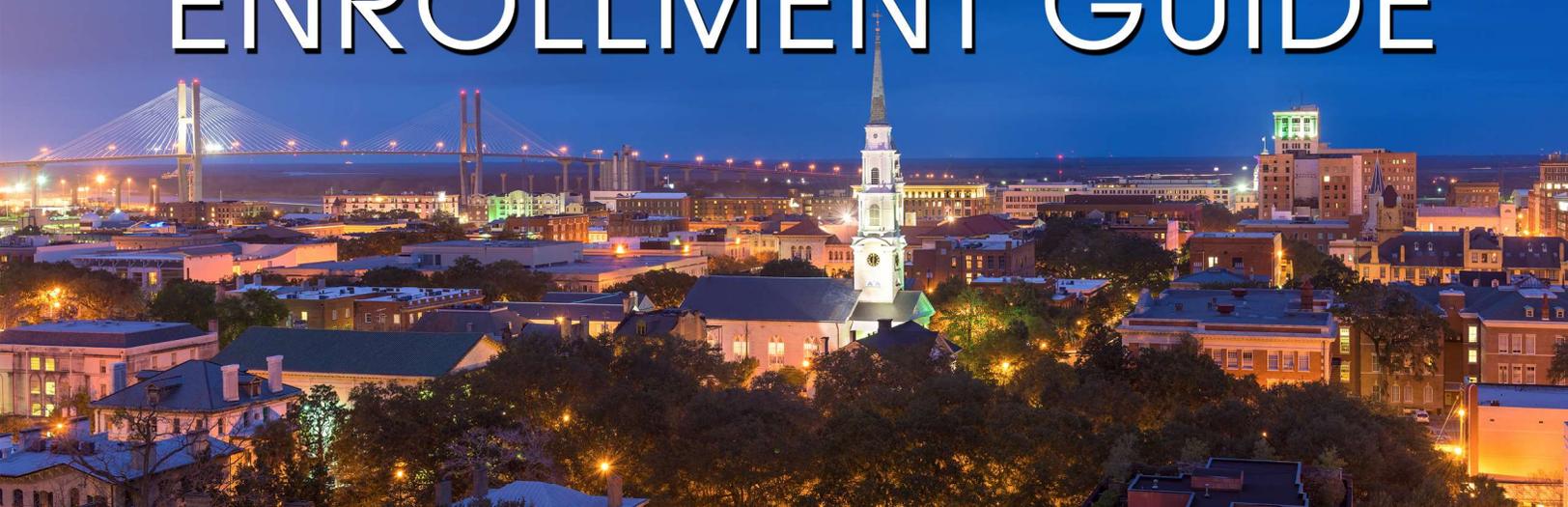




2019 BENEFITS ENROLLMENT GUIDE





Chatham County offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits.

Enrollment

Chatham County invites you to review the benefit options for the January 1, 2019 through December 31, 2019 plan year contained in this guide. You may enroll your eligible dependents for coverage, including:

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

When am I eligible to enroll or make changes to my benefits?

Upon hire – Your benefits begin on the first of the month following 30 days of employment.

Life Events – If you have a Life Event such as loss of coverage, birth, adoption, marriage, or divorce, you must report the event to Human Resources within 30 days in order to make any changes to your benefits during that plan year.

Open Enrollment – Open Enrollment for current employees is held in November each year. During this time, you can make changes to your plan for yourself and/or your dependents.

What’s New for 2019?

• **Open Enrollment this year will be an Active Open Enrollment – meaning you must log on to Employee Self Service and make selections for your vision, dental and health coverage. If you do not log on and make a selection, you will not have vision, dental or health coverage in 2019.**

- The PPO plan will not be available for enrollment in 2019. We will offer your choice of a High POS or Low POS plan. There is a modest increase in premiums. See pages 3 and 4 for details.
- There is no change in plan design or increase in premium for Vision or Dental coverage. Premium deductions for Vision and Dental coverage will change from 26 pay periods to 24 pay periods. This means premiums for Vision and Dental coverage will be deducted in 24 bi-weekly pay periods rather than 26. If you are paid bi-weekly, deductions will not be made from the third bi-weekly paycheck that occurs twice a year. This will cause the per-paycheck deduction to increase a nominal amount. Please see pages 5 through 8 for pricing.

REMEMINDERS

- Remember that your Tobacco Use Attestation must be completed every year. Every employee enrolled in the health plan is required to complete the Attestation. See page 25 for details.
- If you are eligible for medical coverage and want to waive coverage for 2019, you must confirm the waiver through the Employee Self Service portal.
- Dependent children who turn 26 during the plan year can remain on Vision, Dental and Health coverage until December 31 of that plan year.
- Flexible Spending Accounts require an annual election. If you want to contribute to your FSA account for 2019, you must meet with a Colonial representative during open enrollment.

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Qualifying Life Events

Once your benefit elections become effective, they remain in effect until December 31, 2019. Generally, you may only change your benefit elections during the annual open enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

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

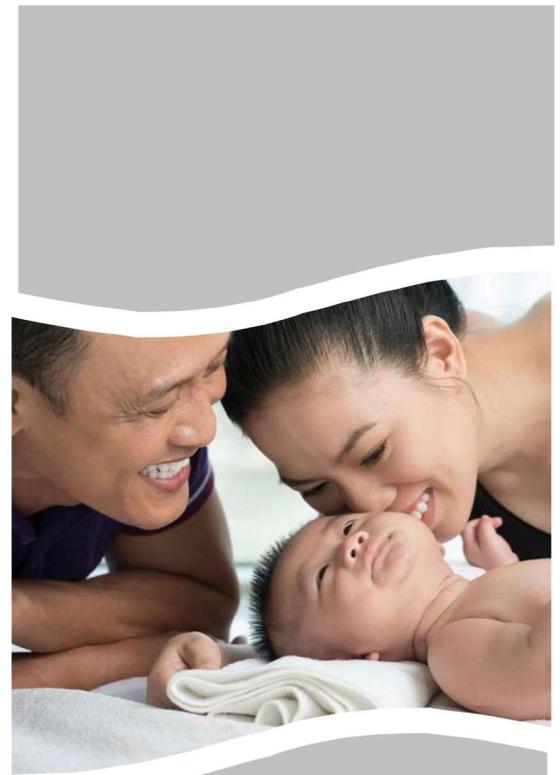
You must notify Human Resources within 30 days of a qualifying life event. Depending on the type of event, you may need to provide proof of the event, such as a marriage certificate. If you do not contact Human Resources within 30 days of the qualifying event, you will have to wait until the next annual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

Medical Plans

The Preferred Provider Organization (PPO) plan will not be available in 2019. You have a choice of two plan options through Blue Cross and Blue Shield of Georgia for health coverage:

- ▶ High POS Plan
 - Lower co-pays, deductibles and out-of-pocket maximums
 - Higher payroll deductions
- ▶ Low POS Plan
 - Higher co-pays, deductibles, and out-of-pocket maximums
 - Lower payroll deductions

You are not required to choose a primary care physician and you do not need a referral to visit a specialist. It is best to choose a preferred, in-network provider. You will pay significantly less for your medical care. If you choose to go out of network, expect to pay more for your medical services. Go to www.bcbsga.com to find a medical provider in your network.



