



2024 MACON-BIBB COUNTY RETIREE EMPLOYEE BENEFITS ENROLLMENT GUIDE

**MACON-BIBB COUNTY
HUMAN RESOURCES**

Benefits@maconbibb.us

(478) 751-2720



NFP

NFPsaCustomerservice@NFP.com

(833) 783-6388

WELCOME TO YOUR BENEFITS

Macon-Bibb County is pleased to offer our retirees a variety of benefit programs to meet the needs of you and your family members. Macon-Bibb County provides Medical, Dental, Vision, and Basic Life and AD&D. 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.

We are here to help you enroll and make benefit selections that are right for you.

NFP
NFPseCustomerservice@NFP.com
(833) 783-6388

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.

ENROLLMENT & ELIGIBILITY

ANNUAL ENROLLMENT PERIOD

October 16th - Midnight October 27th

HOW TO ENROLL

You will have the option to enroll in one of the three ways:

1. 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.

2. Over the phone with a benefits specialist by calling NFP at (833) 783-6388.

3. Attending the in-person open enrollment and completing your enrollment with a benefits specialist.

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

Name
Date of birth
Social Security number

ELIGIBILITY

Benefits are available to retirees and eligible family members, including your spouse, and any eligible dependents.

CHANGE IN STATUS

The elections you make when you are initially offered coverage and during the annual open enrollment period will stay in effect until 12/31/2024, unless you experience an approved qualifying change in status.

Qualifying change in status events include, but are not limited to:

- Marriage, divorce or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or your covered child
- Change in your spouse's work status that affects benefits

You must contact Human Resources within 30 days of the date of change. If you fail to notify Human Resources within 30 days, you will have to wait until the next annual enrollment period to make benefit changes.

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.

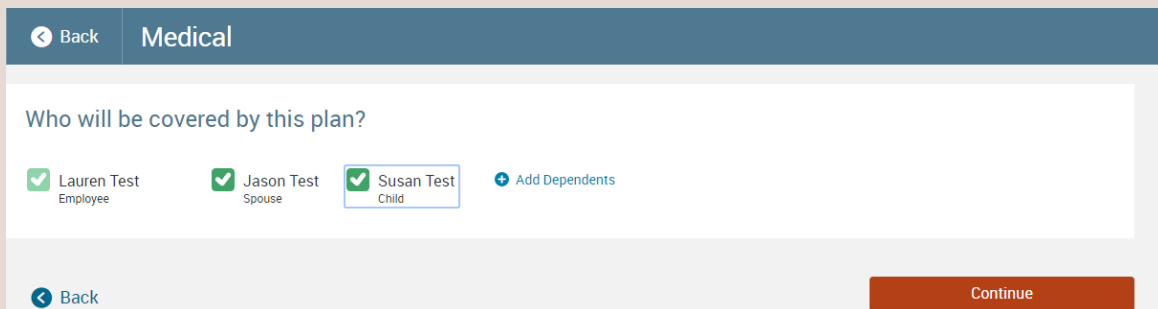
HOW TO ENROLL

To Begin:

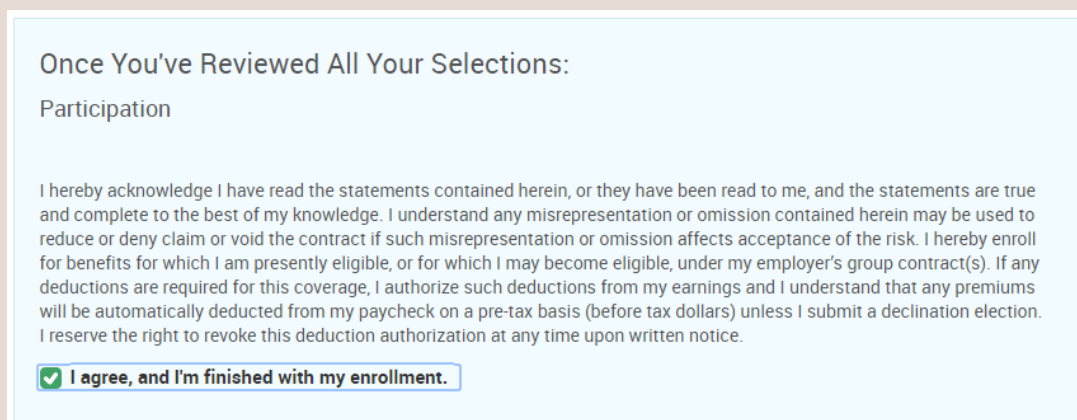
- 1) From the "Home Page" click on the "Start Your Enrollment" link, to begin the election process.
- 2) On the "Personal & Family Page", verify your information is accurate and "Add" all eligible dependents you wish to cover under any benefits.



