



Your 2024/2025 DeKalb County Benefits Guide



FOR RETIREES
*(Non-Medicare
and Combination
of Medicare and
Non-Medicare
Families)*



DeKalb County
GEORGIA

Welcome to Your Enrollment!

DeKalb County, Georgia, provides a comprehensive selection of benefits that help support your health and well-being. The County provides some benefits at no cost to you, some you pay for, and other benefit costs are shared between DeKalb County and you. Once you select your benefit options, your elections remain in effect for the plan year (July 1, 2024 – June 30, 2025). YOU MAY ONLY CHANGE COVERAGE DUE TO A QUALIFIED LIFE EVENT AND MUST DO SO WITHIN 30 DAYS OF THE EVENT. PLEASE REFER TO THE LIST OF LIFE EVENTS ON PAGE 6 FOR MORE INFORMATION.


 **IMPORTANT REMINDER:** Like last year, this year, enrollment is passive, which means your current medical, dental and vision elections and retiree basic life insurance amount will continue into the upcoming July 1 plan year. However, if you are participating in one of the Health Savings Account (HSA) plans **and** want to contribute to your HSA account, you will need to complete and return the Checklist provided in your Enrollment Kit. **YOUR CURRENT HSA CONTRIBUTION ELECTIONS WILL NOT ROLL OVER!**

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Changes for 2024/2025

There will be no changes to any of the plan options or how they work, but there are important changes to note before you enroll:

- There will be limited increases in some employee contributions for medical coverage but lower out-of-pocket maximums.
- To comply with IRS regulations, the deductible in the Blue Open Access HSA plan will increase.
- Additionally, CVS Caremark will be the new prescription drug provider for the Blue Open Access HSA plan. If this change affects you, you will receive personalized communications from CVS Caremark.

Remember, Open Enrollment is your once-a-year opportunity to review your benefit elections and make changes for the year ahead if needed. Choose wisely. Your benefit elections will remain in effect for the plan year (July 1, 2024 - June 30, 2025). **You may change coverage only if you experience a qualifying life event.**

Resources for Medical Plan Members

To help you make the most of your medical plan, both Anthem and Kaiser offer multiple health management resources to members.

Mobile Apps, Available from the App Store or Google Play

Anthem's Sydney app



Sydney acts as a personal health guide, answers questions and connects you to the right resources at the right time. Sydney helps you:

- find care and check costs;
- check all benefits and see your claims; and
- view and use digital ID cards.

Kaiser Permanente app



- Email your doctor or Member Services with non-urgent questions
- Manage appointments and see information about past visits
- Refill prescriptions
- See your health history including allergies, immunizations and most lab test results

Advice Lines

Anthem's 24/7 NurseLine

Plan members can talk with a registered nurse about their health anytime, day or night. The nurse can also advise members where to go for care. Call **888-724-BLUE (2583)**.

Kaiser's 24/7 Care Advice

Plan members can get medical advice and care guidance in the moment from a Kaiser Permanente provider by calling **404-365-0966**.

Virtual Care

Anthem's LiveHealth Online

Using LiveHealth Online, plan members can have private video visits on the go. A board-certified physician will assess your condition, provide a treatment plan and send a prescription to your pharmacy if needed. Register at livehealthonline.com or download the app.

Kaiser's Video and Telephone Visits

Video and Telephone Visits are available to plan members as convenient ways to receive care from home or while traveling for a wide range of same-day urgent care needs to planned, routine visits. Call **404-365-0966** to schedule an appointment.



Employee Health Center

County employees and early retirees who are enrolled in an Anthem medical plan can use the DeKalb County Employee Health Center, provided by Everside Health. The Employee Health Center offers virtual and in-person care, plus 24/7 access to clinicians and primary health care services including:

- Annual physical exams and immunizations
- Chronic condition management
- Family medicine
- Mental health screenings
- Onsite lab work
- Select generic medications at no cost
- Sick and urgent care

Using the Employee Health Center offers cost savings compared to traditional community-based care, depending on which Anthem medical plan you're enrolled in and the type of care you receive. Visit yourdekalbbenefits.com for details.

Resources for Health Management

Transform Diabetes Care and Hypertension

If you enroll in the Blue Open Access POS or Blue Open Access HMO plan, you automatically are eligible for the Transform Diabetes Care and Hypertension program through CVS Caremark, which launched earlier this year.