Medical Plans

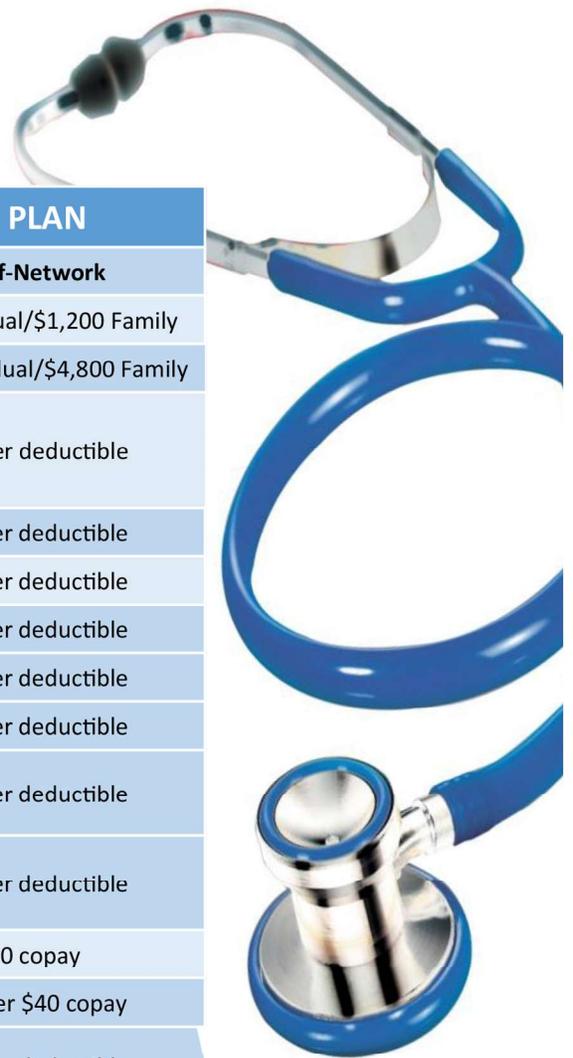


Plan Provision	Open Access POS-LOW Plan	
	In-Network	Out-of-Network
Annual Deductible	\$750 Individual/\$1,500 Family	\$1,500 Individual /\$3,000 Family
Out-of-Pocket Maximum	\$1,500 Individual \$3,000 Family	\$6,000 Individual \$12,000 Family
Preventive Care (see medical certificate for list of covered services)	Plan Pays 100% - Not Subject to Deductible	50% after deductible
Primary Care Physician	\$30 copay	50% after deductible
Specialist Visit	\$40 copay	50% after deductible
In-Office Labs & X-Rays	\$0 Copay	50% after deductible
Retail Health Clinic	\$30 copay	50% after deductible
In-Office Surgery (PCP/Specialist)	\$30 / \$40 copay	50% after deductible
Online Medical or Behavioral Health Visit (https://livehealthonline.com)	\$30 copay	50% after deductible
Inpatient & Outpatient Hospital (Facility & Physician Services)	80% after deductible	50% after deductible
Emergency Room Care	\$150 copay	\$150 copay
Urgent Care	\$40 copay	50% after \$40 copay
Advanced Diagnostic Imaging (MRI, MRA, CT Scans, and PET Scans)	80% after deductible	50% after deductible
Mental Health /Substance Abuse		
Inpatient (facility and physician)	80% after deductible	50% after deductible
Outpatient (facility and physician)	80% after deductible	50% after deductible
Office services (physician fee)	\$30 copay	50% after deductible
Prescription Drugs		
Generic	\$5 (30 day) / \$10 (90 day)	
Brand Preferred	\$20 (30 day) / \$40 (90 day)	
Brand Non-preferred	\$40 (30 day) / \$80 (90 day)	
Bi-weekly Payroll Deductions	Wellness Discount *	Non-Wellness
Employee Only	\$20	\$35
Employee & Spouse	\$85	\$110
Employee & Child(ren)	\$75	\$100
Employee & Family	\$115	\$150

* Health Points Participation—See page 21 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 25 for information about how to avoid the Tobacco Surcharge.

Medical Plans



Plan Provision	Open Access POS-HIGH Plan PLAN	
	In-Network	Out-of-Network
Annual Deductible	\$300 Individual/\$600 Family	\$600 Individual/\$1,200 Family
Out-of-Pocket Maximum	\$600 Individual/\$1,200 Family	\$2,400 Individual/\$4,800 Family
Preventive Care (see medical certificate for list of covered services)	Plan Pays 100% - Not Subject to Deductible	70% after deductible
Primary Care Physician	\$15 copay	60% after deductible
Specialist Visit	\$20 copay	60% after deductible
In-Office Labs & X-Rays	\$0 Copay	60% after deductible
Retail Health Clinic	\$15 copay	60% after deductible
In-Office Surgery (PCP/Specialist)	\$15 / \$20 copay	60% after deductible
Online Medical or Behavioral Health Visit (https://livehealthonline.com)	\$15 copay	60% after deductible
Inpatient & Outpatient Hospital (Facility & Physician Services)	90% after deductible	60% after deductible
Emergency Room Care	\$150 copay	\$150 copay
Urgent Care	\$40 copay	60% after \$40 copay
Advanced Diagnostic Imaging (MRI, MRA, CT Scans, and PET Scans)	90% after deductible	60% after deductible
Mental Health /Substance Abuse Inpatient (facility and physician) Outpatient (facility and physician) Office services (physician fee)	90% after deductible 90% after deductible \$15 copay	90% after deductible 90% after deductible \$15 copay
Prescription Drugs		
Generic	\$5 (30 day) / \$10 (90 day)	
Brand Preferred	\$20 (30 day) / \$40 (90 day)	
Brand Non-preferred	\$40 (30 day) / \$80 (90 day)	
Bi-weekly Payroll Deductions	Wellness Discount*	Non-Wellness
Employee Only	\$48	\$60
Employee & Spouse	\$140	\$165
Employee & Child(ren)	\$127	\$155
Employee & Family	\$200	\$230

* Health Points Participation—See page 21 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 25 for information about how to avoid the Tobacco Surcharge.



UnitedConcordia.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 - High Option	Bi-weekly	Monthly
Employee Only	\$15.60	\$31.19
Employee + Spouse	\$31.99	\$63.98
Employee + Child(ren)	\$38.99	\$77.98
Employee + Family	\$55.39	\$110.78

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.