- 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.

BENEFITS RESOURCE CENTER

NFP provides Macon-Bibb County Consolidated Government Employees and Retirees 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 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 ▾





Medical Benefits

Anthem Medical Plan – Value 70

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/LiveHealth 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	

To locate participating providers, go to www.anthem.com and click on “Find a Doctor.” Network is **Blue Open Access POS**.

Anthem Medical Plan – Value 80

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/LiveHealth 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 Non-Emergency Use of ER	Waived if admitted to hospital \$250 copay + 20% coinsurance 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	

To locate participating providers, go to www.anthem.com and click on “Find a Doctor.” Network is **Blue Open Access POS**.

Anthem Medical Plan – Premier 90

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/LiveHealth 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 Non-Emergency Use of ER	Waived if admitted to hospital \$150 copay + 10% coinsurance 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	

To locate participating providers, go to www.anthem.com and click on “Find a Doctor.” Network is **Blue Open Access POS**.

Medical Coverage Costs

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 2024 calendar year by completing **BOTH** the HRA (Health Risk Assessment) and biometric screening. You can earn an additional \$100.00 discount per month.

Non-Tobacco Use Discount
\$35.00 per month for Retirees

Wellness Discount
\$100.00 per month for Retirees

To qualify for the wellness discount, both the HRA and Biometric screening must be completed by December 18, 2023.

Failure to complete BOTH will forfeit the wellness discount.

Health Risk Assessment

Conducted by LGRMS (Local Government Risk Management Services)

Click [HERE](#) to get started on your HRA.

Biometric Screening

Conducted by Atrium Health on-site during open enrollment.

Click [HERE](#) to schedule your appointment.

You may also complete the biometric screening with your family physician. You must provide the completed form on the following page (page 12) signed by your medical provider to Human Resources by December 18, 2023.

First and Last Name _____

Date of Birth _____



Measurements

Having excess fat around your stomach can affect your health. It places you at risk for Type 2 diabetes, high blood pressure and heart disease.

	Your Result	Normal Results
Height	_____	
Weight	_____	
Waist Circumference	_____	Men: Less than 40 inches Women: Less than 35 inches (not pregnant)



Blood Pressure

High blood pressure increases your risk for heart disease, heart failure and stroke.

	Your Result	Normal Results
Blood Pressure	_____	Less than 120/80



Cholesterol

Normal cholesterol levels could mean a lower risk of heart disease, heart attack and stroke.

	Your Result	Normal Results
Total Cholesterol	_____	Less than 200
HDL (Good Cholesterol)	_____	Men: at least 40 Women: at least 50 Levels above 60 are ideal
TC/HDL Ratio	_____	Men: less than 4.7 Women: less than 3.8
LDL (Bad Cholesterol)	_____	Levels below 100
Triglycerides (Fat Levels in Blood)	_____	Below 150



Glucose (Blood Sugar)

Having high glucose (blood sugar) levels puts you at risk for diabetes. Over time, diabetes can lead to heart disease, stroke and kidney disease.

	Your Result	Normal Results
A1C	_____	Less than 5.7
Glucose	_____	Less than 100

Medical Provider Signature: _____

Date: _____



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

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.

