



Catoosa County, Georgia



Employee Benefits Handbook

Plan Year July 1, 2019 thru June 30, 2020

Go online and enroll at www.eelect.com

Enrollment ID = 98369

Then follow on-screen instructions



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This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available at the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.



Human Resources	Ann Cain HR Director	Phone: (706) 965-2500 Email: ann.cain@catoosa.com
Human Resources	Marie Barbee HR Specialist	Phone: (706-) 965-2500 Email: marie.barbee@catoosa.com
 Medical Insurance	Cigna	Phone: (866) 494-2111 www.mycigna.com
 Home Delivery Pharmacy	Cigna	Phone: (800) 835-3784, #3 www.mycigna.com
 Telehealth Connection	Cigna	Amwell Customer Service: (855) 667-9722 AmwellforCigna.com MDLIVE Customer Service: (888) 726-3171 MDLIVEforCigna.com
 Dental Insurance	Cigna	Phone: (800) 244-6224 www.mycigna.com
 Vision Insurance	Cigna	Phone: (800) 244-6224 www.mycigna.com
 Basic Life and AD&D Insurance Supplemental Life and AD&D Insurance	OneAmerica	Phone: (800) 638-5000 www.oneamerica.com
 Short / Long Term Disability	OneAmerica	Phone: (855) 517-6365 Fax: (844) 287-9499 Email: OneAmerica.Claims@customdisability.com www.oneamerica.com
 Flexible Spending Accounts	Cigna	Phone: (800) 244-6224 www.mycigna.com
 Employee Assistance Program	ComPsych® / Guidance Resources®	Phone: (855) 365-4754 www.guidanceresources.com Company Web ID: ONEAMERICA6
 Online Benefit Enrollment (Only available during open enrollment)	MSI Benefits Group	Phone: (770) 425-1231 Email: helpme@msibg.com
 Claims Resolution Questions About Your Benefits Order ID Cards		
 Certificates and Plan Documents		www.msibg.com Username: catoosaEE Password: Benefits123



To: All Full Time Employees
From: Steven Henry
Subject: Employee Benefits Program

The 2019 Open Enrollment period is officially here! Following a very detailed process, the Catoosa County BOC has approved the benefit offerings enclosed in this handbook as we know that a comprehensive benefits package is vital in recruiting and retaining a skilled workforce.

The Catoosa County BOC recognizes our employees are our most important assets and we are committed to making health and wellness an integral part of our benefit offerings. We are pleased to inform you that the cost for your benefits will not change in 2019! We will continue to afford you the opportunities and the necessary tools into 2019 to assist you in attaining and maintaining a healthy lifestyle. We are happy to

announce an enhanced benefits program which includes a Flexible Spending Account and an Employee Assistance Program. These programs are explained in this handbook.

We encourage all employees to carefully review the enclosed information with your covered dependents as soon as possible to allow yourself sufficient time to weigh your options, ask questions, and to obtain the information that you need to make an informed choice for you and your family. Also, the Board of Commissioners would like everyone to know that we will continue to fund the Catoosa County Employee Health Clinic, which is another outstanding benefit for all employees and their dependents.

Thank you for all of your hard work. It is greatly appreciated.

Steven Henry
Chairman

BOARD OF COMMISSIONERS



Jeff Long
District 1



Chuck Harris
District 2



Jim Cutler
District 3



Charlie Stephens
District 4

The Catoosa County Board of Commissioners meet the first and third Tuesday of every month at 6:00pm. Meetings are open to the public and held in the Administration Building, 800 Lafayette Street, Ringgold.

The Board of Commissioners is composed of five members elected by the voters for staggered four-year terms. Four Commissioners are elected by specific districts and the Chairman is elected at-large. The Board, as the county's governing authority, is responsible for establishing policy for county operations, enacting ordinances and resolutions to promote the county's health, safety, and welfare, and approving the annual budget which funds the operations of the constitutional officers as well as the departments under the Board's jurisdiction.

The Board appoints the County Manager, County Attorney, Chief Financial Officer, and County Clerk. The Board of Commissioners ratifies the hiring of the directors for the departments under the Board's jurisdiction. Those departments include Administration, Public Works, Recreation, Fire and Rescue, Information Technology, Animal Control, Building Inspection, Codes Enforcement, Zoning, Stormwater, Trans-Aid, Colonnade, Public Building Maintenance, 911, and Emergency Management.



Group Insurance Eligibility



The County's group insurance plan year is July 1 through June 30.

Employee Eligibility

Employees are eligible to participate in the County's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if employee is hired on April 11, then effective date of coverage will be June 1.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or the spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical/Dental/Vision Coverage: A dependent child may be covered through the end of the month in which they turn 26.

Supplemental Term Life Coverage: A dependent child from live birth to 6 months may be covered for \$1,000. A dependent child 6 months to age 26 may be covered for \$10,000.

Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, vision insurance, and contributions to FSA accounts (Health Care and Dependent Care FSAs) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to an employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, employees may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse, or dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and due to the qualifying event.