UNITED CONCORDIA[®]
DENTAL

Dental Plans

Chatham County BOC —High Option		
Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Space Maintainers		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Preventive Incentive [®]	Class I services do not count toward your annual program maximum	
Smile for Health [®] Maternity Benefit	Covers 1 additional cleaning during pregnancy	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
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	Alliance	90 th Percentile



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

UNITED CONCORDIA®
DENTAL

Dental Plans

UnitedConcordia.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	\$9.94	\$19.88
Employee + Spouse	\$19.93	\$39.86
Employee + Child(ren)	\$25.49	\$50.97
Employee + Family	\$35.48	\$70.95

Chatham County BOC —Low Option

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Space Maintainers		
Class II – Basic Services		
Basic Restorative (Fillings)	50%	50%
Simple Extractions		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	25%	25%
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	25%	25%
Included Plan Features		
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Smile for Health® Maternity Benefit	Covers 1 additional cleaning during pregnancy	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
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	Alliance	90 th Percentile

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®, JCPenney® 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 bcbsga.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
Routine Eye Exam			
A comprehensive eye examination	\$10 copay	Up to \$40 allowance	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every two calendar years
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses:			
<ul style="list-style-type: none"> ○ Single vision lenses ○ Bifocal lenses ○ Trifocal lenses ○ Lenticular lenses 	<ul style="list-style-type: none"> \$10 copay \$10 copay \$10 copay \$10 copay 	<ul style="list-style-type: none"> Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance Up to \$80 allowance 	Once every calendar year
Eyeglass Lens Enhancements			
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"> ○ Transitions Lenses (for a child under age 19) ○ Standard polycarbonate (for a child under age 19) ○ Factory scratch coating 	<ul style="list-style-type: none"> \$0 copay \$0 copay \$0 copay 	<ul style="list-style-type: none"> No allowance when obtained out-of-network 	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>)			
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"> ○ Elective conventional (non-disposable) 	\$130 allowance, then 15% off any remaining balance	Up to \$105 allowance	Once every calendar year
OR			
<ul style="list-style-type: none"> ○ Elective disposable 	\$130 allowance (<i>no additional discount</i>)	Up to \$105 allowance	
OR			
<ul style="list-style-type: none"> ○ Non-elective (medically necessary) 	Covered in full	Up to \$210 allowance	

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)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades 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"> ○ Transitions lenses (Adults) \$75 ○ Standard Polycarbonate (Adults) \$40 ○ Tint (Solid and Gradient) \$15 ○ UV Coating \$15 ○ Progressive Lenses¹ <ul style="list-style-type: none"> ○ Standard \$65 ○ Premium Tier 1 \$85 ○ Premium Tier 2 \$95 ○ Premium Tier 3 \$110 ○ Anti-Reflective Coating² <ul style="list-style-type: none"> ○ Standard \$45 ○ Premium Tier 1 \$57 ○ Premium Tier 2 \$68 ○ Other Add-ons 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> ○ Complete Pair 40% off retail price ○ Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	<ul style="list-style-type: none"> ○ Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price 	
Contact lens fit and follow-up 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"> ○ Standard contact lens fitting³ Up to \$55 ○ Premium contact lens fitting⁴ 10% off retail price 	
Conventional Contact Lenses	<ul style="list-style-type: none"> ○ Discount applies to materials only 15% off retail price 	

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

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

⁴ 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 BLUE CROSS AND BLUE SHIELD OF GEORGIA'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 bcbsga.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 bcbsga.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.

	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

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

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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 pretax 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.

IMPORTANT INFORMATION ABOUT FSA's

Your FSA election will be for the new plan year – January 1 through December 31, 2019. Please plan your contributions carefully. FSA's are subject to the "use it or lose it" rule and are governed by Internal Revenue Service regulations. Chatham County continues to allow up to \$500 of unused 2019 FSA dollars to roll over into your 2020 FSA account.

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

If you wish to enroll for 2019 FSA benefits, you must meet with a Colonial representative during open enrollment.

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 copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$2,650 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, 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

A FLEXIBLE SPENDING ACCOUNT (FSA) IS A TAX SAVINGS BENEFIT PLAN AUTHORIZED BY THE IRS (SECTION 125).

You can elect to have money deducted from your paycheck on a pre-tax basis, to use to pay for certain expenses, such as:

- ▶ Covered Prescriptions
- ▶ Doctor and emergency room copays
- ▶ Health plan coinsurance
- ▶ Eye glasses or Lasik Surgery
- ▶ Orthodontics
- ▶ Over-the counter (OTC) medications (prescription required)



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.

Benefit Resource Center (BRC)

For more information about your benefits or assistance with claims or carriers, you may contact the USI Benefits Resource Center at 1 (855) 874-6699. These specialists are available Monday through Friday, 8:00 am to 5:00 pm EST. You may also contact USI via email at BRCEast@usi.com.

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 all of us from time to time. This benefit is available for you and your immediate family.

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 your family members for initial evaluation and brief counseling. If your problem 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 problems 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.

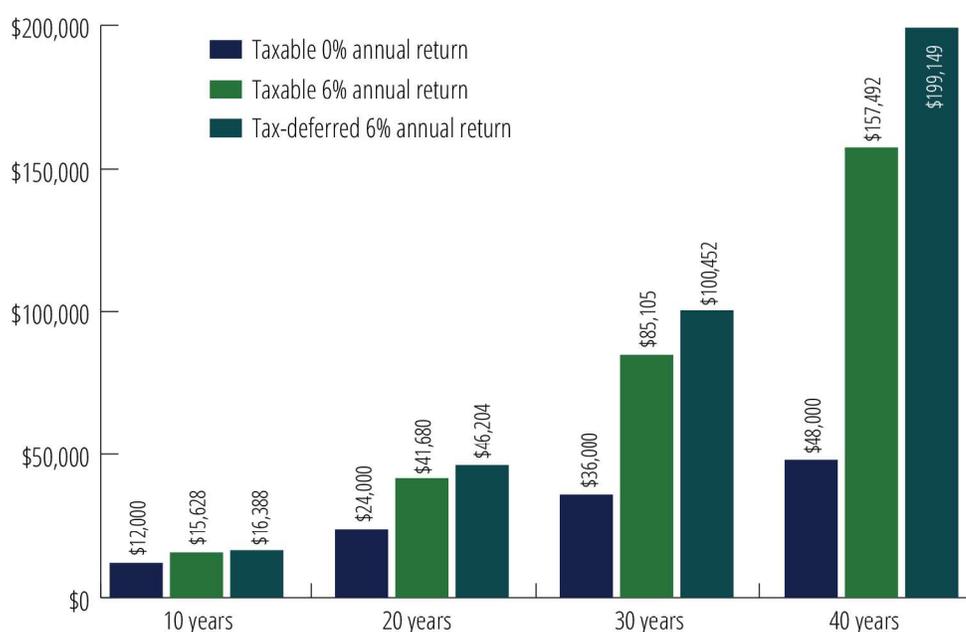
To speak to a Counselor or access additional information, call Performance Management Resources at 912-692-0988 or 1-888-886-7988 or visit the website at www.pmr Savannah.com

Take advantage of tax-deferred investing



Contributing to your plan is a great way to take advantage of tax-deferred investing. Contributions to your plan and any potential earnings on those contributions are tax deferred until money is withdrawn.

The chart below shows how monthly contributions over time in a tax-deferred retirement plan compare to monthly contributions and any potential earnings compounded in a currently taxable investment (such as a bank savings account).



