical Assistance at (866) 434-3255.**

**It is your responsibility to verify all program activities are met and reported by November 30th.**

Directions on how to report activities will be available on the Marathon Health portal. Most activities will be self-reported. Points that will be reported by Marathon Health/Chatham County Employee Health Center are noted on the following pages.

***Please note the following requirements and deadline for the Wellness Incentive: 101 points must be earned and recorded on the Marathon Health portal on or before November 30<sup>th</sup> of the current year.***

The following activities are a required part of the 101 point total: Biometric Screening and HRA				
Wellness Activity	Description	Point Value	Register/Access	Reporting
<b>Biometric Screening</b> <b>(Required for employee and spouse on the medical plan)</b>	Biometric screening includes measurements for blood pressure, glucose (blood sugar), cholesterol, height, weight, and pulse.	<b>25</b>	Complete your biometric screening with your physician or during the Chatham County Health Screening event. Chatham County health screenings are offered onsite between August and October of each year.	<b>Marathon Health</b> tracks if completed during Chatham County onsite health screening.  If you complete your screening with your PCP, fax or bring a copy to the health center to enter into your medical record to receive points for your biometric screening.
<b>Annual Health Risk Assessment Questionnaire</b> <b>(Required for employee and spouse on the medical plan)</b>	The Health Risk Assessment is an online questionnaire via the Marathon Health Portal. This online assessment tool identifies risks for health conditions such as high blood pressure, stroke, and heart disease.	<b>15</b>	Log onto <a href="https://my.marathon-health.com/sign_in">https://my.marathon-health.com/sign_in</a> to complete the online health questionnaire.	<b>Marathon Health</b>



**Complete any of the activities below to be used toward your 101 point accumulation.**

<b>Wellness Activity</b>	<b>Description</b>	<b>Point Value</b>	<b>Register/Access</b>	<b>Reporting</b>
<b>Health Coaching Sessions at Chatham County Employee Health Center</b>	Complete an initial health coaching session at the Chatham County Employee Health Center.	<b>15</b>	Schedule an appointment online at <a href="https://my.marathon-health.com/sign_in">https://my.marathon-health.com/sign_in</a> or call the Chatham County Employee Health Center at (912) 228-5655 to schedule an appointment.	<b>Marathon Health</b>
	Complete a follow-up health coaching session at the Chatham County Employee Health Center.	<b>15</b>		
<b>Annual Physical Exam</b>	Routine annual exam, covered under the medical plan, provided by your Primary Care Physician (PCP) or OB/GYN.	<b>30</b>	Schedule and complete a physician appointment.	Exams conducted by your PCP must be self-reported in the Marathon Health Portal. Exams conducted at the Chatham County Employee Health Center will be reported by staff.
<b>Tobacco Attestation</b> <i>(Required for employee on medical plan)</i>	Indicate your tobacco use status	<b>1</b>	Log on to: <a href="https://my.marathon-health.com/sign_in">https://my.marathon-health.com/sign_in</a>	<b>Self-reported on Marathon portal</b>
<b>Comprehensive Health Review at Chatham County Employee Health Center</b>	Face-to-face visit with Marathon Health to review results from the HRA and biometric health screening to develop a plan to meet your health goals.	<b>30</b>	Schedule an appointment online at <a href="https://my.marathon-health.com/sign_in">https://my.marathon-health.com/sign_in</a> or call the Employee Health Center at (912) 228-5655 to schedule an appointment.	<b>Marathon Health</b>
<b>Cancer Screenings</b>	Examples (include, but not limited to): Breast, colorectal, prostate, melanoma	<b>10</b> points per screening	Schedule and complete a physician appointment.	<b>Self-reported on Marathon portal</b>
<b>Dental Exams</b>	Routine dental exam	<b>5</b> points per exam (maximum of 2 exams per year or 10 points)	Schedule and complete a dental appointment.	<b>Self-reported on Marathon portal</b>
<b>Vision Exam</b>	Routine adult eye and vision examination	<b>5</b>	Schedule and complete a vision appointment.	<b>Self-reported on Marathon portal</b>
<b>Blood Pressure Check</b>	Blood pressure measurement not associated with annual exam or biometric screening	<b>10</b> (maximum of 3 per year or 30 points)	Have your blood pressure checked during a health fair.	<b>Self-reported on Marathon portal</b>
<b>Vaccination</b>	Receive a vaccination against seasonal flu, pneumonia, shingles, or COVID-19.	<b>10</b> points per vaccination	Receive a vaccination from a medical facility.	<b>Self-reported on Marathon portal</b>