Examples of Qualifying Events

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employee's work hours cause eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Enrollment in a qualified health plan



Important Notes

If you have a qualifying event during the year **you must notify Human Resources within 30 days** and provide valid documentation supporting a change in status or "Qualifying Event". Any request to make changes after 30 days will not be allowed until the next annual open enrollment. Please contact Human Resources (706) 965-2500 if you have any questions regarding the open enrollment period or changes.



Medical Insurance

Catoosa County offers medical insurance through Cigna to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document and/or the plan document, policy, or certificate of coverage.

EMPLOYEE MEDICAL DEDUCTIONS Bi-Weekly (26 deductions per year)	
Tier of Coverage	Employee Cost
Employee Only	\$ 17.21
Employee + Spouse	\$108.40
Employee + Child(ren)	\$ 95.49
Employee + Family	\$149.69

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the medical plan is provided as a supplement to this booklet being distributed to new hires and existing employees during Open Enrollment. The summary is an important item in understanding the employee's benefit options. The SBC is only a summary of the plan's coverage. A copy of the SBC and/or group certificate of coverage may be requested from Human Resources or is available as follows:

Go to: www.msibg.com
 Username: catoosaEE
 Password: Benefits123



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing search criteria, select Open Access Plus network.

Key Terms

Deductible - The amount of money a patient or family must pay before costs (or percentages of costs) are covered by the health plan or insurance company per year. Paid deductible amounts are applied to the annual out of pocket maximum.

Coinsurance - Coinsurance is the percentage of covered expenses paid by you each year after you have met your deductible (20% coinsurance means that you pay 20% of the expenses.) Paid coinsurance amounts are applied to the annual out of pocket maximum.

Copay - The copay or copayment is a dollar amount defined in the insurance plan and paid by the insured person each time certain medical services are used.

Out of Pocket Maximum - The most you have to pay for covered services in a calendar year. After you spend this amount on deductibles, copayments, and coinsurance, your health insurance pays all other medical costs at 100% for the rest of the calendar year.

Open Access - An Open Access plan allows Employees to see a Specialist without a referral from their Primary Care Physician.





Cigna Open Access Plus - OAP Plan At-A-Glance



Network	Open Access Plus	
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Coinsurance		
Member Pays	0%	30%
Plan Pays	100%	70%
Out-of-Pocket Maximum		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Physician Services		
Primary Care Physician (PCP) Visits	\$30	Plan deductible, then 30%
Specialist Physician Visits	\$40	Plan deductible, then 30%
Telehealth Connection	\$10	Not Covered
Preventive Care Services	Member pays 0%	Not Covered
Emergency Services		
Urgent Care Services	\$75	\$75
Emergency Room Services	\$150	\$150
Prescription Drugs		
RETAIL - 30 Day Supply		
Generic	\$10	
Preferred Brand	\$35	
Non-Preferred Brand	\$60	
RETAIL / Mail Order - 90 Day Supply		
Generic	\$20	
Preferred Brand	\$70	
Non-Preferred Brand	\$120	



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing search criteria, select Open Access Plus network.



Cigna Care Designation

The Cigna Care Designation identifies those doctors in the Cigna network who have achieved top results on Cigna's quality and cost-efficiency measures. Cigna evaluates network doctors, using nationally recognized industry standards for quality and cost-efficiency. To earn the Cigna Care Designation, a doctor must qualify for both quality and cost efficiency ratings for an eligible specialty. There are 18 common medical specialties and 3 primary care categories represented within the CCD network.



Get help choosing a hospital, too.

Just look for the Centers of Excellence Designation. Choose an in-network hospital that's right for you. Cigna reviews how successful a hospital is in treating 27 common conditions. Cigna's ratings are based on actual patient outcomes, average lengths of stay, and average costs gathered from outside sources. Hospitals that demonstrate better health outcomes at lower costs for one of the reviewed conditions earn Cigna's top rating – the Cigna Centers of Excellence designation. See Cigna's hospital ratings on myCigna.com.



Cigna Programs and Services

Start by getting to know your plan. The more you take advantage of the many benefits of your plan, the more you'll learn. And the more you learn, the better prepared you can be to make more informed choices about your health and health spending.





Cigna Programs and Services



myCigna

On [myCigna.com](https://mycigna.com) you can:

- › Find in-network doctors and medical services
- › Review coverage
- › Manage and track claims
- › See cost estimates for medical procedures and prescription drugs
- › Compare quality-of-care information for doctors and hospitals
- › Compare prescription costs for 30- and 90-day medications – see if a lower-cost drug alternative is available
- › You can also find retail pharmacies that offer a 90-day supply
- › Access a variety of health and wellness tools and resources
- › Sign up to receive alerts when new plan documents are available

To access your health information on the go, make sure you also download the **myCigna** app.



Coach by Cigna

We have a variety of tools to help you improve your health.