FOR ILLUSTRATIVE PURPOSES ONLY. This hypothetical illustration does not reflect a particular investment or performance. It assumes a 6% annual rate of return over 10, 20, 30 and 40 years, a 15% federal tax bracket and reinvestment of earnings with no withdrawals. The assumed rate of return is not guaranteed. This illustration assumes the taxable account does not hold any investment for more than 12 months and does not reflect capital loss tax deductions. If held longer than 12 months, the account may qualify for lower capital gains and/or qualified dividend tax rates which, along with any reflected capital loss carryovers or other tax deductions, would make the return on the taxable investment more favorable. Ordinary income tax and/or a tax penalty may apply to distributions from a tax-deferred account. This illustration does not reflect taxes that may be due at the end of an investment period or after an early withdrawal. It also does not reflect any charges, expenses or fees. Investing involves risk, including possible loss of principal. Investors should consider their current and anticipated investment horizon and tax bracket when making an investment decision.

Joining your plan is easy! Log on: www.empowermyretirement.com

Contact: **Tem Miller at 678-471-9348 or via email, tem.miller@empower-retirement.com**

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker-dealers.

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Your Chatham County Pension Plan



Learn more about your pension benefits

- ◆ [What is a pension plan?](#)
- ◆ [Who is eligible for the Chatham County pension plan?](#)
- ◆ [When can you retire?](#)
- ◆ [How to estimate a calculation for your pension benefit](#)

Use your mobile phone to snap this QR code and access the presentation.

If you don't have a QR reader, you can download one free from an app store by searching *QR READER*.



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 employees 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**
- **For those who participate in the health plan, \$1000 of coverage for your spouse and each of your children**

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.

In order to purchase group voluntary life insurance for your spouse and eligible children, you must buy coverage for yourself.



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)	\$20,000 SPOUSE \$10,000 CHILD(REN)
Guarantee Issue Amount	\$100,000		\$10,000	\$10,000
Bi-Weekly Employee Rates per \$10,000 of coverage	Age	Rate	\$10,000 and \$10,000	\$20,000 or \$10,000
	0-25	\$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			

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.

*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 and 10% at age 90.

Children are eligible up to age 19 (or age 25 if a full-time student). Other conditions apply. See plan certificate for eligibility details.

Will Preparation Services¹



Legal Resources, Binding Will, Professional Support

Not having a will can cause unnecessary stress and leave difficult decisions to family members or to the courts. Help protect your family's financial future and ensure your final wishes are clear. Turn to our valuable legal resources offered through Hyatt Legal Plans. You get expert guidance – at no additional cost to you – with your Supplemental Life coverage. Whether it's creating a binding will or updating an existing will, you can take advantage of unlimited consultations with a plan attorney so you can feel confident you're making the right decisions.

Personal Guidance When it Matters Most

One-on-one consultations to help meet your needs in a private and supportive environment. Choose to meet in-person or by phone with any of our more than 14,000 participating plan attorneys. There will be no claim forms to file for covered services – fees are taken care of through your plan. And, you can use an out-of-network attorney if needed, the fees for these services are based on a set fee schedule.*

Covered Services:

Take advantage of covered services that can help you and your spouse/domestic partner prepare or update a will.

- **Unlimited Access:** consult with an attorney to prepare, update or revise a will
- **Protection for the Unexpected:** prepare living wills and powers of attorney to help ease the stress involved when individuals become unable to make their own decisions.

These services are automatically available to you when your life insurance coverage becomes effective.

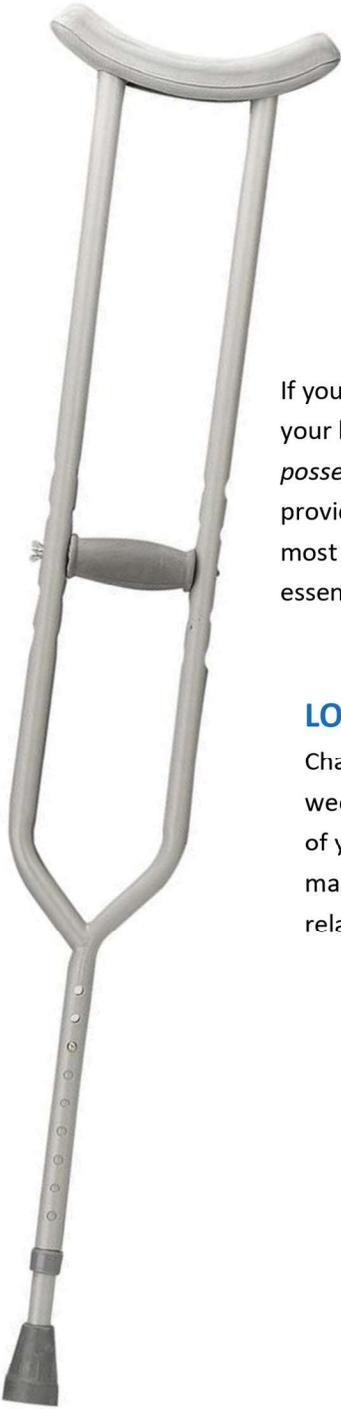
Expert Guidance is Just a Phone Call Away

Simply contact a Client Services Representative to get started. You will be assigned a case number and receive help with locating a participating plan attorney.

- Call Hyatt Legal Plans' toll-free number 1-800-821-6400
- Provide the Chatham County customer number #122344 and the last 4 digits of the employee's Social Security number.
- Locate a participating plan attorney near you

Complimentary services that are also included with your life coverage...

- **Estate Resolution Services²:** Settle an estate with ease.
- **Funeral Discount & Planning Services⁴:** Pre-plan to help alleviate the burden of making funeral arrangements from loved ones.
- **Digital Legacy⁵:** Create and share a digital legacy.



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

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 \$6,500 per month. If approved, benefits begin after 120 days of non-work related disability or illness.



IT’S A FACT:

56 million Americans, or 1-in-5, live with disabilities.

It is estimated that a sobering 1-in-4 individuals currently in their 20’s will experience a disability before reaching retirement age.

Voluntary Benefits

Chatham County is pleased to have trained benefit counselors assist with this year's enrollment. 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.



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.

For more information, contact:

Eddie Wilson

Colonial Life

912-443-0181

Colonial Life
The benefits of good hard work.®



Don't forget...

It is important that you meet 1-on-1 with a benefits counselor during the open enrollment Period. This is your chance to learn more about your benefits and protect what you work so hard to build.