The program provides you with blood glucose meter and supplies, and a home blood pressure monitor, all at no cost to you. If you (or a covered dependent) have a diabetes diagnosis, you may receive an outreach communication from a Certified Diabetes Educator. These professionals are either Registered Nurses or Registered Dietitians, and they will work with you to help monitor and control your diabetes.

For questions about Transform Diabetes Care and Hypertension call Caremark at **800-378-0772**.

Concierge Cancer Care from Anthem

A cancer diagnosis can be life-changing and overwhelming. If you are diagnosed with Cancer and are enrolled in any Anthem plan (Blue Open Access POS, Blue Open Access HMO or Blue Open Access HSA), you have access to Concierge Cancer Care, which provides:

- **Guidance:** The right connections for every moment, from diagnosis through recovery.
- **Innovation:** Technology for transformative impact on outcomes, including Tytocare telehealth platform.
- **Partnerships:** Collaborations with leading cancer experts and world-class institutions and centers of excellence.

For questions about Concierge Cancer Care call Anthem at the number on the back of your ID card.

Comprehensive Care for Chronic Conditions from Kaiser Permanente

Kaiser Permanente's integrated, patient-centered approach to health care and disease management programs supports members with chronic conditions such as asthma, cancer, depression, diabetes, hypertension, weight management and many others.

For questions about Chronic Conditions call Kaiser at **888-251-6733** or visit kp.org.

Kaiser also offers wellness coaching for quitting tobacco use, weight management, eating healthy, and reducing stress. Call **866-862-4295** or visit kp.org/wellnesscoaching.

What You Need to Know About Enrollment



Here are some of the basics about your DeKalb County benefits – including eligibility requirements and your coverage options.

Benefits Eligibility

To be eligible for benefits, you must be a non-Medicare-eligible retiree or a Medicare-eligible retiree with non-Medicare-eligible dependents. Eligible dependents include:

- Your spouse/domestic partner as recognized under state or federal law;
- You or your spouse/domestic partner’s children, including natural children, stepchildren, newborns, legally adopted children, and children who the plan has determined are covered under a Qualified Medical Child Support Order as defined by any applicable state law; and
- Children from whom you or your spouse/ domestic partner is a legal guardian or as otherwise required by law. (You are required to give the DeKalb Benefits Team a copy of any legal documents awarding guardianship of any new dependents.)

All enrolled children will continue to be covered through the end of the month in which they attain age 26. Coverage may be continued past the age limit based on certain circumstances. Please review the Summary Plan Descriptions for further information.

Note: You may be required to give proof of continued eligibility for any enrolled child. Your failure to give this information could result in termination of a child’s coverage.

Coverage Categories

You may select one of the following coverage levels:

- **Non-Medicare-Eligible Retiree** – coverage for yourself only
- **Non-Medicare-Eligible Retiree + 1 Dependent** – coverage for yourself and your spouse/domestic partner or an eligible child
- **Non-Medicare-Eligible Retiree + Family** – coverage for yourself and two or more dependents (spouse/domestic partner and/or children)
- **1 Medicare-Eligible Retiree** – coverage for yourself only
- **1 Medicare-Eligible Retiree + 1 Non Medicare-Eligible Dependent**
- **1 Medicare-Eligible Retiree + 2 Non Medicare-Eligible Dependents**
- **2 Medicare-Eligible Retirees + 1 Non Medicare-Eligible Dependent**

Note: You can choose different coverage levels for different benefits.

Domestic Partner Coverage

For purposes of this plan, a domestic partner shall be treated the same as a spouse, and a domestic partner's child, adopted child, or child for whom a domestic partner has legal guardianship, shall be treated the same as any other child.

Any federal or state law that applies to a Member who is a spouse or child under this plan shall also apply to a domestic partner or a domestic partner's child who is a Member under this plan. This includes, but is not limited to, COBRA, Family and Medical Leave Act (FMLA), and Coordination of Benefits (COB). A domestic partner's or a domestic partner's child's coverage ends on the date of dissolution of the domestic partnership.

To apply for coverage as domestic partners, both the eligible retiree and the domestic partner must complete and sign the Affidavit of Domestic Partnership in addition to completing the enrollment changes online and must meet all criteria stated in the Affidavit. Signatures must be notarized. The plan reserves the right to make the ultimate decision in determining eligibility of the domestic partner.

You and your domestic partner must submit an accurate and completed Declaration of Partnership Form and meet all the requirements listed on this form. Continued eligibility depends upon the continuing accuracy of this form. Domestic partner eligibility ends on the date a domestic partner no longer meets all the requirements listed on this form.