**Complete any of the activities below to be used toward your 101 point accumulation.**

<b>Wellness Activity</b>	<b>Description</b>	<b>Point Value</b>	<b>Register/Access</b>	<b>Reporting</b>
<b>Complete a Cardiovascular Screening</b>	Complete a cardiovascular Screening	<b>10</b>	Complete a cardiovascular screening that is offered at Chatham County or in the community	<b>Self-reported on Marathon portal</b>
<b>Local Walks/Races</b>	Complete a local walk/run event	<b>5</b> points per program (maximum 10 points)	Register and complete a local race.	<b>Self-reported on Marathon portal</b>
<b>Lunch and Learn Session</b>	Attend Lunch and Learn Session with Chatham County	<b>5</b> points per session (maximum 20 points)	Lunch and Learn topics will be published monthly.	<b>Self-reported on Marathon portal</b>
<b>Wellness Workshop on Marathon Health Portal</b>	Complete online workshop with Marathon Health	<b>1</b> point per workshop (maximum 20 points)	Log onto <a href="https://my.marathon-health.com/sign_in">https://my.marathon-health.com/sign_in</a>	<b>Marathon Health portal will a Automatically reward points upon completion of wellness workshops</b>
<b>Chatham County Health Challenges</b>	Walking, weight loss, and nutrition challenges	<b>5</b> points per challenge (maximum of 20 points)	Registration details will be provided when challenges begin.	<b>Self-reported on Marathon portal</b>
<b>Healthy Living Activities</b>	Daily activities that increase health and well-being	<b>5</b> points per challenge (maximum of 15 points)	Participate in moderate physical activity at least 3 days per week (i.e. membership with local gyms, workouts at home)	<b>Self-reported on Marathon portal</b>
<b>Blood Donation</b>	Donate blood with the American Red Cross or other agency	<b>10</b> (maximum of 3 per year or 30 points)	Complete blood donation	<b>Self-reported on Marathon portal</b>
<b>Submit a <i>Healthy Like Me</i> Story</b>	Submit a story that discusses how you have made healthy changes	<b>20</b>	Log onto <a href="https://my.marathon-health.com/sign_in">https://my.marathon-health.com/sign_in</a>	<b>Self-reported on Marathon portal</b>
<b>St. Joseph's/Candler Diabetes or Pre-Diabetes Management Program</b>	Participate in the St. Joseph's/Candler Diabetes or Pre-Diabetes Management Program	<b>25</b>	Register by calling St. Joseph's/Candler at (912) 819-6146	<b>Self-reported on Marathon portal</b>

**SAVE MONEY  
AND  
YOUR HEALTH!**

**YOU MUST TAKE ACTION!**



Chatham County adds a tobacco use surcharge to the health insurance premium of those who use tobacco products and choose not to enroll in a tobacco cessation program.

**You must complete a tobacco attestation form every year, stating that you do or do not use tobacco products.** The tobacco status you provide will determine whether or not a tobacco surcharge will be added to your health insurance premium beginning on January 1, 2024.

Complete the Tobacco Attestation on Marathon Health's portal under *Incentives*, which is located on the left side of the screen after logging on to the Marathon portal at [https://my.marathon-health.com/sign\\_in](https://my.marathon-health.com/sign_in).

**You can avoid the surcharge by certifying that you are a non-tobacco user or are a tobacco user ready to enroll in a Chatham County designated Tobacco Quit Program.**

To register for the Tobacco Quit Program, contact the Chatham County Employee Health Center at (912) 228-5655. If you are a tobacco user and choose not to enroll in a program, you will pay a surcharge of \$20.00 per biweekly pay period or \$43.33 per monthly pay period beginning on January 1, 2024.

You will be assessed the surcharge beginning January 1, 2024 if you fail to complete and submit the Tobacco Use Attestation by November 30, 2023.

For more information, contact Tamala Fulton at [TRFulton@chathamcounty.org](mailto:TRFulton@chathamcounty.org) or (912) 652-7936.

# Dietician Services

Employees and their spouses who participate in our health plan can utilize the services of a REGISTERED DIETICIAN - free of charge!