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:

Set up your LiveHealth Online Account.

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:

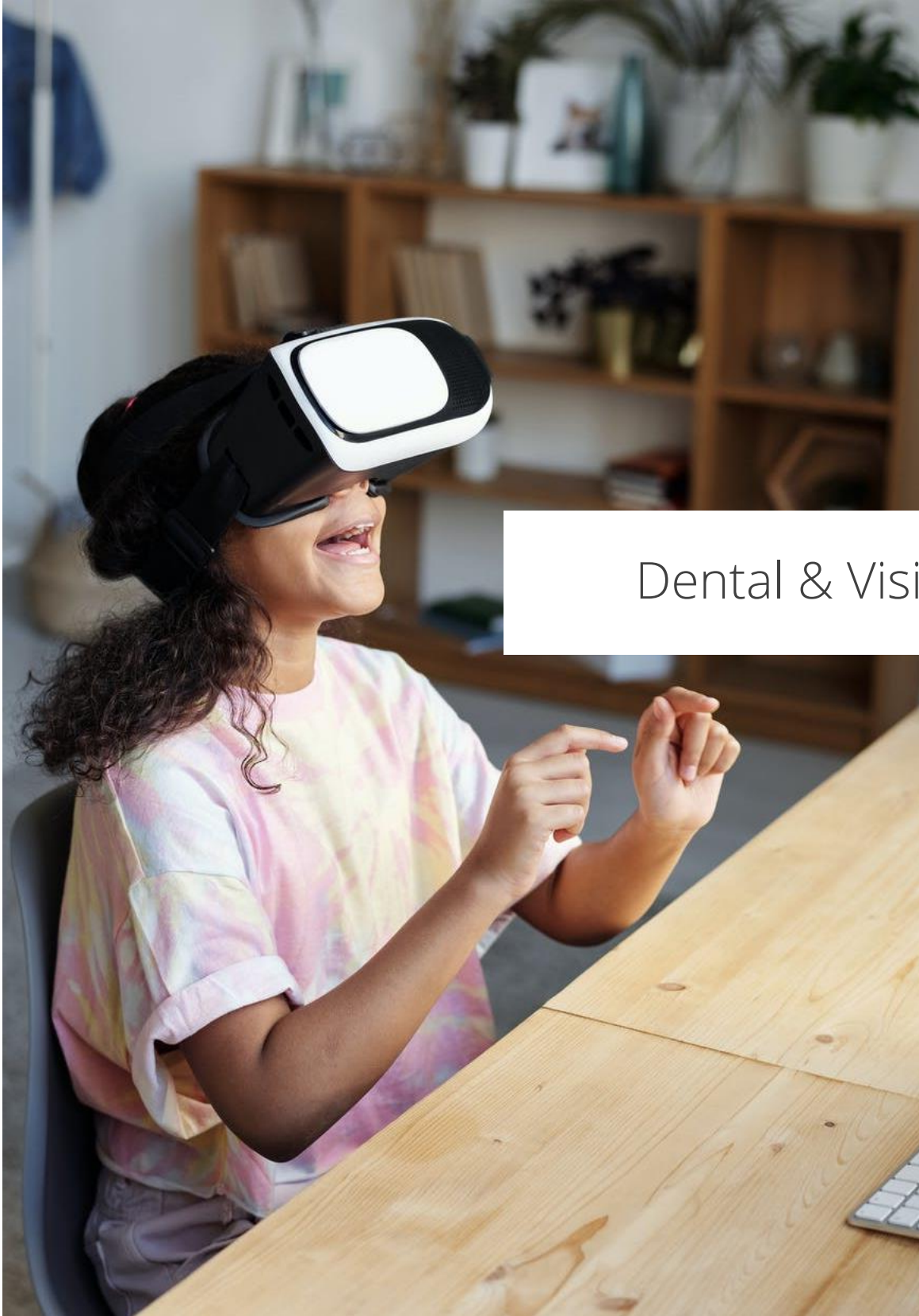
1. Click the green "Sign In" button and connect to a doctor.
LiveHealth Online may be a covered health benefit and would cost the same as a network doctor office visit. Check your plan details or call member services at the number on your ID card for more information.
2. Answer a few questions before 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 & Vision