Choose a pet health plan to fit your needs

From Nationwide®, the #1 choice in America for pet insurance[^]

Prices include 5% discount!***

Major Medical Plan comprehensive
Pet Wellness Plan Plus everyday careSM
 Starting at
\$22/paycheck*

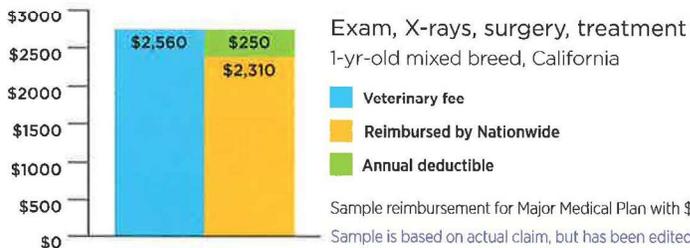
Major Medical Plan comprehensive
 Starting at
\$13/paycheck*

Pet Wellness Plan Plus everyday careSM
 Starting at
\$10/paycheck*

Use any vet	✓	✓	✓
Accidents , including poisonings, cuts and broken bones	✓	✓	
Common illnesses , including ear infections, rashes, vomiting and diarrhea	✓	✓	
Serious/chronic illnesses[†] , including cancer, diabetes and allergies	✓	✓	
Hereditary conditions[†]	✓	✓	
Procedures/services , including surgeries, Rx meds and hospitalization	✓	✓	
Wellness services , including exams, vaccinations and flea/heartworm preventives	✓		✓
Annual deductible	\$250 for medical claims \$0 for wellness claims	\$250	\$0

Sample reimbursement

When Biscuit needed emergency surgery after eating a handful of pebbles, the Major Medical plan reimbursed 100% of her vet bill (less the deductible).



Sample reimbursement for Major Medical Plan with \$250 annual deductible. Sample is based on actual claim, but has been edited for clarity.

vethelplineSM | Members have **free, 24/7 access** to a veterinary professional through **vethelpline** (\$170 value) for any pet question. Only from Nationwide.

Enroll now and receive your discount.
PetsNationwide.com • 877-738-7874

[^]2012 Veterinary AAU *Premiums vary based on the age of the pet, species, size (as an adult), plan type and state of residence. Per-paycheck pricing is based on a 26 pay period per year cycle. Your pricing may vary based on your employer's payment schedule. **Discount applies to base medical plan only. [†]New illnesses only. Does not include conditions pre-existing to enrollment. [‡]Limited hereditary condition coverage after the first year of enrollment. [§]Wellness plans are not available in all states.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Insurance plans are offered and administered by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A rated company (2013); National Casualty Company (all other states), Madison, WI, an A.M. Best A+ rated company (2014). Nationwide, the Nationwide N and Eagle, and Nationwide Is On Your Side are service marks of Nationwide Mutual Insurance Company. ©2015 Nationwide. 15GRP3656_Payroll_Static 16QUICK3CARDPAY



Get cash back on the everyday care your pet needs to stay healthy.

 Pet Wellness Plan Plus^o everyday careSM	
Physical exam: Two exams per policy term	\$60 \$30 max per exam
Behavioral exam and/or treatment	\$30
Vaccination or titer	\$75
Heartworm or FeLV/FIV test	\$35
Fecal test	\$25
Deworming	\$25
Nail trim	\$20
Microchip	\$40
Health certificate	\$40
Flea control or heartworm prevention	\$75
One additional test: 1. Health screen (blood test) or 2. Radiograph (X-rays) or 3. Electrocardiogram (EKG)	\$75 One test per policy term
Maximum annual benefit	\$500

Duke got a clean bill of health

Wanting to get her new puppy, Duke, up to date with all his shots, Anne took him to the vet for his first wellness visit.

Duke is covered with Pet Wellness Plus, so he's already off to a healthy start. Here's how we reimbursed Anne's claim.



Wellness exam, vaccinations, tests, heartworm preventive
1-yr-old Cavalier King Charles spaniel, Minnesota

 Veterinary bill  Reimbursed by Nationwide  This plan has no deductible

Using your Nationwide policy is quick and easy.

-  Visit any vet and pay at checkout.
-  Send us your claim.
-  We'll send you a check.

vethelplineSM

Live veterinary guidance about your pet's health, from general questions to identifying urgent care needs. **Free to all members** (\$170 value). Only from Nationwide.



*2012 Veterinary AAU. **Premiums vary based on the age of the pet, species, size (as an adult), plan type and state of residence. Per-paycheck pricing is based on a 26 pay period per year cycle. Your pricing may vary based on your employer's payment schedule. **Discount applies to base medical plan only. †New illnesses only. Does not include conditions pre-existing to enrollment. ‡ Limited hereditary condition coverage after the first year of enrollment. †Wellness plans are not available in all states.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Insurance plans are offered and administered by Veterinary Pet Insurance Company in California and DVM Insurance Agency in all other states. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A rated company (2013); National Casualty Company (all other states), Madison, WI, an A.M. Best A+ rated company (2014). Nationwide, the Nationwide N and Eagle, and Nationwide Is On Your Side are service marks of Nationwide Mutual Insurance Company. ©2015 Nationwide. 15GRP3656_Payroll_Static

16QUICK3CARDPAY



Nationwide[®]
is on your side



Chatham County Employee Health Center

What We Treat

Our goal is to help you achieve your optimum health. To reach this goal, the staff at the Chatham County Employee Health Center is licensed to diagnose, treat, and prescribe for a wide variety of common illnesses and injuries. In addition to sick care, you have access to a full range of health assessments, coaching, and disease management services – all from a convenient location.

Services at the center are available 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.

The following is a representative list of services available:

Prevention

Health Screenings

- Annual Exams
- Blood pressure
- Body mass index
- Cholesterol
- Glucose

Health Coaching

- Nutrition
- Physical activity
- Tobacco cessation
- Stress management
- Weight loss
- Onsite coaching at several county office locations

Chronic Condition Coaching

- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Free allergy shots
- Heart health
- Low back pain
- Sleep apnea
- Educational offerings

Sick Visits

- Allergy management and allergy shots
- Bronchitis
- Common Cold
- Constipation
- Cough
- Diarrhea
- Eye infections
- Headache
- Incision and drainage
- Joint pain
- Nausea and vomiting
- Nosebleed
- Sinus infections
- Skin infections
- Strains and pains
- Strep throat and more.

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. Please contact the center for more information on this cost-saving option.

Center Information

Mon/Tue/Thu/Fri

8am – 6pm
(Closed 1:30pm – 2:30pm)

Wed 8am – 12pm

Phone 912-228-5655

Fax 912-200-3624

my.marathon-health.com

813 E 68th Street
Suite B
Savannah, GA 31405



Marathon
health
For Life.

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 CREDITS?

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 1st. You will have through November 30th 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. Human Resources will work with you (and if you wish, your doctor) to provide reasonable alternatives.

Wellness Activity	Employee Points Earned
Complete a 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 www.marathon-health.com/myphr 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://www.marathon-health.com/myphr/>, your personal hub for all wellness tracking tools and resources. **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 website. 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.

Your username and password for the portal were included in the welcome packet that you received from Marathon Health. If you no longer have this information, you may call the Chatham County Employee Health Center at (912) 228-5655 or Marathon Health Technical Assistance at (888) 490-6077 to retrieve this information.

Please note the following requirements and deadline for the Wellness Incentive:

101 points must be earned and uploaded onto the Marathon Health portal on or before November 30th of the current year.