**Chatham County has partnered with the St. Joseph's Candler Health System to provide this service to you.**

## WHAT DO THESE SERVICES INCLUDE?

- Virtual or in-person one-on-one nutrition counseling; scheduled 30-minute or hour appointments for a total of four sessions in a calendar year. Recommended follow-up sessions beyond four as needed/ approved by Chatham County Wellness Coordinator.
- Individualized treatment plan offered to everyone in all of our programs, includes nutrition assessment, education, and counseling.
- General nutrition improvement for a healthier, happier, better YOU.
- Translation of nutrition science into practical information you can use.
- Prevention/management of chronic disease through dietary and lifestyle changes.
- Medical Nutrition Therapy (MNT) for diagnosed medical conditions, such as: diabetes, heart disease, gastrointestinal disorders, hypertension, hyperlipidemia, food allergies/sensitivities, eating disorder recovery, and cancer.
- Nutrition assessment and care plan sent to the referring physician (MNT clients).
- After your initial appointment and consultation, you will have access to a variety of virtual or in-person Lifestyle Lectures offered through the Candler Wellness Center, at no additional cost.
- Educational materials, including handouts, meal plans, educational packets, online resources, and more.

**Take advantage of this great benefit by calling 912-819-6146 to register!**

**CALL 912-819-6146 to set up your first appointment with a Dietitian. Be sure to have your UnitedHealthcare insurance card ready, so that you can provide your policy and member number for billing purposes.**

**YOU WILL NOT BE CHARGED FOR THIS SERVICE!**

# Additional Wellness Benefits

## FITNESS PROGRAMS

**GYMS & FITNESS FACILITIES:** Chatham County has partnered with local gyms and fitness facilities to offer discounted rates to employees. Chatham County contributes up to \$15 per month toward membership dues for employees who attend at least 8 times per month, for a maximum of \$180 per calendar year.

**RACE REIMBURSEMENTS:** Chatham County offers a partial reimbursement of registration fees for participation in local walks/runs. The reimbursement is a maximum of \$180 per person per calendar year.



## HEALTH SCREENINGS AND PREVENTION

**ONSITE SCREENINGS:** Employees and spouses (on the medical insurance) have an opportunity to receive an annual biometric screening on-site at no cost to them. The health screening includes measurements for blood pressure, height, weight, blood sugar, and cholesterol. The results of the screening are used to educate employees on their health risks and encourage them to make changes if necessary. Employees receive a copy of their health screening results which can be shared with their physician.

**FLU VACCINATIONS:** Chatham County partners with local health providers to offer flu vaccinations on-site to County employees. The flu vaccinations are offered at no cost to the employee.

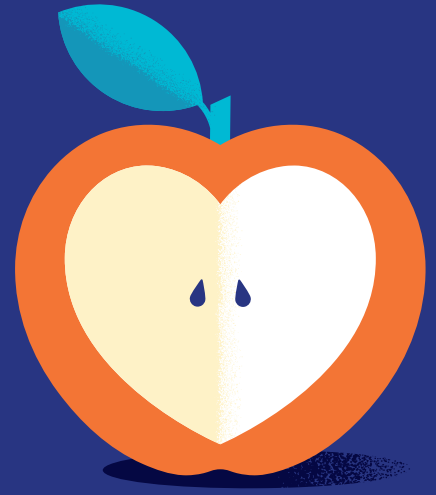
**MOBILE MAMMOGRAMS:** The St. Joseph's/Candler Mobile Mammogram visits County locations six times per year to provide mammograms for County employees and spouses. Employees and spouses do not pay out-of-pocket for this service. It is billed to the insurance.

**DIABETES MANAGEMENT PROGRAM:** Chatham County offers a health benefit to their insured employees and spouses living with diabetes. The County knows how critical diabetes self-management education and coaching is to help better manage your diabetes so you may lead a healthier life and reduce the complications related to this disease. This comprehensive year-long program will be provided by St. Joseph's/Candler's Diabetes Management Center. To learn more about the program or to enroll, please contact: Tamala Fulton, Wellness Coordinator, at 912-652-7936.

**PREVENT TYPE 2 PRE-DIABETES PROGRAM:** The PreventT2 Lifestyle change program is part of the National Diabetes Prevention Program, led by the Centers for Disease Control (CDC) and St. Joseph's/Candler. This proven program can help you make modest lifestyle changes and cut your risk of Type 2 diabetes by more than half. To learn more about the program or to enroll, please contact: Tamala Fulton, Wellness Coordinator, at 912-652-7936.