What's the Definition of Domestic Partner or a Domestic Partnership?

Domestic partner or domestic partnership means a person of the same sex who is the eligible retiree's sole domestic partner and has been for 12 months or more. He or she must be mentally competent and cannot be related to the eligible retiree by blood closer than permitted by state law for marriage. In addition, the domestic partner cannot be married to anyone else and is financially interdependent with the eligible retiree.



Ready to Enroll?

Once you've reviewed your benefits materials, including your Benefits Guide and the information available on yourdekalbbenefits.com, and shared them with your family (if needed), enrolling online is simple and convenient.

The Enrollment Process

Open Enrollment 2024/2025 benefits is May 6 - May 20, 2024. This year's enrollment is passive, which means some of your current benefit elections will continue into the upcoming July 1 plan year. If you wish to make any changes, you must log on to AflacAtWork. To continue contributing to your Health Savings Account (HSA) in 2024/2025, you must complete and return the Checklist included in your Enrollment Kit to Jaimie Jones at Employee Benefits, 1300 Commerce Drive, 4th floor, Decatur, Georgia 30030.

Helpful Hints

- You do not need to actively enroll to continue your current medical, dental and vision elections and retiree basic life insurance.
- You **MUST** complete and return the Checklist included in your Enrollment Kit to continue your Health Savings Account (HSA) contributions. **Your current HSA contribution elections will not roll over!**

How to Enroll

1. **Gather the right information.** You should have your personal, dependent, and beneficiary information ready. You will need full names, dates of birth, and Social Security Numbers (SSNs). Personal information you provide is confidential and for benefits use only.
2. **Save Time, Enroll Online.** It typically takes about 10 to 15 minutes to complete your enrollment.
 - Go to www.aflacatwork.com/dekalbcounty.
 - Enter your **User Name** and **Password** to access the site. Your User Name is your six-digit DeKalb County Employee ID. The Password is the last four digits of your SSN and last two digits of birth year, without any punctuation or spacing (e.g., 123489).
 - Follow the prompts to complete your enrollment.
3. **Questions?** If you need enrollment assistance, contact Jaimie Jones at **404-371-2099**.

Qualified Life Event

Open Enrollment is your only opportunity to enroll or make changes to your benefit elections for the year, unless you experience a qualified life event such as:

- Change in status such as marriage, divorce, death, birth of child, or adoption;
- Change in employment status; or
- Gain or loss of other coverage.

If you experience a qualified life event and want to make changes, please submit proof of your life event to the DeKalb Benefits Team within 30 days of your event. All qualified life events require approval before they take effect. If documentation is not received, the election changes will not process.

Medical Coverage: Non-Medicare-Eligible

Medical coverage is administered by Anthem or Kaiser Permanente. Note the adjusted deductible and out-of-pocket maximums, as well as the benefits available for each plan, in the table below. Be sure to consider whether your current coverage still meets your needs for the coming year.

Benefit Overview	Blue Open Access POS		Blue Open Access HMO	Blue Open Access HSA		Kaiser HMO	Kaiser HSA
	In-Network	Out-of-Network	In-Network ²	In-Network	Out-of-Network	In-Network	In-Network
Medical/Rx Deductible Individual / Family	\$750 / \$1,500	\$1,500 / \$3,000	\$500 / \$1,500	\$1,600 / \$3,200	\$3,200 / \$6,400	\$350 / \$1,050	\$1,800 / \$5,400
Plan Year Out-of-Pocket Maximum Individual / Family	\$4,500 / \$9,000	\$7,500 / \$15,000	\$6,900 / \$13,800	\$5,200 / \$10,400	\$10,400 / \$20,800	\$6,900 / \$13,800	\$5,000 / \$10,000
Lifetime Maximum	Unlimited		Unlimited	Unlimited		Unlimited	Unlimited
Coinsurance	20% ¹	40% ¹	10% ¹	20% ¹	40% ¹	10% ¹	30%
Preventive Care							
Primary Care Physician	No Charge	40% ¹	No Charge	No Charge	40% ¹	No Charge	No Charge
Specialist	No Charge	40% ¹	No Charge	No Charge	40% ¹	No Charge	No Charge
Physician Services							
Primary Care Physician	\$25 copay	40% ¹	\$25 copay	20% ¹	40% ¹	\$25 copay	30% ¹
Specialist	\$40 copay	40% ¹	\$40 copay	20% ¹	40% ¹	\$40 copay	30% ¹
Emergency Services							
Hospital Copay	\$300 copay, then 20% ¹	\$300 copay, then 40% ¹	\$250 copay + deductible, then 10% ¹	20% ¹	40% ¹	\$250 copay + deductible, then 10% ¹	30% ¹
ER Copay	\$300 copay + deductible, then 20% ¹	In-network levels if emergency. If not emergency, coinsurance after deductible.	\$300 copay + deductible, then 10% ¹	20% ¹	40% ¹	\$300 copay	30% ¹
Urgent Care	\$75 copay + deductible, then 20% ¹		\$75 copay + deductible, then 10% ¹	20% ¹	40% ¹	\$50 copay	30% ¹
Ambulance	20% ¹		10% ¹	20% ¹	40% ¹	\$150 copay	30% ¹
Lab, X-Ray, and Hospital Services							
Diagnostic X-Ray & Lab	\$25 or \$40 copay	40% ¹	\$25 or \$40 copay ¹	20% ¹	40% ¹	100% covered	30% ¹
Maternity	20% ¹	40% ¹	\$25 first visit, then 100% covered	20% ¹	40% ¹	\$40 copay first visit, then 100% covered	30% ¹
Inpatient Hospital	\$300 per admission, then 20% ¹	\$300 per admission, then 40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹
Physician In-Hospital Services	20% ¹	40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹
Outpatient Hospital	20% ¹	40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹

¹ After the deductible has been met.

² Prior approval for out-of-network services is required.

Prescription Drug Coverage: Non-Medicare-Eligible

Prescription drug coverage is provided automatically when you enroll in one of DeKalb County's medical plan options. Effective July 1, 2024, coverage for all plans will be provided by CVS Caremark. If you are affected by this change, you will receive additional information directly from CVS Caremark soon. Below is a chart that shows how much you will pay for prescription drugs depending on the plan you select.

Prescription Drugs	Blue Open Access POS Provider: CVS Caremark		Blue Open Access HMO Provider: CVS Caremark	Kaiser HMO Provider: Kaiser
	In-Network	Out-of-Network	In-Network ¹	In-Network
Retail (30-day supply)				
Generic	\$15 copay	Not covered	\$15 copay	\$15 copay
Formulary	30% (\$40 min / \$100 max)	Not covered	30% (\$40 min / \$100 max)	30% (\$40 min / \$100 max)
Non-Formulary	40% (\$80 min / \$120 max)	Not covered	40% (\$80 min / \$120 max)	40% (\$80 min / \$180 max)
Specialty	30% (\$100 max)	Not covered	30% (\$100 max)	Applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.
Mail Order (90-day supply)				
Generic	\$30 copay	Not covered	\$30 copay	\$30 copay
Formulary	30% (\$80 min / \$200 max)	Not covered	30% (\$80 min / \$200 max)	30% (\$80 min / \$200 max)
Non-Formulary	40% (\$160 min / \$240 max)	Not covered	40% (\$160 min / \$240 max)	40% (\$180 min / \$360 max)
Specialty	Not covered	Not covered	Not covered	Applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.

¹ Prior approval for out-of-network services is required.

Prescription Drugs	Blue Open Access HSA Provider: CVS Caremark	Kaiser HSA Provider: Kaiser
	In-Network / Out-of-Network ²	In-Network
Retail (30-day supply)		
Generic	\$10 copay, after deductible	\$15 copay, after deductible
Formulary	\$30 copay, after deductible	30% (\$40 min / \$100 max), after deductible
Non-Formulary	\$50 copay, after deductible	40% (\$80 min / \$180 max), after deductible
Specialty	30% (\$100 max), after deductible	After deductible, applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.
Mail Order (90-day supply)		
Generic	\$20 copay, after deductible	\$30 copay, after deductible
Formulary	\$60 copay, after deductible	30% (\$80 min / \$200 max), after deductible
Non-Formulary	\$100 copay, after deductible	40% (\$180 min / \$360 max), after deductible
Specialty	Not covered	After deductible, applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.

² You will pay full cost at the pharmacy and file a claim for reimbursement.

Go Generic and Save Money!

Always ask your doctor if a generic medication is available – generics are less expensive than their brand-name counterparts and just as effective.

You also may want to consider enrolling in a medical plan with a Health Savings Account (HSA) to set aside pre-tax dollars to cover eligible expenses, including prescription drugs.

