

2023 Macon-Bibb County Retirees Benefit Guide





Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of **Macon-Bibb County**. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuum of protection that complements the **Macon-Bibb County** leave policies and retirement plans. **The plan year is in effect from January 1 to December 31, 2023.**

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 19 for more details.

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This guide describes the benefit plans available to you as an eligible retiree (not all retirees are eligible for all these benefits listed) of Macon-Bibb County. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Macon-Bibb County and NFP.

NFP provides Macon-Bibb County Consolidated Government Employees a Benefit Resource Center website that gives you easy access to all the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains important documents such as, to name a few, summaries, enrollment guide, benefit certificates, claim forms, contacts, and links to your benefit information along with access to the bswift enrollment system on the enrollment page of the website.

Please visit the Benefit Resource Center site at www.nfpsebenefits.net/maconbibb to view these documents on each of your benefits. If you need assistance or have questions, please contact the **NFP** service center at **1-833-783-6388**.



Benefit Resource Center

Home	New Hire	Employee Benefits ▾	Enrollment	Qualifying Life Events	Resources ▾
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Before You Enroll – Things to Know

You are **REQUIRED** to **provide the following information or documentation** for all dependents and beneficiaries:

- Name
- Date of birth
- Social Security number

Annual Enrollment period opens on October 4th and ends at midnight on October 15th, 2021.

HOW TO ENROLL

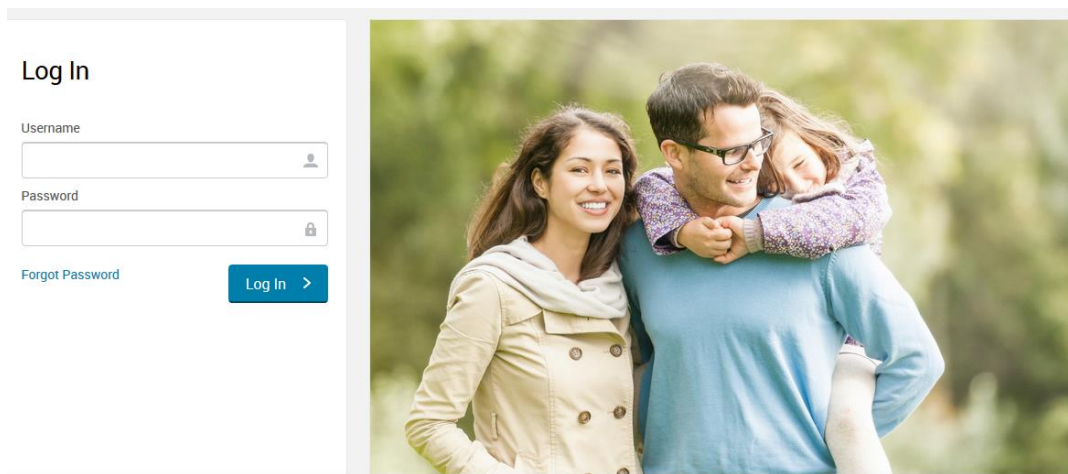
Go to www.maconbibb.bswift.com.

At this time, make sure to disable your pop-up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.



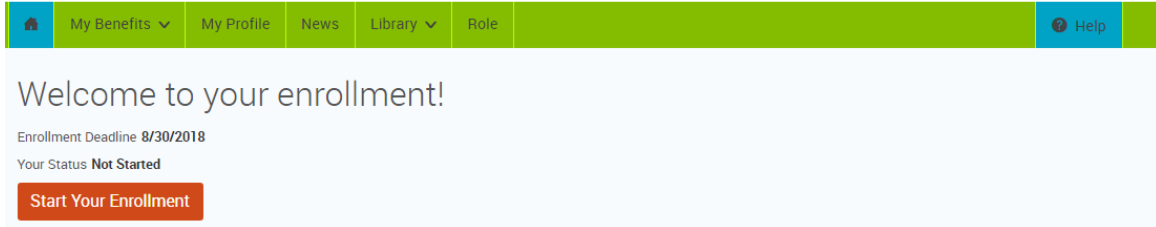
- Please go online and make your elections during the Open Enrollment by the deadline provided.
- Please contact NFP at 1-833-783-6388 to speak with a benefit consultant if you need assistance with your enrollment.

Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.

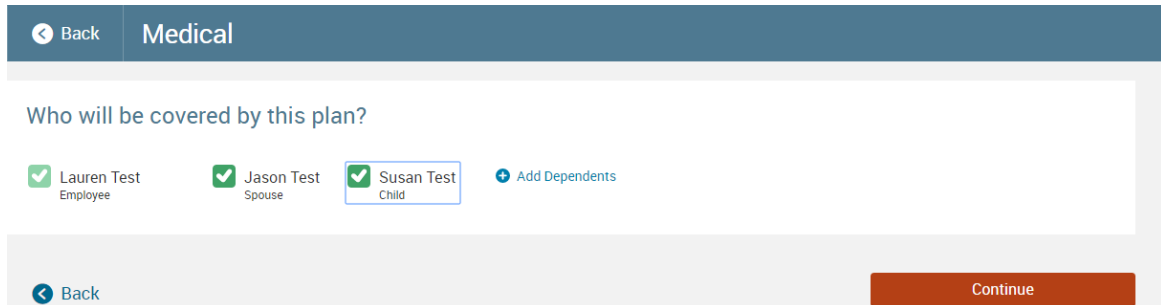
How To Enroll

To Begin:

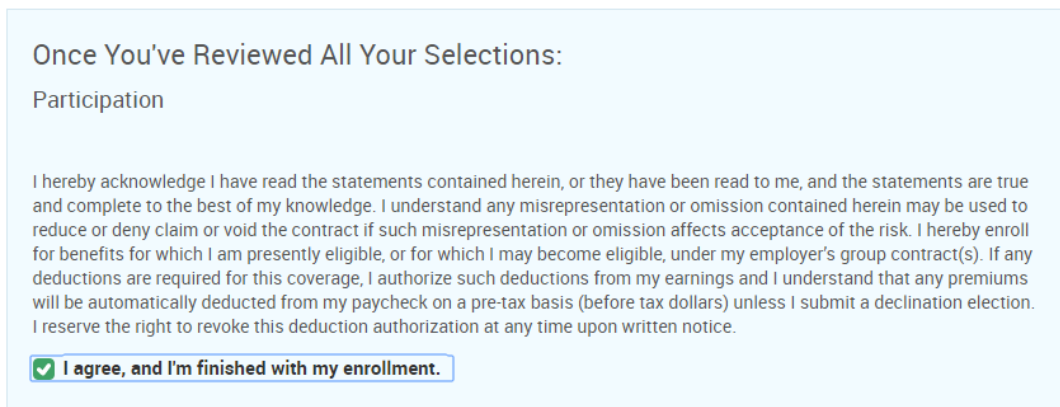
- 1) From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



- 4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.



- 5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

Medical – Value 70 Plan

Macon-Bibb County’s Medical Plan will remain with Anthem for the 2023 plan year. The chart below includes the most utilized benefits. To locate participating providers, go to www.anthem.com and click on “Find a Doctor.” Network is **Blue Open Access POS**.