- › The mobile apps and [myCigna.com](https://mycigna.com) activities webpage are filled with all sorts of features and a dashboard view lets you see your activities across all of the apps and online tools.
- › Our Coach by Cigna app is like having a team of health coaches in the palm of your hand. Using five integrated lifestyle areas – exercise, food, sleep, stress and weight – it helps you focus on what matters to you.



24/7/365 service

When you need us, just call the toll-free number printed on the back of your Cigna ID card for live customer assistance 24 hours a day, seven days a week, 365 days a year. You can:

- › Get answers to health, claims and benefit questions
- › Order an ID card, update insurance information and check claim status
- › Talk with a licensed pharmacist anytime, day or night
- › Talk with a nurse for help deciding where and when you should get treatment
- › Find a health advocate for help improving specific health issues



Specialty medications

We can help you understand, manage and treat more complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds and pharmacists, are specially trained to deliver the best experience possible. We offer:

- › Personalized, 24/7 support
- › Condition-specific education on medication therapy and side effects
- › Help with medication approval process
- › Financial assistance programs if needed

For more information call **800.351.3606**



Preventive care

Getting and staying healthy is important. That's why eligible preventive care services are covered at no additional cost to you, when you receive them from a doctor who participates in your plan's network. Covered preventive care services include, but are not limited to:

- › Screenings for blood pressure, cholesterol and diabetes
 - › Testing for colon cancer
 - › Clinical breast exams and mammograms
 - › Pap tests
- Go to [myCigna.com](https://mycigna.com) to see a full list of services covered under preventive care.



24/7 Health Information Line

Know before you go. Speak to a nurse who can help you understand and make informed decisions about health issues you are experiencing, at no extra cost. Get help to choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a doctor's appointment, or finding the nearest urgent care center in your plan's network. Just call the number on your Cigna ID card. Open 24/7.



Cigna Programs and Services



In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. And using our online directory can help you find quality, cost-effective care when you need it. Search for doctors and facilities on myCigna.com by using the provider search tool.



Care Management Programs

Cigna has many services to help you with your personal health needs. This includes access to a Cigna case manager, trained as a nurse, who works closely with your doctor and contacts you on a regular basis to check on your progress. You can ask for help and guidance with conditions and illnesses such as cancer, end-stage renal disease, neonatal care and pain management. You also have access to My Health Assistant on myCigna.com. Get help on your journey to better health and wellness:

- › Control stress
- › Lose weight and eat better
- › Enjoy exercise
- › Quit tobacco
- › Manage Diabetes, COPD, Asthma and other conditions

Enroll online today! Visit myCigna.com, select "My Health" tab, then "Programs and Resources," then select "Health Assistant" from the drop down menu.



Cigna Telehealth Connection

MDLIVE and Amwell

Connect with a board-certified doctor via video chat or phone, from your home, office or on-the-go 24/7/365, including weekends and holidays. You can get the care you need – including most prescriptions (when appropriate) – for many minor conditions. Your out-of-pocket cost are typically the same or less than a visit with your primary care provider.

Use an Amwell or MDLIVE doctor for minor conditions:

- › Allergies
- › Asthma
- › Bronchitis
- › Cold and flu
- › Ear infections
- › Headache
- › Insect bites
- › Joint aches and pains
- › Nausea and vomiting
- › Pink eye
- › Poison ivy
- › Rashes
- › Respiratory infections
- › Sinus infections
- › Sore throat

Register today!

Once you do, you'll be ready get care when – and where you need it. Download the vendor apps or, register online or by phone:

AmwellforCigna.com
855.667.9722

MDLIVEforCigna.com
888.726.3171

Behavioral Health

For mental health and substance use care, get quality care that's convenient too. Our network of providers typically cost the same as an in-office visit. Copays vary by plan.

To access a network of providers and covered services for mental health and substance use care:

- › Go to CignaBehavioral.com to search for a video telehealth specialist.
- › Call to make an appointment with your selected provider.

TIPS TO HELP YOU SAVE MONEY

1

Prescription drugs

- › Find the complete list of covered medications on myCigna.com
- › Generics offer the best value
- › Know what brand-name drugs are covered in your plan
- › Consider a 90-day supply of prescription drugs you take on a regular basis so you're less likely to miss a dose

2

Know where to go for care

- › Use an emergency room for true emergencies
- › Don't wait: Locate a convenience care clinic or urgent care center near you, before you need it
- › Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area

3

Health care provider choice

- › Know which providers are in your network by using the provider search tool on myCigna.com
- › Visit the health care provider most appropriate for your care
- › With Cigna Telehealth Connection, you can connect to a board-certified doctor via video chat or phone, 24/7/365
- › Use in-network national labs to help save money

4

Be proactive in your health

- › Use the health improvement tools available to you
- › Get information on the cost of medications and treatments to avoid surprises
- › Use your preventive care benefits, learn your core health numbers and get more information at Cigna.com/takecontrol



Cigna Telehealth Connection

Choice is good. More choice is even better.