Welcome

Medical

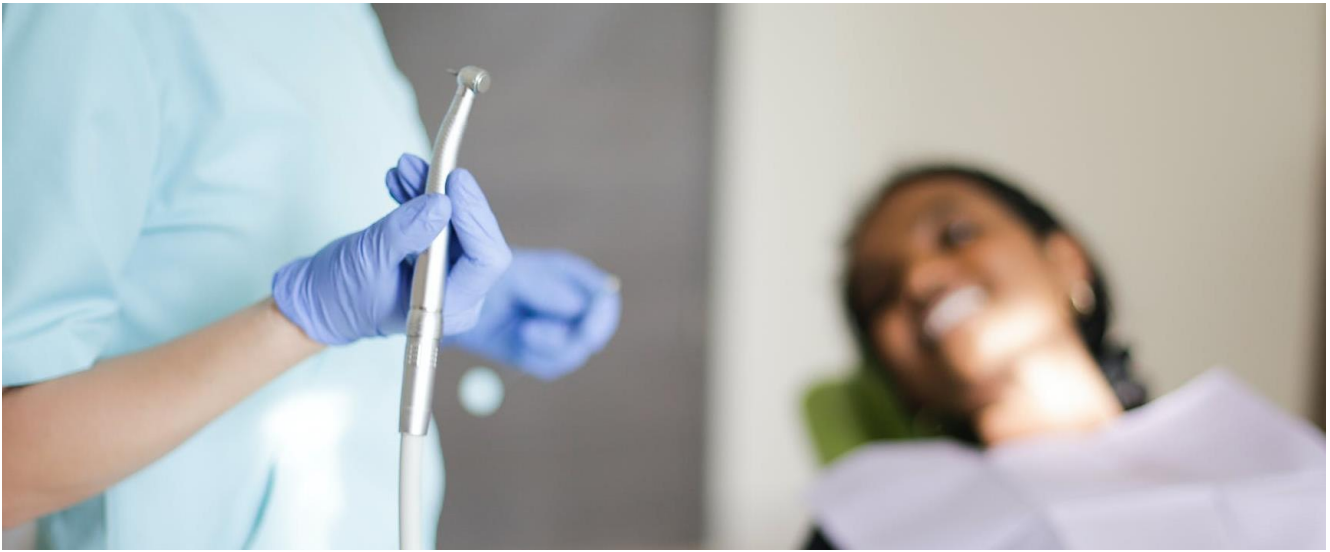
Dental

Vision

Life & AD&D

Notices

Contact



Macon-Bibb County is pleased to announce there will be no changes for the MetLife Dental coverage for 2024. 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

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

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 non-participating dentist does not have a contract with MetLife and is able to bill you for the difference between the total amount they charge, and the amount MetLife pays.

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



Macon-Bibb County’s Vision Coverage will remain with Anthem for the 2024 plan year. Keep in mind that you will pay less if you use an in-network provider. For full details on your benefits, please refer to the Summary Plan Description. To locate a participating provider, visit www.anthem.com and 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 Medically Necessary	\$130 Allowance Covered in Full	Up to \$130 Up to \$210	
Contact Lens Fit & Follow Up Exams: Standard Exam Premium Exam	Up to \$55 10% off retail price	Not Covered Not Covered	Once every calendar year
Standard Plastic or Glass Lenses Single Bifocal Trifocal	\$20 copay \$20 copay \$20 copay	Up to 60% Up to 60% Up to 60%	Once every calendar year
Frames	\$130 Allowance (20% off balance over \$130)	Up to \$130	Once every calendar year

*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



Life Insurance

Basic Life and AD&D

BASIC LIFE AND AD&D - METLIFE

Macon-Bibb County provides basic life and AD&D insurance to retirees. 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.