# Your journey to a healthier lifestyle begins here



## Welcome to Rally

Rally® is designed to help you take charge of your health by putting your benefits and resources in one place.

Hitting your goals can be fun with personalized recommendations, as well as missions and challenges that may help make getting healthier more enjoyable. Plus, you can earn rewards along the way.



### 1. Register and create your Rally profile

If you're a first-time user, create a username that's fun and memorable—but not your real name—and choose an avatar. If you're already a member, simply sign in.



### 2. Take the Health Survey

The Health Survey is designed to help you assess your overall health. You may use the results to help set your health goals.



### 3. Get personalized recommendations

Based on your Health Survey results, you'll receive personalized recommendations to help you live a healthier lifestyle—including well-being programs, everyday activities called missions and more.



### 4. Choose healthy activities to hit your goals

Take your pick of a wide variety of missions designed to help improve your fitness, diet and mood. Compete in challenges against friends or other members—or go for a personal best.



### 5. Get rewarded for healthy actions

Take healthy actions to achieve your goals and earn Rally Coins, which are redeemable for a variety of rewards.



### 6. Dive into communities

Interact with other members in a positive, friendly environment to get tips, motivation and support on everything from diet and fitness, to sleep, back pain and even relationships.



Visit [myuhc.com](https://myuhc.com)® > Health Resources > Rally

United  
Healthcare

RALLY®

Rally Health® provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.




# Get on-the-go access to your health plan.

## The UnitedHealthcare® app puts your plan at your fingertips.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.\*
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.



**Get the app and log on with Touch ID®.**



The UnitedHealthcare app is available for download for iPhone® or Android®.

# United Healthcare

\*Data rates may apply.

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Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

## Community Resource Connections



### Feel alone and financially insecure?

*Step Up Savannah is here to help you in your journey towards financial security by connecting you with the right resources.*

**Step Up Savannah and Chatham County Human Resources are partnering to ensure that all Chatham County employees have the opportunity to relieve financial stress through equitable access to public benefits screening. This program helps with determining your qualifications for public benefits like:**

**SNAP** - SNAP, the Supplemental Nutrition Assistance Program, is the program formerly known as food stamps. It is a federal nutrition program that helps you stretch your food budget and buy healthy food and provides monthly benefits via an EBT card.

**MEDICAID / HEALTHCARE RESOURCES** - Medicaid and other healthcare resources such as PeachCare for Kids are no to low cost health insurance options for uninsured families.

**CAPS** - Childcare and Parent Services (CAPS) supports early education goals by assisting low-income families with the cost of child care while they work, go to school or training, or participate in other work-related activities.

**TANF** - Temporary Assistance for Needy Families (TANF) is a time- limited, income-based program that provides cash assistance to families with children when parents or other responsible relatives cannot provide for the family's needs.

**WIC** - Provides food and nutrition assistance for households with children ages 1-5. You must apply in-person at a Chatham County health department office: <https://www.wicprograms.org/ci/ga-savannah>

**Additionally, we will walk with you through the entire application process and continue to serve you during subsequent renewals.**

**See if you are eligible for these valuable benefits.  
The application is available on the Resources Tab of  
your Employee Self Service (ESS) Account. Forward directly  
to Step Up Savannah at the address listed below.**

Step Up Savannah promotes economic opportunity and financial security in Chatham County, GA. Established in 2005 by a group of community leaders who recognized that the city's pockets of concentrated poverty impair the economic development of the entire community, Step Up incorporated as an independent nonprofit in 2008 and now has a 39-member board of directors. The organization acts as a convener, attracts outside resources, adapts and creates effective programs and products, trains neighborhood and nonprofit leaders, and advocates for policies that will improve the lives of low-income families. It works through a participative process relying upon its diverse board of directors and a network of partners, seeking out lasting solutions that enable low-income families to work toward economic self-sufficiency.