Cigna provides access to **two** telehealth services as part of your medical plan – **Amwell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: Amwell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both Amwell and MDLIVE, you can speak with a doctor for help with:

- | | | |
|----------------|-----------------|-------------------------------------|
| › Sore Throats | › Colds and Flu | › Shingles |
| › Headaches | › Allergies | › Bronchitis |
| › Stomachaches | › Rashes | › Urinary tract infections and more |
| › Fevers | › Acne | |

The cost savings are clear.

Televisits with Amwell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Choose with confidence.

Amwell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

AmwellforCigna.com
855.667.9722

MDLIVEforCigna.com
888.726.3171



Amwell and MDLIVE are only available for medical visits. For covered services related to mental health and substance use disorder, you have access to the **Cigna Behavioral Health** network of providers.

- › Go to **myCigna.com** to search for a telehealth provider under Specialty in the Behavioral Directory link
- › Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Signing up is easy!



Connect to both Amwell and MDLIVE through **myCigna.com**. No separate login needed.



Complete a medical history using their virtual clipboard.



Download the MyCigna App and you'll be able to access both telehealth providers on your smartphone/mobile device.



On the go? Register for the MyCigna App today and you'll be able to access both Telehealth providers through the app.





Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy is designed for individuals who take prescription medications on a regular basis, such as those used for diabetes, asthma, heart conditions, high blood pressure and more. When you use this pharmacy, enjoy benefits such as:

- › **Convenient delivery** – Receive your prescription medications at the location you choose. Standard shipping is always free.
- › **Easy refills** – Up to a 90-day supply means fewer refills. Plus, refill reminders and automatic refills on medications you take every day give you choices for faster refills. These free services apply to all eligible customers and orders.
- › **Reliable support** – Cigna pharmacists are available 24/7.
Call **800.835.3784, #3**.

Manage your medications

Log in to [myCigna.com](https://mycigna.com) or the myCigna App to get information about your prescription medications.

- › **Refill prescriptions.** Ordering is fast and easy. You can sign up for automatic refills on select medications you take every day. This service fills Your prescriptions just when you need them. And, you can cancel or delay delivery anytime.

- › **View medication cost estimates.** Learn what you'll pay for your prescriptions based on your plan before you place your order.
- › **View orders.** Check the status of your orders so you'll know when to expect a delivery.
- › **Update profile information.** Let us know how you prefer to get notifications and update your contact and allergy information.

Our QuickSwitch_ program makes filling a prescription simple

Have this information handy when you call and we'll do the rest.

- › Name and Cigna ID number
- › Prescription medication names and dosage (for you and all covered family members)
- › Health care provider information (name, phone number)
- › Payment information (American Express, Discover, MasterCard or VISA)

With this information, we will request a prescription from your provider. Once we receive it, we will fill your medication and mail it to your home or other location of your choice.

Together, all the way.®





Dental Insurance

Catoosa County offers a dental insurance plan through Cigna to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following pages. For more detailed information about the dental plans, please refer to the certificate of coverage.

EMPLOYEE DENTAL DEDUCTIONS Bi-Weekly (26 deductions per year)	
Tier of Coverage	High Plan
Employee Only	\$ 2.78
Employee + Spouse	\$ 9.72
Employee + Child(ren)	\$ 9.24
Employee + Family	\$14.58

Group Certificate of Coverage

A copy of the **Group Certificate of Coverage** may be requested from Human Resources or is available as follows:

Go to: www.msibg.com
Username: catoosaEE
Password: Benefits123

Can I go to any dentist?

You will typically spend less when you visit a Cigna network dentist because Cigna has negotiated discounted rates with these dentists. When you stay in the network you'll save as long as the procedure is listed on the dentist's discount schedule. These savings apply even if you reach your plan maximum. If you go out-of-network, you will not receive Cigna network discounts and the dentist may bill you for the difference between the payment they receive from Cigna and their usual fees.

Do I pay up front and submit a claim or will the dentist submit claims for me?

In most instances, if you are using an in-network dentist, they will submit claims on your behalf and will bill you for any deductible or coinsurance payment that you owe. If you use an out-of-network dentist, you may need to file your own claims after payment.

What information is available to help me choose a dentist?

As you choose your network dentist or specialist, you have several important factors to consider such as cost, experience and location. The **myCigna** directory helps you find a dentist by providing helpful digital tools, such as:

- › **Brighter Score™**. Use this scoring method to compare dentists. The score is based on things like affordability, patient experience and professional history.
- › **Dental office reviews and comparisons**. Find detailed information to compare dental offices. View dentist profiles with photos and videos. Read verified patient reviews. Write your own review after your appointment.
- › **Online appointment scheduling**. With dental offices that offer this service, you can make an appointment right from your laptop or mobile device, and even receive appointment reminders.
- › **Enhanced search and transparent pricing**. Search for a dentist by service. Information is personalized for your specific plan. Shows price with coinsurance and deductibles.