Benefit	In-Network	Out of Network
Deductible	\$2,000 Individual \$6,000 Family	\$4,000 Individual \$12,000 Family
Coinsurance	70% plan / 30% member	50% plan / 50% member
Maximum Annual Out of Pocket Limit	\$7,350 Individual \$14,700 Family	Unlimited Unlimited
	The Out-of-Pocket Maximum includes deductible, coinsurance, and all copays - Office Visits, Urgent Care, Emergency Room, and Prescriptions.	
Routine Preventive Care	Member pays 0%	Member pays 50% after deductible
Office Visits (PCP/Specialist/Online)	\$40 / \$80 / \$0 copay	Member pays 50% after deductible
Maternity Physician Services	\$300 copay	Member pays 50% after deductible
Physical, Occupational, and Speech Therapy – 40 visit limit per year Chiropractic Care – 30 visit limit per year	\$80 copay	Member pays 50% after deductible
Diagnostic Imaging (MRI, MRA, CT and PET Scans)	Member pays 30% after deductible	Member pays 50% after deductible
Urgent Care Center	\$60 copay	Member pays 50% after deductible
Emergency Room Life-threatening illness or accident Non-Emergency Use of ER	Waived if admitted to hospital \$350 copay + 30% coinsurance Not covered	
Hospital/Inpatient Facility Services	Member pays 30% after deductible	Member pays 50% after deductible
Outpatient Surgery at Hospital	Member pays 30% after deductible	Member pays 50% after deductible
Durable Medical Equipment	Member pays 30% after deductible	Member pays 50% after deductible
Prescription Drugs: Tier 1 Retail / Home Delivery Tier 2 Retail / Home Delivery Tier 3 Retail / Home Delivery Tier 4 Retail / Home Delivery	\$15 / \$37 copay \$55 / \$137 copay \$70 / \$175 copay Member pays 20% up to a \$300 maximum per prescription	

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Medical – Value 80 Plan

Macon-Bibb County’s Medical Plan will remain with Anthem for the 2023 plan year. The chart below includes the most utilized benefits. To locate participating providers, go to www.anthem.com and click on “Find a Doctor.” Network is **Blue Open Access POS**.

Benefit	In-Network	Out of Network
Deductible	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	80% plan / 20% member	50% plan / 50% member
Maximum Annual Out of Pocket Limit	\$6,000 Individual \$12,000 Family	Unlimited Unlimited
	The Out-of-Pocket Maximum includes deductible, coinsurance, and all copays - Office Visits, Urgent Care, Emergency Room, and Prescriptions.	
Routine Preventive Care	Member pays 0%	Member pays 50% after deductible
Office Visits (PCP/Specialist/Online)	\$35 / \$70 / \$0 copay	Member pays 50% after deductible
Maternity Physician Services	\$300 copay	Member pays 50% after deductible
Physical, Occupational, and Speech Therapy – 40 visit limit per year Chiropractic Care – 30 visit limit per year	\$70 copay	Member pays 50% after deductible
Diagnostic Imaging (MRI, MRA, CT and PET Scans)	Member pays 20% after deductible	Member pays 50% after deductible
Urgent Care Center	\$50 copay	Member pays 50% after deductible
Emergency Room: Life-threatening illness or accident	Waived if admitted to hospital \$250 copay + 20% coinsurance	
Non-Emergency Use of ER	Not covered	
Hospital/Inpatient Facility Services	Member pays 20% after deductible	Member pays 50% after deductible
Outpatient Surgery at Hospital	Member pays 20% after deductible	Member pays 50% after deductible
Durable Medical Equipment	Member pays 20% after deductible	Member pays 50% after deductible
Prescription Drugs: Tier 1 Retail / Home Delivery Tier 2 Retail / Home Delivery Tier 3 Retail / Home Delivery Tier 4 Retail / Home Delivery	\$12 / \$30 copay \$45 / \$112 copay \$65 / \$162 copay Member pays 20% up to a \$250 maximum per prescription	

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Medical – Premier 90 Plan

Macon-Bibb County’s Medical Plan will remain with Anthem for the 2023 plan year. The chart below includes the most utilized benefits. To locate participating providers, go to www.anthem.com and click on “Find a Doctor.” Network is **Blue Open Access POS**.