The following activities are a required part of the 101 point total: Biometric Screening and HHRA				
Wellness Activity	Description	Point Value	Register/Access	Reporting
Biometric Screening (Required for employee and spouse on the medical plan)	Biometric screening includes measurements for blood pressure, glucose (blood sugar), cholesterol, height, weight, and pulse.	25	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.	Marathon Health 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.
Health History and Risk Assessment (HHRA) Questionnaire (Required for employee and spouse on the medical plan) Or Annual Health Risk Assessment Questionnaire (Required for employee and spouse on the medical plan)	The Health History and 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. The initial HHRA can only be completed once. If you have completed the initial HHRA, you must complete an annual HRA.	15	Log onto marathon-health.com/myphr to complete the online health questionnaire.	Marathon Health

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

Wellness Activity	Description	Point Value	Register/Access	Reporting
Health Coaching Session at Chatham County Employee Health Center	Complete a health coaching session at the Chatham County Employee Health Center.	25	Schedule an appointment online at marathon-health.com/myphr or call the Chatham County Employee Health Center at (912) 228-5655 to schedule an appointment.	Marathon Health
Annual Physical Exam	Routine annual exam, covered under the medical plan, provided by your Primary Care Physician (PCP) or OB/GYN.	30	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 the staff.
Tobacco Attestation (Required for employee on medical plan)	Indicate your tobacco use status	1	Log onto Marathon-health.com/myphr	Self-reported on Marathon portal
Comprehensive Health Review at Chatham County Employee Health Center	Face-to-face visit with Marathon Health to review results from the HHRA and biometric health screening to develop a plan to meet your health goals.	25	Schedule an appointment online at marathon-health.com/myphr or call the Chatham County Employee Health Center at (912) 228-5655 to schedule an appointment.	Marathon Health
Cancer Screenings	Examples (include, but not limited to): Breast, colorectal, prostate, melanoma	10 points per screening	Schedule and complete a physician appointment.	Self-reported on Marathon portal
Dental Exams	Routine dental exam	10 points per exam (maximum of 2 exams per year or 10 points)	Schedule and complete a dental appointment.	Self-reported on Marathon portal
Vision Exam	Routine adult eye and vision examination	10	Schedule and complete a vision appointment.	Self-reported on Marathon portal
Blood Pressure Check	Blood pressure measurement not associated with annual exam or biometric screening	10 (maximum of 3 per year or 30 points)	Chatham County will offer monthly blood pressure checks at County locations. -OR- Have your blood pressure checked during a health fair.	Self-reported on Marathon portal
Vaccination	Receive a vaccination against seasonal flu, pneumonia, or shingles	10 points per vaccination	Receive a vaccination from a medical facility.	Self-reported on Marathon portal

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

Wellness Activity	Description	Point Value	Register/Access	Reporting
Weight Watchers at Work Program or Weight Watchers Online	Nationally-recognized program that provides support for weight loss	5 points per month (maximum 20 points)	Sign up online or Contact Chatham County Employee Wellness Coordinator at (912) 652-7936.	Self-reported on Marathon portal
Local Walks/Races	Complete a local walk/run event	5 points per program (maximum 20 points)	Register and complete a local race.	Self-reported on Marathon portal
Lunch and Learn Session	Attend Lunch and Learn Session with Chatham County	5 points per session (maximum 20 points)	Lunch and learn topics will be published monthly.	Self-reported on Marathon portal
Wellness Workshop on Marathon Health Portal	Complete online workshop with Marathon Health	1 point per workshop (maximum 20 points)	Log onto marathon-health.com/myphr	Marathon Health portal will a Automatically reward points upon completion of wellness workshops
Wellness Workshop on Blue Cross Blue Shield Portal	Complete online workshop with Blue Cross Blue Shield of Georgia	1 point per workshop (maximum 20 points)	Log onto bcbsga.com	Self-reported on Marathon portal
Chatham County Health Challenges	Walking, weight loss, and nutrition challenges	5 points per challenge (maximum of 20 points)	Registration details will be provided when challenges begin.	Self-reported on Marathon portal
Healthy Living Activities	Daily activities that increase health and well-being	5 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)	Self-reported on Marathon portal
Blood Donation	Donate blood with the American Red Cross or other agency	10 (maximum of 3 per year or 30 points)	Complete blood donation	Self-reported on Marathon portal
Submit a Healthy Like Me Story	Submit a story that discusses how you have made healthy changes	20	Log onto marathon-health.com/myphr	Self-reported on Marathon portal
St. Joseph's/Candler Diabetes or Pre-Diabetes Management Program	Participate in the St. Joseph's/Candler Diabetes or Pre-Diabetes Management Program	25	Register by calling St. Joseph's/Candler at (912) 819-6146	Self-reported on Marathon portal
Complete a Cardiovascular Screening	Complete a Cardiovascular Screening	10	Complete a cardiovascular screening that is offered at Chatham County or in the community	Self-reported on Marathon portal



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.

In the past, employees have completed a one-time declaration of their tobacco status when they initially enroll in the health insurance plan. **You must now 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, 2019. Complete the Tobacco Attestation on Marathon Health's website under Incentives which is located under the Wellness Tab at www.marathon-health.com.

You can avoid the surcharge by certifying that you are a non-tobacco user or as 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, 2019.

You will be assessed the surcharge beginning January 1, 2019 if you fail to complete and submit the Tobacco Use Attestation by November 30, 2018.

For more information contact Tamala Fulton at TRFulton@chathamcounty.org or (912) 652-7936.

Additional Wellness Benefits

WEIGHT MANAGEMENT PROGRAMS

GYM MEMBERSHIPS: Chatham County has partnered with local gyms to offer discounted rates to employees. Chatham County contributes \$15.00 per month toward gym membership dues for employees who attend at least 8 times per month, for a maximum of \$180 per calendar year.

WEIGHT WATCHERS AT WORK: For more than a decade, Chatham County has offered Weight Watchers at Work to employees. This is a weight loss program that teaches lifestyle behavior changes that encourage employees to eat healthier, move more, and make smarter food choices. Employees receive a \$60 reimbursement from the County when they attend 14 of 17 weekly sessions 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.

