



DeKalb County
G E O R G I A

Your 2025 Medicare-Eligible Retiree Benefits Guide



Welcome to Enrollment!

DeKalb County provides a comprehensive selection of benefits that helps protect 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. As we all know, the cost of healthcare continues to rise. In turn, the County evaluates the performance, cost structure and competitiveness of the retiree benefit options each year. After extended negotiations with our vendor partners, the County is pleased to offer a **ninth year of no contribution increases**. Read on to learn more!

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 (January 1 - December 31, 2025). You may change coverage only if you experience a qualifying life event.

What You Need to Know About Enrollment

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

Benefits Eligibility

To be eligible for benefits, you must be a Medicare-eligible retiree or a dependent of a Medicare-eligible retiree. 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 ERISA or 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 Employee Benefits Department a copy of any legal documents awarding guardianship of any new dependents.)



Important Note:

If you want to continue in your current retiree benefit Plan(s) and cover the same eligible dependent(s) for 2025, you do not need to take any action. However, if you would like to make changes for 2025, please refer to the paper enrollment form during enrollment (November 4 - November 15, 2024).

All enrolled children will continue to be covered until the age limit listed in the Schedule of Benefits for each Plan. 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 provide 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:

- 1 Medicare-Eligible Retiree
- 2 Medicare-Eligible Retirees
- 1 Medicare-Eligible Retiree + 1 Non-Medicare-Eligible Dependent
- 3 Medicare-Eligible Retirees
- 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.

For a copy of the Benefits Guide for non-Medicare retirees or dependents, see the link at <https://www.dekalbcountyga.gov/retirement/dekalb-county-pension-plan-retiree-medical-info>.

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.

Qualified Life Event

Open Enrollment is your only opportunity to make elections 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 contact DeKalb County Benefits to submit proof of your life event. All qualifying life events require approval before they take effect. If documentation is not received, the election changes will not process.

Medicare and Prescription Drug Coverage

Medicare Coverage

DeKalb County offers two Medicare coverage options: the **Aetna Medicare Advantage Prescription Drug PPO** (Aetna Medicare Advantage PPO) and the **Kaiser Medicare Advantage Prescription Drug HMO** (Kaiser Senior Advantage HMO).

The Aetna Medicare Advantage PPO offers in- and out-of-network coverage and provides members access to specialized care locally and in other states. This Plan does not require members to select a primary care physician to see a specialist.

Kaiser Senior Advantage HMO members must stay in network to receive coverage, select a primary care physician and work with their primary care physician to get approval to see a specialist. Please review the benefits for both of the Plan options in the table below and choose the Plan that works best for you.

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. Changes for 2025 are noted in **bold**.

Medicare Plan	Aetna Medicare Advantage PPO		Kaiser Senior Advantage HMO	
	2024	2025	2024	2025
Medical Deductible (annual), per individual	\$250	\$250	\$250	\$250
Hospital Copay per stay	\$150	\$150	\$150	\$150
Medical Annual Maximum Out-of-Pocket, per individual	\$2,500	\$2,500	\$2,500	\$2,500
Emergency Room	\$100	\$100	\$65	\$65
Urgent Care	\$25	\$25	\$30	\$30
Ambulance Services	\$100	\$100	\$75	\$75
Medical Visit Copay PCP / Specialist	\$25 / \$40	\$25 / \$40	\$20 / \$35	\$20 / \$35
Coinsurance After Deductible	100%	100%	100%	100%
Diabetic Supplies	100%	100%	100%	100%
Outpatient Surgery	\$75 copay	\$75 copay	100%	100%
Outpatient Diagnostic (Lab, X-Ray, Imaging)	\$20	\$20	100%	100%
Outpatient Dialysis Treatments	\$20	\$20	\$30	\$30
Prescription Drug Coverage				
Pharmacy Annual Maximum Out-of-Pocket, per individual	\$8,000	\$2,000	\$8,000	\$2,000
Retail (30-day supply)				
Tier 1: Generic	\$10 / \$15	\$10 / \$15	\$10	\$10
Tier 2: Preferred Brand	\$25	\$25	\$25	\$25
Tier 3: Non-Preferred Brand	\$50	\$50	\$50	\$50
Tier 4: Specialty Drugs	\$50	\$50	\$50	\$50
Mail Order (90-day supply)				
Tier 1: Generic	\$30	\$30	\$20	\$20
Tier 2: Preferred Brand	\$50	\$50	\$50	\$50
Tier 3: Non-Preferred Brand	\$100	\$100	\$100	\$100
Tier 4: Specialty Drugs	\$100	\$100	\$100	\$100