Benefit	In-Network	Out of Network
Deductible	\$500 Individual \$1,500 Family	\$1,000 Individual \$3,000 Family
Coinsurance	90% plan / 10% member	50% plan / 50% member
Maximum Annual Out of Pocket Limit	\$5,000 Individual \$10,000 Family	Unlimited Unlimited
	The Out-of-Pocket Maximum includes deductible, coinsurance, and all copays - Office Visits, Urgent Care, Emergency Room, and Prescriptions.	
Routine Preventive Care	Member pays 0%	Member pays 50% after deductible
Office Visits (PCP/Specialist/Online)	\$25 / \$50 / \$0 copay	Member pays 50% after deductible
Maternity Physician Services	\$300 copay	Member pays 50% after deductible
Physical, Occupational, and Speech Therapy – 40 visit limit per year Chiropractic Care – 30 visit limit per year	\$50 copay	Member pays 50% after deductible
Diagnostic Imaging (MRI, MRA, CT and PET Scans)	Member pays 10% after deductible	Member pays 50% after deductible
Urgent Care Center	\$35 copay	Member pays 50% after deductible
Emergency Room: Life-threatening illness or accident	Waived if admitted to hospital \$150 copay + 10% coinsurance	
Non-Emergency Use of ER	Not covered	
Hospital/Inpatient Facility Services	Member pays 10% after deductible	Member pays 50% after deductible
Outpatient Surgery at Hospital	Member pays 10% after deductible	Member pays 50% after deductible
Durable Medical Equipment	Member pays 10% after deductible	Member pays 50% after deductible
Prescription Drugs: Tier 1 Retail / Home Delivery Tier 2 Retail / Home Delivery Tier 3 Retail / Home Delivery Tier 4 Retail / Home Delivery	\$10 / \$25 copay \$30 / \$75 copay \$50 / \$125 copay Member pays 20% up to a \$200 maximum per prescription	

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Medical Coverage Cost

Rates for 2023 will remain the same as 2022.

Medical Costs for Retirees – Monthly Rates

Tier of Coverage	Value 70	Value 80	Premier 90
Employee	\$135.00	\$185.00	\$250.00
Employee + Spouse	\$325.00	\$390.00	\$485.00
Employee + Children	\$300.00	\$350.00	\$455.00
Employee + Family	\$450.00	\$525.00	\$650.00

DISCOUNTS AVAILABLE!

Macon-Bibb County encourages healthy behaviors and will reward you financially if you participate in these programs.

A **Non-Tobacco Use** discount is earned when you and your covered dependent(s) attest to not using tobacco products. Macon-Bibb County encourages the discontinuation of tobacco use and a tobacco cessation program is offered to assist you and to enable you to qualify for the discount.

A **Wellness Discount** is earned for the 2023 calendar year by having a routine physical exam performed by your physician during 2022. You must provide proof of your physical exam by December 15, 2022, for this discount to be applied. All that is needed to qualify is a letter from your physician stating that an annual exam was completed. We do not want or require your medical records.

If you provide proof of physical after December 15, 2022, your wellness discount will begin on the first payday of the month following submission of the exam.

Non-Tobacco Use Discount

\$35.00 per month for Retirees

Wellness Discount

\$50.00 per month for Retirees

Wellness Bonus Discount

\$50.00 per month for Retirees

Wellness Bonus Discount

Retirees who complete the HRA (Health Risk Assessment), Biometric screening, and watch the Mobile Wellness videos (minimum of 12) by December 15, 2022, can earn an additional \$25.00 discount per pay period (24). To complete your HRA, click on the HRA link at the bottom of the next page (page 11). For further questions or assistance with the HRA or Biometric screening, you may contact Catalina Torres Lopez at Catalina.torreslopez@atriumhealth.org or call 478 633 8504.

To register for the Mobile Wellness Program: <https://www.prestonwellnesscompany.com/macon-bibb-registration>. For questions or assistance please email: info@prestonwellnesscompany.com.