Medicare and Prescription Drug Coverage: Medicare-Eligible

Medicare Coverage

Medicare coverage is administered by Aetna or Kaiser Permanente. Please review the benefits for both of the 2024 plan options in the table below.

Medicare Plan*	Aetna Medicare Advantage	Kaiser Senior Advantage
	2024	2024
Medical Deductible (annual), per individual	\$250	\$250
Hospital Copay per stay	\$150	\$150
Medical Annual Maximum Out-of-Pocket, per individual	\$2,500	\$2,500
Emergency Room	\$100	\$65
Urgent Care	\$20	\$30
Ambulance Services	\$100	\$75
Medical Visit Copay PCP / Specialist	\$25 / \$40	\$20 / \$35
Coinsurance After Deductible	100%	100%
Diabetic Supplies	100%	100%
Outpatient Surgery	\$75 copay	100%
Outpatient Diagnostic (Lab, X-Ray, Imaging)	\$20	100%
Outpatient Dialysis Treatments	\$20	\$30

Prescription Drug Coverage

Prescription drug coverage is provided automatically when you enroll in one of DeKalb County's Medicare plan options administered by Aetna or Kaiser Permanente. Below is a chart that shows how much you will pay by tier depending on the plan you select.

Prescription Drugs*	Aetna Medicare Advantage	Kaiser Senior Advantage
Retail (30-day supply)		
Tier 1: Generic	\$10 / \$15	\$10
Tier 2: Preferred Brand	\$25	\$25
Tier 3: Non-Preferred Brand	\$50	\$50
Tier 4: Specialty Drugs	\$50	\$50
Mail Order (90-day supply)		
Tier 1: Generic	\$30	\$20
Tier 2: Preferred Brand	\$50	\$50
Tier 3: Non-Preferred Brand	\$100	\$100
Tier 4: Specialty Drugs	\$100	\$100

* Valid through 12/31/2024.



Aetna Medicare Advantage Members: If you go to a CVS pharmacy, you only pay the \$10 for generic drugs, whereas all other network pharmacies will continue to be a \$15 copay.

Kaiser Senior Advantage Members: There is a quarterly \$50 credit for OTC drugs.

Health Savings Accounts (HSAs)



HSAs allow you to put aside pre-tax dollars from your pension check to help pay for qualified expenses. Because of the tax advantages, the IRS limits the amount you can contribute to an HSA. In 2024, the maximum amount you can contribute to your HSA is \$4,150 (single) or \$8,300 (family).

Because your benefits coverage crosses into two calendar years, whatever you elect to contribute to your HSA this year will also carry over into next calendar year.

The chart below shows how DeKalb County will help contribute to your HSA if you select the Blue Open Access HSA plan or the Kaiser HSA plan. DeKalb County will make its contribution in one installment – January 2024.

DeKalb County's Contribution to Your Health Savings Account ¹		
Plan	Blue Open Access HSA	Kaiser HSA
Retiree	\$750	\$750
Retiree + 1 Dependent	\$1,500	\$1,500
Retiree + Family	\$1,500	\$1,500

¹ You must actively enroll in the Blue Open Access HSA plan or the Kaiser HSA plan to contribute to a Health Savings Account.

HSA: The Triple Tax Advantage

The HSA allows you to save on taxes in three ways. When you deposit money, it goes in tax free; when you invest your money, it can grow tax free; when you withdraw your money for eligible medical expenses, it comes out tax free. That's why it's called the "triple tax advantage."

Note: Once you enroll in Medicare Parts A, B, C or D, you can no longer contribute to your HSA.

However, you may continue to withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses, such as deductibles, premiums, copays and coinsurances.

How Much Should I Contribute?

If you decide to participate in an HSA for 2024/2025, you will need to decide how much you want to contribute. This amount will depend on your anticipated expenses and budget for the coming year. You'll also need to take into account the annual IRS limits on your contributions. This year, you and DeKalb County can contribute up to a combined \$4,150 for single coverage and \$8,300 for families. In addition, if you are age 55 or older and not enrolled in Medicare, you can contribute up to an additional \$1,000 to your HSA account, known as the "catch-up" contribution.

Eligible and Ineligible Expenses

Visit irs.gov/publications/p502 to review the list of eligible and ineligible medical expenses. This list is not all-inclusive. Remember, the IRS may modify its list of eligible expenses from time to time. IRS guidelines must be followed. As always, consult your tax advisor should you require specific tax information.