Can you explain the deductible, maximum and percentages listed?

The deductible is the amount you need to pay for covered services before your benefits begin. You will pay for your dental treatment until you reach that amount. Then, you and your plan begin to share a percentage of your covered dental costs, known as coinsurance. **The percentage** shown on your plan materials is the percentage the plan pays for the listed procedures, and then you pay the difference.

The maximum is the most your plan will pay for your dental claims during the plan year. Once you reach that maximum, your plan will no longer pay a percentage of your costs for the rest of that plan year. Even after you reach the maximum, however, dentists in the network may continue to offer you discounted fees for the services on their schedules.





Cigna DPPO Dental Plan At-A-Glance

Network	Cigna DPPO
Calendar Year Maximum Deductible Per Member (See Wellness <i>Plus</i> for details)	
Class I, II, III Expenses	\$1,000
Plan Year Deductible	
Per Member	\$50
Per Family	\$150
Class I Expenses: Preventive & Diagnostic Care	
Oral Exams (2 per year)	Plan pays 100% Deductible Waived
Cleanings (2 per year)	
Routine X-rays (2 per year)	
Fluoride Application (2 per year under age 19)	
Non-Routine X-rays (1 per 36 months)	
Class II Expenses: Basic Restorative Care	
Emergency Care to Relieve Pain	Plan pays 80%, After Deductible
Fillings (amalgam or composite)	
Oral Surgery - Simple Extractions	
Oral Surgery - All Except Simple Extraction	
Surgical Extraction of Impacted Teeth	
Anesthetics	
Periodontics	
Root Canal Therapy / Endodontics	
Brush Biopsy	
Class III Expenses: Major Restorative Care*	
Crowns	Plan pays 60%, After Deductible
Bridges	
Dentures	
Class IV Expenses: Orthodontia*	
Lifetime Maximum	\$1,000
Benefit (Dependent child less than 19 years of age)	Plan pays 60%



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing search criteria, select Cigna Total DPPO network.



Late Entrant Provisions

You are considered a late entrant if you elect the insurance more than 30 days after you become eligible for it; or you again elect it after you cancel your payroll deduction.

Class I and II are paid at the amounts set forth in the schedule. All other classes of service are paid at 50% of the amounts set forth in the schedule. After a person has been continuously insured for 12 months, this limit no longer applies.





Vision Insurance

Catoosa County offers vision insurance through Cigna to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the certificate of coverage.

EMPLOYEE VISION DEDUCTIONS Bi-Weekly (26 deductions per year)	
Tier of Coverage	Employee Cost
Employee Only	\$ 2.68
Employee + Spouse	\$ 5.17
Employee + Child(ren)	\$ 4.38
Employee + Family	\$ 6.84

Group Certificate of Coverage

A copy of the **Group Certificate of Coverage** may be requested from Human Resources or is available as follows:

Go to: www.msibg.com
Username: catoosaEE
Password: Benefits123

Make the Most of Your Vision Coverage

With your vision plan through Cigna, you and your covered family members have access to quality vision care. Your plan provides coverage for routine eye exams and may include glasses and/or contact lenses. Check your plan materials for details. Also, make sure you know the difference between in-network and out-of-network coverage.

In-Network

You'll save the most money if you pick an eye doctor from Cigna Vision's large network. And you'll have lots of choices. We offer one of the largest specialty networks of optometrists, ophthalmologists and nationally recognized eye care retailers.

Out-of-Network

If you choose a doctor who's not in the network, you'll have to pay the total amount due at your appointment. To get reimbursed, you'll need to submit a Cigna Vision claim form with an itemized receipt. You can find the claim form on myCigna.com on the "Forms" page. The whole amount may not be covered. You're responsible for paying any charges not covered under your plan.

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Eye-Opening Information

A routine eye and vision exam can help your doctor test your vision and spot the early stages of eye disease. It's important to get your eyes dilated during the exam. This can help spot certain eye diseases, including the early stages of diabetes.

Keep an Eye on Your Kids

Eye exams aren't just for adults. They're also important for children. According to the American Optometric Association, one in four children has a vision problem that can affect their learning. Your kids may get a vision test at school or at their pediatrician's office. But these exams might not catch a serious eye disorder. That's why it's important to have your child visit an eye doctor, such as an optometrist or ophthalmologist. These specialist can help check your child's vision and eye health.