To maintain the discount, you will need to meet the following requirements by the date provided:

- Complete HRA and Biometric screening by December 15, 2022
- Register for coaching for moderate and high risk by March 1, 2023
- Moderate risk complete coaching by June 30, 2023 (2 sessions)
- High risk complete coaching by August 31, 2023 (4 sessions)

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.



Wellness Programming

Want to build new healthy habits that last a lifetime? Look into these wellness offerings to get you in the game and keep you motivated!

Health Coaching and Behavior Change Program

Here are some of the tools to help you adopt a healthy lifestyle, see results, and be the best you can be:

- **Health Risk Assessments*** to establish your individual needs
- **Biometric Assessments*** to monitor your health status and progress
- **Personalized Health Coaching** to support you in creating and reaching your health and wellness goals
- **Lunch and Learns** to stimulate learning and promote behavior change
- **Wellness Challenges and Incentives*** to keep you engaged so you can achieve lasting results and have fun along the way

You will also have access to a personal health portal including:

Health Coaching

- Schedule coaching sessions
- Direct message coach
- Record goals and track progress

Health Summary Reports

- Risk scores
- Biometric results
- Emotional health profile
- Modifiable behavior profile

Health Resources

- Newsletter
- Video tutorials
- Healthy tips
- Resource documents
 - Journals
 - Trackers

*Participation makes you eligible to receive completion bonus rewards

Get started by completing your [Health Risk Assessment](#) today!!

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you¹. When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive vs. Diagnostic Care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, let's say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, if you have symptoms and your doctor suggests a colonoscopy to see what's causing them, that's diagnostic care.

Child Preventive Care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24, with fair skin, about ways to lower their risk for skin cancer

- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This sheet is not a contract or policy with Anthem. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met³
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)^{4,5}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁵
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁵
- Pelvic exam and Pap test, including screening for cervical cancer

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis

- Cholesterol and lipid (fat) level
- Depression screening
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision²
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years⁶
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

A word about pharmacy items:

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 6-12 months

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older
- Vitamin D for men and women over 65

Women’s preventive drugs and other pharmacy items — age appropriate:

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides^{5,7}
- Low dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women 55 years old or younger
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)⁶

1. The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Customer Service number on your ID card.
2. Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.
3. Check your medical policy for details.
4. Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.
5. This benefit also applies to those younger than 19.
6. You may be required to get prior authorization for these services.
7. A cost share may apply for other prescription contraceptives, based on your drug benefits

With LiveHealth Online, getting online care is easy.

Your visits to the doctor are about to get a whole lot easier. With LiveHealth Online, you'll be able to talk to a doctor right away, from the comfort of your home or office. And all you'll need is an Internet connection and a web cam.

How LiveHealth Online works

With LiveHealth Online, the doctor will always come to your home or office right away. All you have to do is register at LiveHealthOnline.com and you're ready to go. There is no cost to sign up.

Set up your LiveHealth Online Account.

This lets you to fill out a health summary that the doctor can review each time you request a visit. This health summary is confidentially stored in your account and is available for future visits. All you have to do is:

1. Go to LiveHealthOnline.com and click the "Enroll First" link. Be sure to enter your Anthem insurance information since a LiveHealth Online visit is a covered benefit.
2. Answer a brief set of questions to create your profile. Choose a secure password so you can get to LiveHealth Online from any computer.
3. You are ready choose a physician and start your consultation.



If you are ready to use this now and you have set up your account, just follow these simple steps:

1. Click the green "Sign In" button and connect to a doctor. LiveHealth Online may be a covered health benefit and would cost the same as a network doctor office visit. Check your plan details or call member services at the number on your ID card for more information.
2. Answer a few questions before you see the doctor.
3. You can log back into LiveHealth Online at anytime to review your online visit once your conversation is complete.