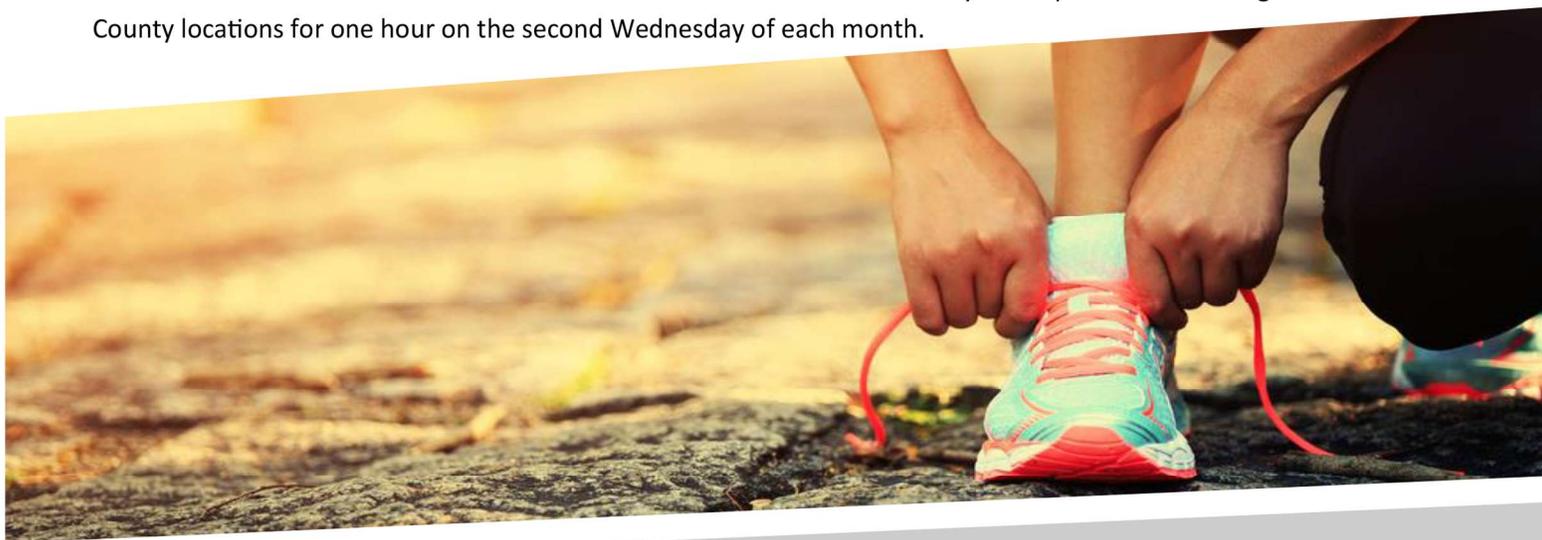
HEALTH SCREENINGS AND PREVENTION

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

FLU SHOTS: Chatham County partners with the local Health Department to offer flu shots onsite to County employees. The flu shots are offered at no cost to the employee.

ONSITE SCREENINGS: Employees and spouses (on the medical insurance) have an opportunity to receive an annual biometric screening onsite 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.

MONTHLY BLOOD PRESSURE SCREENINGS: Marathon Health offers monthly blood pressure screenings at Chatham County locations for one hour on the second Wednesday of each month.



How to Enroll

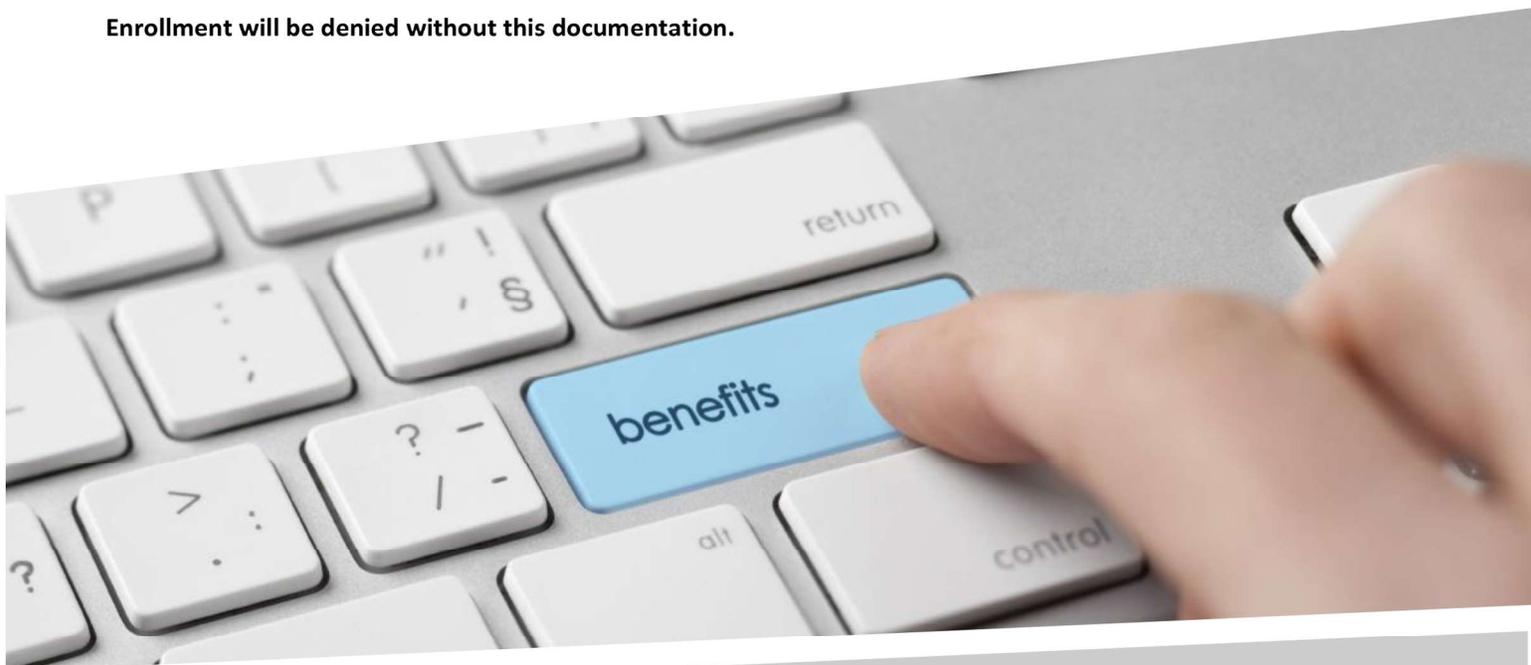
BENEFIT	HOW TO ENROLL
> Medical, Dental, or Vision Coverage	The Employee Self Service Portal (see detailed login instructions on pages 28-30 of this guide)
> Flexible Spending Accounts > Colonial Products	Work directly with a Colonial Benefits Counselor
> 457 (b) Retirement Program	Enroll at www.empowermyretirement.com
> Met Life Products	Complete the Life Enrollment & Beneficiary Designation Form to elect coverage. Remember that an Evidence of Insurability form is required for amounts over \$100,000. Return the forms to Human Resources via fax at 912-652-7958, or via email at ryhill@chathamcounty.org .
> Pet Insurance	Enroll directly with Nationwide (see page 18 of this guide)

REQUIRED DEPENDENT/BENEFICIARY INFORMATION

In order to enroll your dependents in the health plan, you must supply the following documentation:

- ▶ Spouse—marriage certificate
- ▶ Child—birth certificate

Enrollment will be denied without this documentation.



Chatham County Employee Self Service

Chatham County is pleased to offer online Open Enrollment. Here are basic instructions for logging on to Employee Self Service for the first time. ESS is the only option for making your health, dental, and vision benefits choices.

Be sure to have the social Security number and date of birth available for each dependent you are enrolling.

You may access the Employee Self Service website and complete your Open Enrollment from any computer or mobile device (smart phone or tablet) that has Internet access. If you do not have access to a computer or mobile device, Human Resources will provide access and can assist you with the process.

The process is simple, but if you need assistance, help is available. You may contact a member of the Employee Benefits Team at (912) 652-7955.