Accidental Death and Dismemberment (AD&D) provides benefits in the event of death or serious injury as a result of a covered accident. Macon-Bibb County provides you with AD&D insurance in the amount equal to your life insurance benefit.

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.

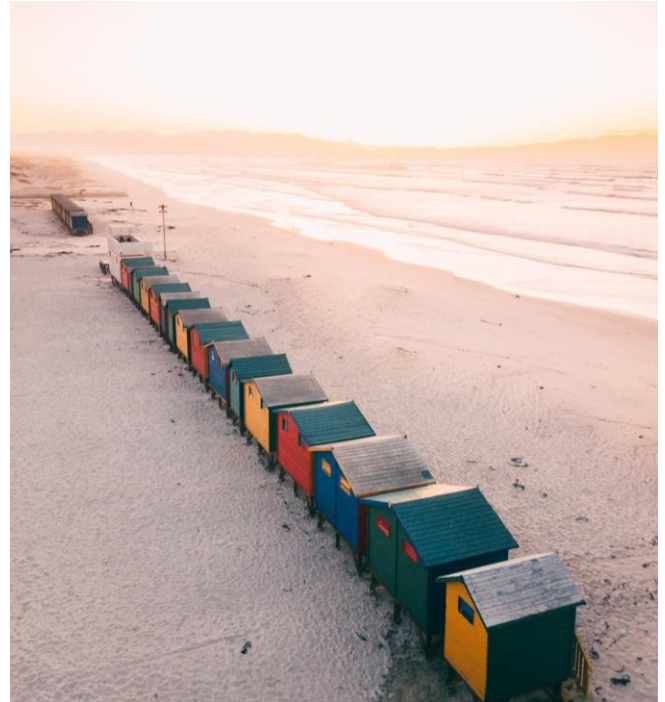
WillsCenter.com: Self service online legal document preparation is available at no cost to you. Visit www.willscenter.com to register as a new user.