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Some of the most common uses we see include:

- o Cold and flu symptoms such as a cough, fever and headaches
- o Allergies
- o Sinus infections
- o Family health questions

Dental

Macon-Bibb County is pleased to announce two options for Dental coverage for 2023 and coverage will be switching to MetLife. Keep in mind that you will pay less if you use an in-network dentist. For full details on your benefits, please refer to the Summary Plan Description. To locate participating providers, go to www.metlife.com. A one-time registration is required.

Benefit	Low Option	High Option
Annual Deductible: Applies to Type B and C Services	\$50 per individual / \$150 per family	\$50 per individual / \$150 per family
Type A: Preventive Services	100% (deductible waived)	100% (deductible waived)
Type B: Basic Benefits / Restorative Benefits	80% (deductible applies)	90% (deductible applies)
Type C: Crowns & Cast Restorations / Prosthodontic	50% (deductible applies)	60% (deductible applies)
Maximum Benefit Per Enrollee	\$1,500	\$2,000
Orthodontia Services Adult and Dependent Children*	50% Lifetime max: \$1,500	50% Lifetime max: \$1,500

Choice of dentist: While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit a nonparticipating dentist. A participating dentist has agreed to payment rates for various services and cannot charge you more. While a nonparticipating dentist does not have a contract with MetLife and are able to bill you for the difference between the total amount they charge, and the amount MetLife pays.

Pretreatment: While MetLife doesn't require a pretreatment authorization form for any procedure, we recommend them for any work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate. Your dentist will be informed of the exact amount your insurance will cover and the amount you will be responsible for.

*Children are covered to age 26 and for orthodontia to age 19.

Tier of Coverage	Employee Rates (Per Pay Period)	
Option Plan	Low Option	High Option
Employee	\$27.39	\$32.46
Employee + One	\$54.92	\$65.08
Family	\$89.56	\$106.14

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Vision

Macon-Bibb County Vision Coverage will remain with Anthem for the 2023 plan year. Keep in mind that you will pay less if you use an in-network provider. For full details on your benefits refer to the Summary Plan Description. To locate a participating provider, visit www.anthem.com, look for the **Blue View Vision Network**.

Benefit	In-Network	Out-of-Network (Reimbursement)	Frequency
Vision Exam	\$10 Copay	Up to 60%	Once every calendar year
Contact Lenses*			
Conventional	\$130 Allowance (15% discount on balance)	Up to \$130	Once every calendar year
Disposables	\$130 Allowance	Up to \$130	
Medically Necessary	Covered in Full	Up to \$210	
Contact Lens Fit & Follow Up Exams:			Once every calendar year
Standard Exam	Up to \$55	Not Covered	
Premium Exam	10% off retail price	Not Covered	
Standard Plastic or Glass Lenses			Once every calendar year
Single	\$20 copay	Up to 60%	
Bifocal	\$20 copay	Up to 60%	
Trifocal	\$20 copay	Up to 60%	
Frames	\$130 Allowance (20% off balance over \$130)	Up to \$130	Once every calendar year

Blue View Vision provides a cost-effective vision plan that includes eyewear available through a broad range of eye care providers and locations. You can easily find a provide conveniently located near you. Anthem contracts with independent optometrists and ophthalmologists as well as retail locations such as 1-800-CONTACTS, LensCrafters, Target Optical, and Pearle Vision Stores.

***Note:** The plan covers either contact lenses or lenses for your glasses once every 12 months. The discounts available on the balance for lenses and frames may not apply at certain locations, please see summary plan description for further details.

Tier of Coverage	Retirees Rates (Monthly)
Employee Only	\$4.80
Employee + Spouse	\$8.44
Employee + Children	\$9.15
Family	\$13.95

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Term Life Insurance provides valuable financial protection for your family. Macon-Bibb County is pleased to provide Basic Life and AD&D Insurance at no cost to you. Enrollment is automatic, but you must select beneficiaries.

The amount of coverage for retired employees:

Current Retirees will continue to have coverage at the same level as pre-consolidation and the benefit amount depends on your date of retirement. Contact your Human Resources Department to determine that amount.