NEW FOR 2025: The Pharmacy Annual Maximum Out-of-Pocket per individual is reduced to \$2,000 for both the Aetna Medicare Advantage PPO and the Kaiser Senior Advantage HMO Plans. Once you reach the maximum, your prescription drugs will be covered at 100%.

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

Good oral health leads to better overall health and well-being. That's why DeKalb County offers a choice of Dental Plans that cover routine check-ups and additional services needed for your dental health. You can maximize your United Concordia benefits by using a network dentist within the Elite Plus network. To locate an Elite Plus network dentist, 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.

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.eyemed.com.

EyeMed Freedom Pass

Get your choice of available eyeglass frames – any brand, any price – for \$0 out-of-pocket expense when you shop at Target using: OFFER CODE: 755288

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	\$10 copay	Up to \$40	\$10 copay	Up to \$40
Premium contact lens fit and follow-up	\$10 copay, 10% off retail price less \$40 allowance	Up to \$40	\$10 copay, 10% off retail price less \$40 allowance	Up to \$40
Frames (every 12 months for High Option; every 24 months for Low Option)	\$15 copay, \$170 + 20% off balance over \$170	Up to \$85	\$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

²Standard 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.

³Contact lens allowance covers materials only.

Additional Coverage Options

Retiree Basic Life Insurance is an important part of your total 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 2025 Contribution Rates

Medicare Plan 2025 Monthly Contributions*						
	1 Medicare	2 Medicare	1 Medicare & 1 Non-Medicare	3+ Medicare	1+ Medicare & 2+ Non-Medicare	2 Medicare & 1+ Non-Medicare
Aetna Medicare Advantage PPO & Blue Open Access POS	\$93.84	\$187.68	\$752.02	\$281.52	\$1,798.51	\$845.86
Aetna Medicare Advantage PPO & Blue Open Access HMO	\$93.84	\$187.68	\$1,055.30	\$281.52	\$2,584.02	\$1,149.14
Aetna Medicare Advantage PPO HSA & Blue Open Access HSA**	\$93.84	\$187.68	\$340.55	\$281.52	\$732.83	\$434.39
Kaiser Senior Advantage HMO & Kaiser HMO	\$93.60	\$187.20	\$443.67	\$280.80	\$689.70	\$485.46
Kaiser Senior Advantage HMO HSA & Kaiser HSA**	\$93.60	\$187.20	\$346.09	\$280.80	\$595.33	\$434.92

* Medicare rates are valid through December 31, 2025; non-Medicare rates may change July 1, 2025.

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

Dental 2025 Monthly Contributions	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 2025 Monthly Contributions	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

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	Whom to Contact	Phone	Website / Email
General Retiree Benefits Information	Jaimie Jones	404-371-2099	jbjones@dekalbcountyga.gov
	Jeff Mabry	404-371-4968	jemabry@dekalbcountyga.gov
Medical and Prescription			
Aetna Medicare Advantage PPO	Aetna	888-267-2637	www.aetnamedicare.com
Kaiser Senior Advantage HMO	Kaiser Permanente	404-261-2590 or 800-232-4404	http://my.kp.org/dekalbcounty
Dental and Vision			
Dental	United Concordia	866-851-7564	www.unitedconcordia.com
Vision	EyeMed	866-723-0514 or 866-299-1358	www.eyemed.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

SilverSneakers Fitness Benefit

Available to medical plan members at no extra cost. Includes memberships to thousands of locations where you can use equipment and take exercise classes. Or, get moving at home with live online classes or videos. You'll also find articles and videos on topics like nutrition. Visit www.silversneakers.com to learn more!



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.