Vision Plan At-A-Glance

Cigna Vision Network		
Services	In-Network	Out-of-Network
Eye Exam	\$10 Copay	Up to \$60 Reimbursement
Frequency of Services (Calendar year basis)		
Examination	Once per 12 months	
Lenses	Once per 12 months	
Frames	Once per 24 months	
Contact Lenses	Once per 12 months	
Lenses		
Single	Covered 100%	Up to \$32 Reimbursement
Bifocal		Up to \$55 Reimbursement
Trifocal		Up to \$65 Reimbursement
Frames		
Eye Glass Frames	\$130 Retail Allowance	Up to \$71 Retail Allowance
Contact Lenses*		
Elective <i>(Includes Fitting, Evaluation & Follow-up)</i>	Up to \$130 Allowance	Up to \$115 Allowance
Non-Elective; Medically Necessary <i>(Prior Authorization Required)</i>	Covered 100%	Up to \$250 Allowance

Healthy Rewards® - Vision Network Savings Program

When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

What's Not Covered

Plan deductibles, coinsurance, copays, frequency limitations, allowances, and options may apply. In general, Cigna Vision plans do not cover the following: (a) Orthoptic or vision training and any associated supplemental testing; (b) Medical or surgical treatment of the eyes; (c) Any eye examination, or any corrective eyewear, required by an employer as a condition of employment; (d) Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related; (e) Charges in excess of the usual and customary charge for the Service or Materials; (e) Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy; (f) Experimental or non-conventional treatment or device (g) Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage; (h) VDT (video display terminal)/computer eyeglass benefit; and (i) Claims submitted and received in excess of twelve (12) months from the original Date of Service. Depending on the terms of your specific plan, the following also may not be covered: (a) Any non-prescription eyeglasses, lenses, or contact lenses; (b) Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage; (c) Prescription sunglasses; (d) Two pair of glasses, in lieu of bifocals or trifocals; and (e) Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage. Your vision plan's actual terms may vary. Refer to your plan documents for the coverage details of your specific vision plan.



Locate a Provider

Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans. Choosing an eye doctor is easy with Cigna. There are three ways to find a quality in-network eye doctor in your area:

1. Log into [myCigna.com](https://mycigna.com), click "Coverage", and select "Vision page". Click on "Visit Cigna Vision". Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to [myCigna.com](https://mycigna.com)? Go to Cigna.com. At the top of the page select "Find A Doctor, Dentist or Facility", then click "Cigna Vision Directory", under Additional Directories.
3. Call the toll-free number found on your Cigna Vision ID card and talk with a Cigna customer service representative.





Basic Life and AD&D Insurance

Basic Term Life

Catoosa County provides Basic Term Life and AD&D Insurance to eligible employees through OneAmerica. The cost of Basic Term Life and AD&D Insurance is paid entirely by Catoosa County. Below is a brief description of group life insurance coverage underwritten by OneAmerica. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Your Certificate and Summary Plan Description will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.

Basic Term Life Benefit

\$20,000

Accidental Death & Dismemberment

Also, at no cost to the employee, the County provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

Reductions in Insurance

Life and AD&D insurance reduces to 65% at age 65 and then to 50% of the original amount at age 70.

Accelerated Life Benefit

If you become terminally ill and meet other eligibility requirements you may receive an Accelerated Death Benefit of up to 75% of your Life Insurance.

Voluntary Term Life Insurance

Voluntary Term Life Insurance

Eligible employees may elect to purchase additional Life and insurance on a voluntary basis through OneAmerica. This coverage may be purchased in addition to the Basic Term Life coverage. Voluntary Life insurance offers coverage for employees in **\$10,000 increments up to a maximum of \$500,000 not to exceed five times annual salary.**

Newly hired employees may purchase Voluntary Employee Life Insurance without having to go through Medical Underwriting (also known as Evidence of Insurability - EOI) up to the **Guaranteed Issue (GI) amount of \$100,000.**

Voluntary Spouse and/or Dependent Child(ren) Life Insurance

Dependents are eligible for coverage as long as the employee is enrolled in coverage. Spousal Life Insurance is offered in \$5,000 increments up to a maximum of \$250,000. A spouse of a newly hired employee has a **Guaranteed Issue amount of \$20,000** while dependent **Child(ren)** are offered a flat **\$10,000** benefit.

Note: Spouse and Child Life amounts cannot exceed 50% of the employee's elected amount.

Reductions in Insurance

Voluntary life insurance reduces to 65% at age 65 and then to 50% of the original amount at age 70.

Accelerated Life Benefit

If you become terminally ill and meet other eligibility requirements you may receive an Accelerated Death Benefit of up to 75% of your Life Insurance.

Conversion and Portability Options Included



Important Notes

***Always remember to keep beneficiary information updated.
Beneficiary information may be updated anytime through the Human Resources department.***