Restrictions

HSAs also have restrictions. These restrictions do not prevent you from enrolling in the plan, only from receiving any contributions (yours and the County's):

- You cannot be claimed as a dependent on someone else's taxes;
- You cannot be enrolled in a Flexible Spending Account through another employer;
- You cannot have any other medical plan, including Medicare parts A, B, C or D; and
- You cannot be covered by your spouse's medical plan unless he or she also is covered by an HSA plan.

Additional Resources

For additional help, contact Jaimie Jones at **404-371-2099**. Blue Open Access HSA plan participants can visit healthequity.com/ed/hsalearn and click on "Tools & Forms" to access an HSA calculator that can help determine how much to contribute to an HSA. Kaiser HSA plan participants can visit www.visualcalc.com/products/kphsacontrib.html to access an HSA calculator.



Examples: How Your HSA Plan Will Work

Single Coverage

- The calendar year 2024 HSA limit is \$4,150.
- DeKalb County contributes \$750 in January 2025.

Vanessa is currently contributing \$200 per pension check to her HSA.

Her HSA contributions during January - June 2024 were \$750 (DeKalb County's contribution) + \$1,200 (Vanessa's contribution) = \$1,950.

With the 2024 max of \$4,150 and DeKalb County's contribution of \$750, she can contribute only \$366.67 per monthly pension check from July 2024 through June 2025 to max out her HSA. She's able to take advantage of the 2024 limit starting in July 2024.

Note that she will have the same monthly contribution of \$366.67 during the first half of 2025 as she will in the second half of 2024, since she cannot change the election outside of Open Enrollment.

Family Coverage

- The calendar year 2024 HSA limit is \$8,300.
- DeKalb County contributes \$1,500 in January 2025.

Bob is currently contributing \$400 per pension check to his HSA.

His HSA contributions during January - June 2024 were \$1,500 (DeKalb County's contribution) + \$2,400 (Bob's contribution) = \$3,900.

With the 2024 max of \$8,300 and DeKalb County's contribution of \$1,500, he can contribute only \$733.33 per monthly pension check from July 2024 through June 2025 to max out his HSA. He can take advantage of the 2024 limit starting in July 2024.

Note that he will have the same monthly contribution of \$733.33 during the first half of 2025 as he will in the second half of 2024, since he cannot change the election outside of Open Enrollment.

Note: These examples are based on retirees who continue the same elections throughout the plan year. Any changes will affect the total dollars contributed toward the calendar year HSA limit. If a retiree changes from single coverage to family coverage effective July 1, 2024, he or she will use the \$8,300 to calculate the limit. Refer to the Family Coverage example above to calculate the limit. Retirees age 55 or older and not enrolled in Medicare can contribute up to an additional \$1,000 to their HSA account, known as the "catch-up" contribution.



Dental and Vision Coverage

Your dental and vision health are other important components of your overall wellness. DeKalb County offers affordable, high-quality coverage options for both dental and vision.

Dental Benefits

DeKalb County offers a choice of dental plans that cover routine check-ups and additional services needed for your dental health. To locate a United Concordia provider in your area, go to www.unitedconcordia.com.

Benefit Overview	High Option	Low Option
Yearly Maximum	\$2,000	\$1,000
Annual Deductible¹ – Individual / Family per Person	\$50 / \$150	\$50 / \$150
Preventive / Diagnostic	100%	100%
Basic Procedures	80%	75%
Major Procedures	60%	50%
Orthodontia (all plan participants)		
Deductible	\$0	N/A
Coinsurance	50%	N/A
Lifetime Maximum	\$3,000	N/A

¹ Deductible does not apply to Preventive Services.

EyeMed Freedom Pass

Get your choice of available eyeglass frames—any brand, any price—for \$0 out-of-pocket expense when you shop at Sears Optical or Target using:

OFFER CODE: 755288

Vision Benefits

As part of maintaining your overall health, routine eye exams should be scheduled on a regular basis. Dollar for dollar you get the best value from your EyeMed benefit when you visit an EyeMed in-network provider. To locate an EyeMed provider in your area, go to www.eyemedvisioncare.com.