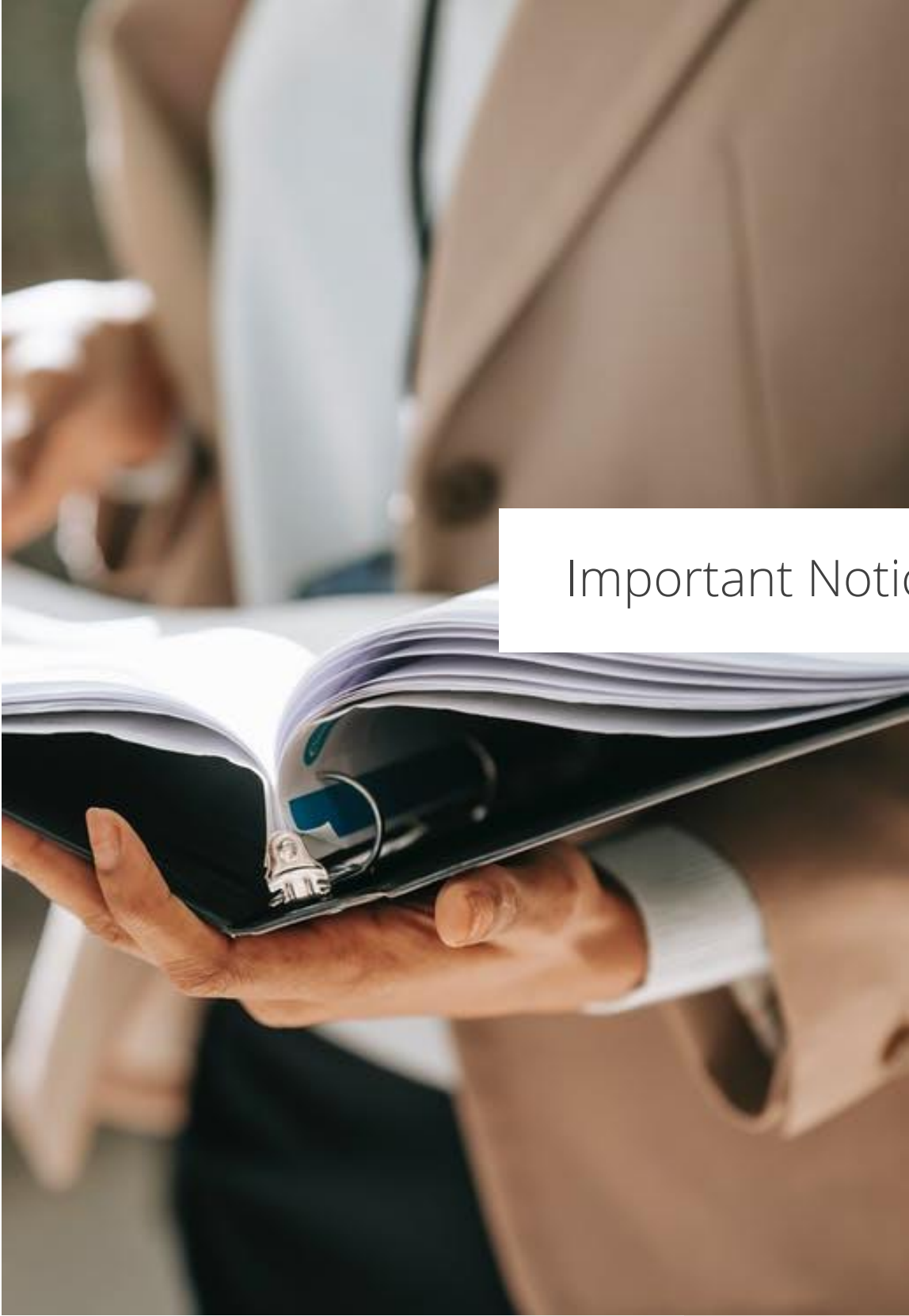
Waiver of Premium: If you become totally disabled, you may be eligible for waiver of your basic and supplemental term life premium.

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 which 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.





Important Notices

[Contact](#)

[Notices](#)

[Life & AD&D](#)

[Vision](#)

[Dental](#)

[Medical](#)

[Welcome](#)

Important Notices

Important Notice from the City of Roswell 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 the City of Roswell and Aetna 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. The City of Roswell has determined that the prescription drug coverage offered by the Aetna HDHP and the Aetna POS is, 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 City of Roswell 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 City of Roswell benefit plan during an open enrollment period under the City of Roswell 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 the City of Roswell 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 City of Roswell 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).

From: January 1, 2024 – December 31, 2024

Contact: Stacy Brown Siegle – Benefits Analyst

Phone Number: 478-751-2720

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).

Important Notices

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.roswell.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 1-888-643-5995. 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 99272, 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.roswell.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 1-888-643-5995. 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.roswell.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 1-888-643-5995. 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.roswell.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

Important Notices

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 January 31, 2023. Contact your State for more information on eligibility –

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

Important Notices

GEORGIA Medicaid	INDIANA Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	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: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA Medicaid and CHIP (Hawki)	KANSAS Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY Medicaid	LOUISIANA Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

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

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

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



Who To Contact

Welcome

Medical

Dental

Vision

Life & AD&D

Notices

Contact

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

If you have any questions regarding our benefits, feel free to contact any of our providers directly.

Welcome

BENEFIT/ENROLLMENT QUESTIONS

NFP

NFPseCustomerService@NFP.com

833.783.6388

Medical

HUMAN RESOURCES

Macon-Bibb County

www.maconbibb.us/human-resources

478.751.2720

Dental

MEDICAL

Anthem

www.anthem.com

855.397.9269

Vision

DENTAL

MetLife

www.metlife.com

800.438.6388

Life & AD&D

VISION

Anthem

www.anthem.com

866.723.0515

Notices

BASIC LIFE

MetLife

www.metlife.com

800.275.4638

Contact