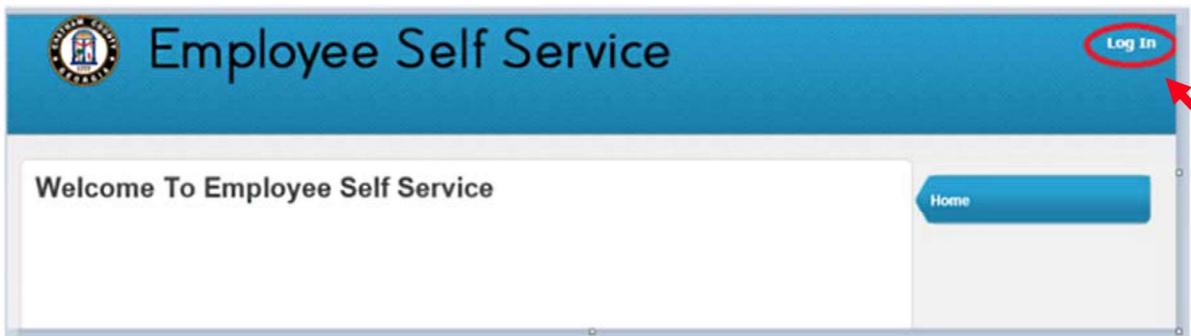
Employee Self Service

Login

To login to the Chatham County Employee Self Service (ESS) go to the following website:

<https://employee.chathamcounty.org>

In the upper right hand corner, click the “Log In” link.



Login

User name

Password

[Forgot your password?](#) **Log in**

Your Username is the first initial of your first name, your full last name, and your employee number. For example, John Smith might be JSmith1234. If your last name is hyphenated or consists of two names with a space, include the hyphen or space in your Username. (e.g., JSmith-Jones1234 or JSmith Jones 1234).

Your initial password will be the last 4 digits of your social security number. Upon initial login, you will be prompted to change your password. Enter your current password (last four digits of your social security number), then enter your new password and confirm it by re-entering it.

Login

Before proceeding you must change your password.

New password must be at least 8 characters long and contain at least 1 numeric character.

Current password

New password

Password strength Unacceptable

Confirm new password

New password hint

Change **Cancel**

Enter last 4 digits of social security number

Enter your new password (must be 8 characters long and contain at least 1 numeric character)

Re-enter your new password

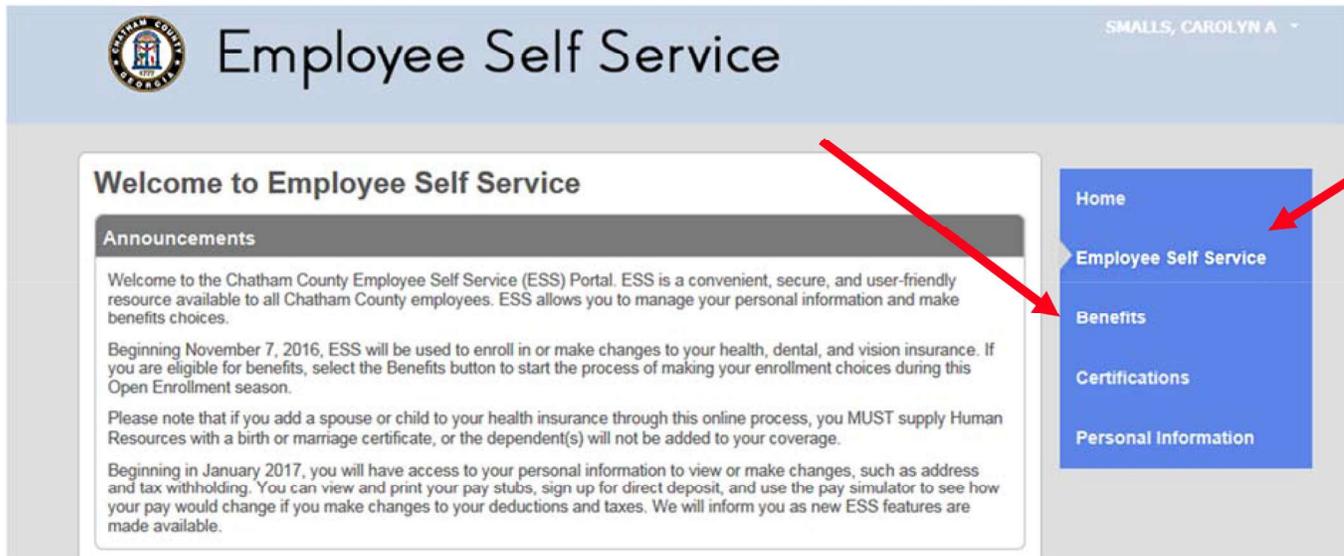
Create a password hint.

Password Hint is a reminder of your password. For example, if your password is your child’s birthday, you might use “Karen” or “Jim” as a reminder.

Next, click on the “Change” button. You should see the screenshot below. Then click “Continue” to navigate to the Employee Self Service welcome page.



Employee Self Service tab. This announcement contains important information about ESS and the Open Enrollment process.



To begin the Open Enrollment process, click on the **Benefits** tab on the right. The Benefits page provides a summary of your election choices.

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).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

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; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 31 days from 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 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 15th to December 7th.

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
- 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, 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

**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.

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 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 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, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.a spX	Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p align="center">IOWA – Medicaid</p>
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563</p>
<p align="center">KANSAS – Medicaid</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p>
<p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p align="center">KENTUCKY – Medicaid</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p>
<p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p>	<p align="center">NEW YORK – Medicaid</p>
<p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p>	<p align="center">NORTH CAROLINA – Medicaid</p>
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p>	<p align="center">NORTH DAKOTA – Medicaid</p>
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p>
<p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MISSOURI – Medicaid</p>	<p align="center">OREGON – Medicaid</p>
<p>Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>

MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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 ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo. 1210-0149
(expires 5-31-2020)

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.¹

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.

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

¹ An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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 Street		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 Hill			
11. Phone number (if different from above)		12. Email address ryhill@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:

FT 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.

• An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Helpful Resources

PLAN	PROVIDER	PHONE NUMBER	WEBSITE/EMAIL
Benefits Customer Service (OE or New Hire) Monday – Friday 8:00 am to 5:00 pm EST	USI Benefit Resource Center	855-USI-6699 (855-874-6699)	BRCEast@usi.com
Medical	Blue Cross Blue Shield of Georgia	855-397-9267	www.bcbsga.com
Prescriptions	Express Scripts	800-282-2881	www.express-scripts.com
Employee Assistance Program (EAP)	Performance Management Resources	Local 912-692-0988 888-886-7988	www.pmsavannah.com
Dental	United Concordia	800-332-0366	www.unitedconcordia.com
Vision	Blue View Vision	866-723-0515	www.bcbsga.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
Health Care and Dependent Care Flexible Spending Accounts (FSA)	Ameriflex	Eddie Wilson 912-443-0181	www.myameriflex.com/ participants
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
457 Retirement Program	Empower	Tem Miller 678-471-9348	www.empowermyretirement.com

PLAN DOCUMENTS

The Chatham County Summary of Benefits & Coverage for each Medical Plan and Carrier Certificates for each benefit plan can be found on the Chatham County Intranet page at <http://sharepoint/HR/Pages/Employee-Benefits.aspx>. This link is accessible from any networked County computer. If you are unable to obtain these documents at this specified location or would prefer a paper copy, please contact Human Resources at 912-652-7955 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 at the Company. 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.

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