Voluntary Life Insurance

EMPLOYEE LIFE OPTIONS		BI-WEEKLY DEDUCTIONS (26 / Year)							
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.20	\$0.25	\$0.36	\$0.66	\$0.91	\$1.68	\$2.64	\$3.86	\$6.55
\$20,000	\$0.41	\$0.51	\$0.71	\$1.32	\$1.83	\$3.35	\$5.28	\$7.72	\$13.10
\$30,000	\$0.61	\$0.76	\$1.07	\$1.98	\$2.74	\$5.03	\$7.92	\$11.58	\$19.65
\$40,000	\$0.81	\$1.02	\$1.42	\$2.64	\$3.66	\$6.70	\$10.56	\$15.43	\$26.20
\$50,000	\$1.02	\$1.27	\$1.78	\$3.30	\$4.57	\$8.38	\$13.20	\$19.29	\$32.75
\$60,000	\$1.22	\$1.52	\$2.13	\$3.96	\$5.48	\$10.05	\$15.84	\$23.15	\$39.30
\$70,000	\$1.42	\$1.78	\$2.49	\$4.62	\$6.40	\$11.73	\$18.48	\$27.01	\$45.84
\$80,000	\$1.62	\$2.03	\$2.84	\$5.28	\$7.31	\$13.40	\$21.12	\$30.87	\$52.39
\$90,000	\$1.83	\$2.28	\$3.20	\$5.94	\$8.22	\$15.08	\$23.76	\$34.73	\$58.94
\$100,000	\$2.03	\$2.54	\$3.55	\$6.60	\$9.14	\$16.75	\$26.40	\$38.58	\$65.49
\$110,000	\$2.23	\$2.79	\$3.91	\$7.26	\$10.05	\$18.43	\$29.04	\$42.44	\$72.04
\$120,000	\$2.44	\$3.05	\$4.26	\$7.92	\$10.97	\$20.10	\$31.68	\$46.30	\$78.59
\$130,000	\$2.64	\$3.30	\$4.62	\$8.58	\$11.88	\$21.78	\$34.32	\$50.16	\$85.14
\$140,000	\$2.84	\$3.55	\$4.98	\$9.24	\$12.79	\$23.46	\$36.96	\$54.02	\$91.69
\$150,000	\$3.05	\$3.81	\$5.33	\$9.90	\$13.71	\$25.13	\$39.60	\$57.88	\$98.24
\$200,000	\$4.06	\$5.08	\$7.11	\$13.20	\$18.28	\$33.51	\$52.80	\$77.17	\$130.98
\$250,000	\$5.08	\$6.35	\$8.88	\$16.50	\$22.85	\$41.88	\$66.00	\$96.46	\$163.73
\$500,000	\$10.15	\$12.69	\$17.77	\$33.00	\$45.69	\$83.77	\$132.00	\$192.92	\$327.46

SPOUSE LIFE OPTIONS		BI-WEEKLY DEDUCTIONS (26 / Year)							
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.10	\$0.13	\$0.18	\$0.33	\$0.46	\$0.84	\$1.32	\$1.93	\$3.27
\$10,000	\$0.20	\$0.25	\$0.36	\$0.66	\$0.91	\$1.68	\$2.64	\$3.86	\$6.55
\$15,000	\$0.30	\$0.38	\$0.53	\$0.99	\$1.37	\$2.51	\$3.96	\$5.79	\$9.82
\$20,000	\$0.41	\$0.51	\$0.71	\$1.32	\$1.83	\$3.35	\$5.28	\$7.72	\$13.10
\$25,000	\$0.51	\$0.63	\$0.89	\$1.65	\$2.28	\$4.19	\$6.60	\$9.65	\$16.37
\$30,000	\$0.61	\$0.76	\$1.07	\$1.98	\$2.74	\$5.03	\$7.92	\$11.58	\$19.65
\$35,000	\$0.71	\$0.89	\$1.24	\$2.31	\$3.20	\$5.86	\$9.24	\$13.50	\$22.92
\$40,000	\$0.81	\$1.02	\$1.42	\$2.64	\$3.66	\$6.70	\$10.56	\$15.43	\$26.20
\$45,000	\$0.91	\$1.14	\$1.60	\$2.97	\$4.11	\$7.54	\$11.88	\$17.36	\$29.47
\$50,000	\$1.02	\$1.27	\$1.78	\$3.30	\$4.57	\$8.38	\$13.20	\$19.29	\$32.75

DEPENDENT CHILD(REN) LIFE RATE

\$10,000 Life Insurance Bi-Weekly Cost = \$1.00

Evidence of Insurability (EOI)

OneAmerica requires EOI in order for new employees to purchase insurance above the guaranteed issued amount, for any employee who has previously declined coverage or if you are requesting to increase your current coverage amount. EOI involves completing a medical questionnaire and receiving carrier approval before your insurance takes effect.

Waiver of Premium

If you become totally disabled under age 60 and meet other eligibility requirements, Life insurance coverage may continue under the Waiver provision without premium payments until Age 65.

Conversion Privilege

If Your coverage or a portion of it, terminates because You are no longer eligible for coverage under the policy You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

Portability

An employee may request to continue coverage by submitting a written application and the required amount of premium within 31 days of the date coverage terminated under the policy.





Voluntary Short Term and Long Term Disability Plans

Catoosa County offers both Short Term and Long Term Disability Insurance to all eligible full-time employees through OneAmerica. These benefits are designed to pay you an income if you cannot work as a result of an illness or an illness or an accident that occurs off the job.