Future Retirees hired prior to May 1, 2011 the future retiree benefit will be 1 times pre-retirement earnings between \$5,000 and \$50,000.

Future Retirees hired on or after May 1, 2011 will receive no retiree life insurance benefits.

Additional Service and Features are available with your coverage: (full description of these services and features are listed on the life summaries in the Benefit Resource Center).

Grief Counseling: To help you, your dependents, and your beneficiaries cope with loss. You can access these service by calling 1-855-609-9989 or log on to (Username: metlifeassist; Password: support) <https://griefcounseling.harrisrothenberg.net/default.aspx>.

Funeral Discounts and Planning Services: Ensuring your final wishes are honored. Dignity Memorial offer discounts up to 10% off on all types of funeral services. You can contact them online at www.finalwishesplanning.com or call 1-866-853-0954.

WillsCenter.com: Self service online legal document preparation is available at no cost to you. Visit www.willscenter.com to register as a new user.

Waiver of Premium: If you become totally disabled you may be eligible for waiver of your basic and supplemental term life premium.

Conversion or Portability: If you leave your employer, you have the option of carrying your coverage with you. You must apply and pay the premium within 31 days of the termination of your life insurance.

Accelerated Death Benefit: Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill. The death benefit will be reduced by the amount withdrawn.

Additional Benefits: Some of the standard additional benefits included in your coverage may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are: Air Bag, Seat Belt, Common Carrier, Child Care Center, Child Education, and Spouse Education.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from Macon-Bibb County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Macon-Bibb 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. Macon-Bibb County has determined that the prescription drug coverage offered by the Anthem Value 70, Anthem Value 80, and the Anthem Premier 90 Plans 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 Macon-Bibb County coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Macon-Bibb County benefit plan during an open enrollment period under the Macon-Bibb County benefit plan.

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 Macon-Bibb 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 the person listed below for further information. 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 Macon-Bibb 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 Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: January 1, 2023 to December 31, 2023

Name of Entity/Sender: Macon-Bibb County

Contact Person: Stacy Brown Siegle

Disclosure Notice - CHIP

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, 2023. 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.aspx	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
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
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	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	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

LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid Website: http://dphs.mt.gov/MontanaHealthcarePrograms/HI PP Phone: 1-800-694-3084	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthisurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid Medicaid Website: https://dhcfp.nv.gov/Medicaid Phone: 1-800-992-0900	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON – Medicaid 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 Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WYOMING – Medicaid 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 more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2023)

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 1-833-783-6388.

NOTICE OF YOUR HIPAA 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 towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution 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 or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

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 PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.maconbibb.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 1-833-783-6388. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.maconbibb.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 1-833-783-6388. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.maconbibb.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 1-833-783-6388. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.maconbibb.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

Why Should I Contact the NFP Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as it may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Service Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short- and long-term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you provide proper documentation of the event.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Service Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center Representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and will return your call the next business day.

1-833-783-6388

NFPseCustomerService@nfp.com

Contact Information

Plan	Administrator	Website/Email	Phone Number
Benefit / Enrollment Questions	NFP	NFPseCustomerService@NFP.com	1-833-783-6388
Human Resources	Macon-Bibb	www.maconbibb.us/human-resources/	478-751-2720
Medical	Anthem	www.anthem.com	1-855-397-9269
Dental	Metlife	www.metlife.com	1-800-275-4638
Vision	Anthem	www.anthem.com	1-866-723-0515
Basic Life	MetLife	www.metlife.com	1-800-275-4638



[Facebook.com/MaconBibbJobs](https://www.facebook.com/MaconBibbJobs)
[Facebook.com/MaconBibbCounty](https://www.facebook.com/MaconBibbCounty)
Twitter: @MaconBibb
Instagram: @MaconBibbCounty
www.MaconBibb.us
#ProtectMiddleGeorgia