Benefit Overview	High Option		Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exams (every 12 months)	\$15 copay	Up to \$35	\$20 copay	Up to \$35
Exam Options²				
Standard contact lens fit and follow-up	100%	Up to \$40	100%	Up to \$40
Premium contact lens fit and follow-up	10% off retail price, up to \$40	Up to \$40	10% off retail price, up to \$40	Up to \$40
Frames (every 12 months)	\$15 copay, \$150 + 20% off balance over \$150	Up to \$75	\$20 copay, \$130 + 20% off balance over \$130	Up to \$65
Standard Plastic Lenses (every 12 months)				
Single Vision	\$15 copay	Up to \$40	\$20 copay	Up to \$40
Bifocal	\$15 copay	Up to \$60	\$20 copay	Up to \$60
Trifocal	\$15 copay	Up to \$80	\$20 copay	Up to \$80
Contacts (every 12 months)³				
Conventional	\$170 allowance	Up to \$150	\$125 allowance	Up to \$125
Disposable	\$170 allowance	Up to \$150	\$125 allowance	Up to \$125
Medically Necessary	Paid in full	Up to \$210	Paid in full	Up to \$210

² Standard lens fitting – spherical clear contact lenses in conventional wear and planned replacement. Premium lens fitting – all lens designs, materials, and specialty fittings other than standard contact lenses.

³ Contact lens allowance covers materials only.

Additional Coverage

Retiree Basic Life Insurance is an important part of your total health and financial picture. This benefit can provide you with income security when you need it the most.

Retiree Basic Life Insurance

Your family depends on your income for their lifestyle today and for the resources necessary to make their dreams – such as a college education – a reality. Like anyone, you don't like to think of a scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

DeKalb County knows how difficult it can be to provide this peace of mind on your own, which is why we offer life insurance administered by The Hartford.

DeKalb County provides retirees who were former employees (i.e., not beneficiaries of former employees) with a flat amount of \$7,000 for Retiree Basic Life Insurance coverage at no cost to you.



Your 2024/2025 Premiums

Non-Medicare Retirees

Medical 2024/2025 Monthly Premiums	Non-Medicare Retirees		
	Retiree Only	Retiree + 1 Dependent	Retiree + Family
Blue Open Access Options			
Blue Open Access POS	\$658.18	\$1,704.67	\$2,040.35
Blue Open Access HMO	\$961.46	\$2,490.18	\$2,980.55
Blue Open Access HSA	\$246.71	\$638.99	\$764.82
Kaiser Permanente Options			
Kaiser HMO	\$350.07	\$907.97	\$1,084.90
Kaiser HSA	\$252.49	\$654.87	\$782.48

Combination of Medicare and Non-Medicare Families

Medicare Plan 2024 Monthly Premiums*	Combination of Medicare and Non-Medicare Families			
	1 Medicare	1 Medicare & 1 Non-Medicare	1+ Medicare & 2+ Non-Medicare	2 Medicare & 1+ Non-Medicare
Aetna Medicare Advantage	\$93.84	N/A	N/A	N/A
Aetna Medicare Advantage & Blue Open Access POS	N/A	\$752.02	\$1,798.51	\$845.86
Aetna Medicare Advantage & Blue Open Access HMO	N/A	\$1,055.30	\$2,584.02	\$1,149.14
Aetna Medicare Advantage & Blue Open Access HSA**	N/A	\$340.55	\$732.83	\$434.39
Kaiser Senior Advantage	\$93.60	N/A	N/A	N/A
Kaiser Senior Advantage & Kaiser HMO	N/A	\$443.67	\$689.70	\$485.46
Kaiser Senior Advantage & Kaiser HSA**	N/A	\$346.09	\$595.33	\$434.92

* Medicare rates are valid through 12/31/2024.

** Health Savings Account (HSA) is applicable only to non-Medicare tiers. Medicare members have access only to the Medicare Advantage plans.

All Retirees

Dental 2024/2025 Monthly Premiums	High Option			Low Option		
	Retiree Only	Retiree + 1 Dependent	Retiree + Family	Retiree Only	Retiree + 1 Dependent	Retiree + Family
United Concordia Dental	\$10.52	\$21.04	\$31.57	\$7.04	\$14.07	\$17.59

Vision 2024/2025 Monthly Premiums	High Option			Low Option		
	Retiree Only	Retiree + 1 Dependent	Retiree + Family	Retiree Only	Retiree + 1 Dependent	Retiree + Family
EyeMed Vision	\$5.26	\$10.00	\$14.68	\$3.26	\$6.18	\$9.08

Glossary

Below is a list of some of the important terms used throughout this guide.

Coinsurance: After you meet your deductible, the plan will begin paying coinsurance for medical expenses. Coinsurance is your share of the costs of a covered service, calculated as a percent of the medical expenses for the service.