912.232.6747



[StepUpSavannah.org](http://StepUpSavannah.org)

428 Bull Street, Suite · 208 Savannah, GA 31401



## Where and How to Enroll:

*For your convenience, the following contact information is also available along with helpful videos on the 2024 Open Enrollment Page on the Chatham County employee intranet.*

BENEFIT	CONTACT INFORMATION
Medical, Dental & Vision	Enroll on your Employee Self Service (ESS) account, at <a href="https://employee.chathamcounty.org">https://employee.chathamcounty.org</a> 
Opportunity Application through Step-Up Savannah	Access the application on ESS under the Resources Tab at any time
Empower Retirement 457(b)	Enroll or make changes - 365 days a year at <a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a>
Health Points and Smoking Attestation	Handled online by accessing your Marathon account at <a href="https://my.marathon-health.com/sign_in">https://my.marathon-health.com/sign_in</a>
Flexible Spending Accounts, Colonial Products & MetLaw	Use this QR code to set up a telephonic appointment with a Colonial Benefits counselor. 
Life Insurance through MetLife	See the MetLife section on your Open Enrollment page. It contains a link to assist you in signing and submitting enrollment documents through a secure portal.
Pet Insurance	Enroll telephonically by calling <b>877-738-7874</b>
MetLife Will Prep (free)	Get a list of local attorneys who can assist with this free service at any time by calling <b>800-821-6400</b> . <b>Our customer number is 122344.</b>

# Chatham County Board of Commissioners Important Legal Notices



# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For further details, refer to your Summary Plan Description. Keep this notice for your records and call Human Resources for more information at 912-652-7955.

## NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a state CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if coverage is lost under Medicaid or a state CHIP program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan.

In either case, you must request enrollment within 60 days after the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, call Human Resources at (912) 652-7955.

## NOTICE REGARDING WELLNESS PROGRAMS

Chatham Wellness Points Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for including a Total Cholesterol, LDL Cholesterol, Triglycerides, Hgb A1c, and Blood Glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of reduced health insurance premiums. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive. Please refer to "Chatham Health Points Program" of the guide for more details on the incentives.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Tamala Fulton at [trfulton@chathamcounty.org](mailto:trfulton@chathamcounty.org) or 912-652-7936.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Chatham County may use aggregate information it collects to design a program based on identified health risks in the workplace, Chatham County will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse or health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

## NOTICE OF AVAILABILITY – CHATHAM COUNTY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Chatham County (the “Plan”) provides health benefits to eligible employees of Chatham County (the “Company”) and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan’s Notice of Privacy Practices you should contact Carolyn Smalls in Human Resources, who has been designated as the Plan’s contact person for all issues regarding the Plan’s privacy practices and covered individuals’ privacy rights. You can reach this contact person at: 912-652-7925.

### SECTION 111

Effective January 1, 2009 group health plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extensions of 2007’s new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claims assignments. In other words, it will help establish who pays first. The mandate requires group health plans to collect additional information, more specifically Social Security numbers for all enrollees, including dependents 6 months of age or older. Please be prepared to provide this information on your benefits enrollment form when enrolling into benefits.

## MEDICARE PART D

This notice applies to employees and covered dependents who are eligible for Medicare Part D.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Chatham County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Chatham County has determined that the prescription drug coverage offered by the Welfare Plan for Employees of Chatham County under the Express Scripts options are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Chatham County coverage will not be affected. You can keep this coverage and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Chatham County coverage, be aware that you and your dependents will be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Chatham County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this

higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact our office for further information (see contact information below). NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Chatham County changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Name of Entity/Sender: Chatham County  
Address: 123 Abercorn St., Savannah, GA 31401  
Phone Number: (912) 652-7955

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## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at <https://www.chathamcountyga.gov/Home/CCCEmployee>  
A paper copy is also available, free of charge, by calling your benefits team at (912) 652 – 7955.

## Appendix A to Part 92— Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement:

### Discrimination is Against the Law

Chatham County Board of Commissioners complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Chatham County Board of Commissioners does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### Chatham County Board of Commissioners:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact April Leavy at Chatham County Human Resources.