Copay: Predetermined (flat) fee that an individual pays for health care services in addition to what the insurance covers.

Covered Dependents: Your eligible dependents whom you have enrolled for coverage under one or more of DeKalb County's plan options.

Generic Drug: A drug product that is pharmaceutically equivalent and bioequivalent to another drug product that is customarily recognized as the brand-name product throughout the pharmacist's profession. A drug is pharmaceutically equivalent to another drug if it contains identical amounts of the same active drug ingredients in the same dosage form. A drug is bioequivalent to another drug if it has demonstrated comparable bioavailability when tested under similar conditions.

HMO (Health Maintenance Organization): Represents "pre-paid" insurance plans in which individuals or their employers pay a fixed monthly fee for services instead of a separate charge for each visit or service. The monthly fees remain the same, regardless of types or levels of services provided. Services are provided by physicians who are employed by, or under contract with, the HMO. HMOs vary in design. Depending on the type of the HMO, services may be provided in a central facility or in a physician's own office.

HSA (Health Savings Account): Combines high deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the deductible. Once the deductible is met, the insurance starts paying. Money left in the savings account earns interest and is yours to keep.

In-Network: Providers or health care facilities that are part of the health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider.

Out-of-Network: Physicians, hospitals, or other health care providers who are considered non-participants in an insurance plan. Depending on the plan you choose, expenses incurred by services provided by out-of-network professionals may not be covered or may be covered only in part by your insurance.

Plan Year Deductible: The amount of covered expenses you must pay before most medical benefits are payable from the plan. (Preventive services are covered at 100%.) Once the deductible is met, you and DeKalb County share in the cost of medical expenses, also known as coinsurance.

Plan Year Out-of-Pocket Maximum: This is the maximum amount you and your covered dependents need to pay each plan year toward your covered expenses before the plan pays covered expenses at 100%. The plan year out-of-pocket maximum includes deductibles, copays, and/or coinsurance.

POS (Point of Service): As a member of a POS plan, you may be required to choose a primary care physician who will then make referrals to specialists in the health insurance company's network of preferred providers. Care rendered by non-network providers will typically cost you more out-of-pocket and may not be covered at all.

Contacts and Resources

Below is a list of contacts and resources to help answer any questions you may have now or during the year.

Type of Benefit	Who to Contact	Phone	Website/Email
General Retiree Benefits Information	Jaimie Jones	404-371-2099	jbjones@dekalbcountyga.gov
	Carolyn Johnson	404-371-4990	cajohnson1@dekalbcountyga.gov
Medical			
Anthem	Anthem	HSA: 855-889-5682 HMO & POS: 855-397-9269	www.anthem.com
Aetna (Medicare-Eligible only)	Aetna	888-267-2637	www.aetnamedicare.com
Kaiser Permanente	Kaiser Permanente	404-261-2590	http://my.kp.org/dekalbcounty
Prescription			
CVS Caremark	CVS Caremark	888-766-8525 (Customer Service) 800-364-6331 (Pharmacy Help Desk)	www.caremark.com
Aetna (Medicare-Eligible only)	Aetna	888-267-2637	www.aetnamedicare.com
Dental and Vision			
Dental	United Concordia	866-851-7564	www.unitedconcordia.com/dental-insurance
Vision	EyeMed	866-723-0514	www.eyemedvisioncare.com
Other Benefits			
Retiree Basic Life Insurance	The Hartford	Customer Service: 800-523-2233 Enrollment Support (available only during Open Enrollment): 877-426-6483 Policy Number: 395165	www.thehartford.com
Other Contact Information			
Medicare	Medicare	800-MEDICARE (800-633-4227) TTY users should call 877-486-2048	www.medicare.gov
The United States Social Security Administration	Social Security Administration	800-772-1213 TTY users should call 800-325-0778	www.ssa.gov
Your State's Medicaid office	Your state	–	Visit the website for contact information for your state www.medicaid.gov
Health Savings Account (HSA)	Blue Open Access HSA: HealthEquity	877-713-7712	www.healthequity.com
	Kaiser HSA: Kaiser	877-761-3399	www.kp.org/healthpayment

The benefits described in this document are general in nature. Receipt of this information does not guarantee eligibility or benefits coverage. The plan documents provide a full description of the benefits offered and will always govern if there is a discrepancy between this document and any of the plan documents. To obtain a copy of the Summary Plan Description (SPD) for each plan, contact a member of the Retiree Benefits Staff.