If you believe that the Chatham County Board of Commissioners has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: April Leavy, Human Resources Talent Manager, 123 Abercorn St., Savannah, GA 31401, telephone: 912-652-7966, fax: 912-652-7973, email: [aleavy@chathamcounty.org](mailto:aleavy@chathamcounty.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, April Leavy, Human Resources Talent Manager, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>            Phone: 1-877-438-4479            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>            Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>            Phone: 1-800-657-3739</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>

<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/CHIP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.vt.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Ramona Johnson by mail at 123 Abercorn Street, Savannah, Ga 31401, or by telephone at 912-652-7932.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Chatham County Board of Commissioners		4. Employer Identification Number (EIN) 58-6001113	
5. Employer address 123 Abercorn St.		6. Employer phone number 912-652-7932	
7. City Savannah	8. State GA	9. ZIP code 31401	
10. Who can we contact about employee health coverage at this job? Ramona Johnson			
11. Phone number (if different from above)		12. Email address ryjohnson@chathamcounty.org	

Here is some basic information about health coverage offered by this employer: As your employer, we offer a health plan to:

All employees. Eligible employees are:

Full-time working 30 hours or more per week

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

Legal spouse and children up to age 26

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

# Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

## **What is “balance billing” (sometimes called “surprise billing”)?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing.**” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

## **You are protected from balance billing for:**

### **Emergency Services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

*The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.*

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.

Visit [www.cms.gov/nosurprises/Ending-Surprise-Medical-Bills](http://www.cms.gov/nosurprises/Ending-Surprise-Medical-Bills) for more information about your rights under federal law.



# Model General Notice of COBRA Continuation Coverage Rights

## \*\* Continuation Coverage Rights Under COBRA\*\*

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more 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.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called 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're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- 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 of the following qualifying events:

- 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."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The Chatham County Retiree Health Plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### When is COBRA continuation 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. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all 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 30 days after the qualifying event occurs. You must provide this notice to the Human Resources Benefits Division. Call them at (912) 652-7955 for guidance.**

### How is COBRA continuation 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 that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a 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 COBRA continuation coverage. Contact your Human Resources Benefits Division for guidance (912) 652-7955.

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

If your family experiences another qualifying event during the 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 the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

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<sup>1</sup> <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

For more information visit <https://www.medicare.gov/medicare-and-you>.

## **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 the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about 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**

Contact your Human Resources Benefits Division for guidance (912) 652-7955.

# Helpful Resources

BENEFIT	PROVIDER	PHONE NUMBER	WEBSITE/EMAIL
Medical	UnitedHealthcare	866-801-4409	www.myuhc.com
Prescriptions	OptumRx	800-356-3477 or 855-427-4682 for Specialty drugs	www.optumrx.com
Dental	United Concordia	800-332-0366	www.unitedconcordia.com
Vision	Blue View Vision	866-723-0515	www.anthem.com
457(b) Retirement Program	Empower	Paul Stern (C) 303-737-1550 Empower Cust Svc 800-701-8255	www.empowermyretirement.com
Employee Assistance Program (EAP)	Performance Management Resources	912-692-0988 (local) 888-886-7988	www.pmr Savannah.com
Basic Life Voluntary Term Life Insurance	MetLife	800-275-4638	www.metlife.com
Long Term Disability (LTD)	Hartford	800-523-2233	www.thehartford.com
Healthcare and Dependent Care Flexible Spending Accounts (FSA)	Ameriflex	Eddie Wilson 912-443-0181	www.myameriflex.com/participants eddie.wilson@coloniallifesales.com
Voluntary Short-Term Disability Voluntary Hospital Indemnity Voluntary Critical Illness Voluntary Cancer Voluntary Accident Universal Life Insurance Whole Life Insurance	Colonial Insurance	Eddie Wilson 912-443-0181	www.coloniallife.com eddie.wilson@coloniallifesales.com
Legal Services	MetLaw	Eddie Wilson 912-443-0181 or 800-821-0181	N/A
Pet Insurance	Nationwide	877-738-7874	petsnationwide.com
The Opportunity Application	Step-Up Savannah	912-232-6747	StepUpSavannah.org

## PLAN DOCUMENTS

Your Chatham County Welfare and Benefits Policy, Leave Without Pay Policy, Pension Plan Document, and Plan Documents for Health, Dental, Vision, Life and Disability can be found on the Chatham County Intranet in the Employee section, behind the Benefit Documents tile.

If you are unable to obtain these documents at this specified location or would prefer a paper copy, please contact Human Resources at 912-655-7955 to request a copy.



## **ABOUT THIS GUIDE**

This benefit summary provides selected highlights of the Chatham County employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment with Chatham County. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Chatham County reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.





THANK YOU FOR ALL YOU DO FOR CHATHAM COUNTY!