Short Term Disability		Long Term Disability	
% of Salary	Up to 60% of Weekly Salary	% of Salary	Up to 60% of Monthly Salary
Maximum Weekly Benefit	Up to \$1,000	Maximum Monthly Benefit	Up to \$5,000
Elimination Period	30 Days	Elimination Period	180 Days
Duration Period	22 Weeks	Duration Period	Social Security Normal Retirement Age
Pre-Existing Conditions	None	Pre-Existing Conditions	The plan does not cover a disability due to pre-existing condition during the 12 months after your effective date of coverage, for treatment received within 3 months prior to your effective date of coverage

To calculate your cost:

1. Enter your annual earnings*:	\$
2. Divide by 52:	\$
3. Multiply line 2 by 0.6	\$
4. Divide line 3 by 10:	\$
5. Enter your rate from the table below:	\$
6. Multiply line 4 by line 5:	\$
7. Multiply line 6 by 12 then divide by 26 This is your per paycheck cost:	\$

To calculate your cost:

1. Enter your annual earnings*:	\$
2. Divide by 100:	\$
3. Enter you rate from the table below:	\$
4. Multiply line 2 by line 3:	\$
5. Divide line 4 by 26 This is your per paycheck cost:	\$

AGE	RATE	AGE	RATE
< 35	0.40	50-54	0.43
35-39	0.47	55-59	0.57
40-44	0.36	60 +	0.887
45-49	0.37		

AGE	RATE	AGE	RATE
< 30	0.067	50-54	0.969
30-34	0.134	55-59	1.287
35-39	0.247	60-65	1.268
40-44	0.364	65-69	1.150
45-49	0.627	70 +	1.670

* Maximum of \$100,000

* Maximum of \$86,667



Flexible Spending Account

The County offers Flexible Spending Accounts (FSA) administered through Cigna. The FSA plan year is from July 1 to June 30.

If an employee or family member(s) has predictable health care or work-related day care expenses, then the employee may benefit from participating in an FSA. An FSA allows an employee to set aside money from the employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from the employee's paycheck and deposited into the FSA. During the year, the employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. A participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA	Dependent Care FSA
<p>This account allows participant to set aside up to an annual maximum of \$2,700. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. A participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).</p> <p>Examples of common expenses that qualify for reimbursement are listed below.</p>	<p>This account allows participant to set aside up to an annual maximum of \$5,000 if the participating employee is single or married and files a joint tax return (\$2,500 if married and files a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.</p> <p>To qualify, dependents must be:</p> <ul style="list-style-type: none"> • A child under the age of 13, or • A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.
<p><i>Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.</i></p>	<p><i>Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.</i></p>

A sample list of qualified expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Ambulance
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests/Health Screenings
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Prescription Drugs
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs



Important Rules

You will be allowed to carry over up to \$500 of your account balance (unused funds) into the next plan year. The IRS requires that any unused portion of your account balance above \$500 remaining at the end of the year be forfeited. It is important to estimate your expenses carefully. The "run out period" after the end of the plan year to submit all expenses incurred during the preceding year is decided by your employer. If you were enrolled in an FSA and would like to continue that election, you must re-enroll every year. Be sure to retain documentation from the provider should substantiation of your claim be required.

Flexible Spending Account

Here's How it Works

Estimate how much money you will spend in the coming year for eligible healthcare expenses. Once calculated, the FSA allows you to set aside a portion from your check each payday (*example: if you elect \$650 annual then the County will deduct \$25 out of each pay check the entire year for 26 pay periods*). The amount you allocate to your account is taken out of your pay before taxes are calculated and withheld. That means the FSA is tax-free. You will then receive a debit card that will be loaded with the entire annual amount you have elected. You are then eligible to use the card to pay for health care expenses during the year. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. Cigna may request supporting documentation for expenses paid with a debit card. This card will not expire at the end of the benefit year. Please keep the issued card for use next year.

Rollover Feature

With our FSA you may rollover up to \$500 of unused monies from one plan year to the next if you continue to participate.

Runout Period

You may file for a reimbursement on a qualified unpaid FSA expense even after the year has ended but must do so within 90 days (this means you have until September 30th of each year to file). As an example, if you had an charge in December that was eligible for reimbursement (where you did not use your debit card) you can request for a reimbursement out of your account by completing a paper FSA claim form but would need to do so by September 30th. Forms can be provided by contacting MSI Benefits Group or Human Resources

More Convenience

- › **Your FSA account is integrated with your benefit information**, so it's easy to manage both in one convenient place: myCigna.com.
- › **Use your health care debit card for immediate access** to your FSA funds.
- › **You can also submit your FSA reimbursement claims** with our simple-to-use online claim form.
- › **Monitor your account from almost anywhere with** the Cigna Mobile App.
- › **You'll have immediate access to all the money in your** FSA account from the first day.

Less Hassle

- › **With the carryover, you won't have to rush to spend** every dollar before year's end
- › **Estimate contributions and calculate potential tax** savings at cigna.com/fsacalc.
- › **Count on Cigna 24/7/365 for expert guidance.**
- › **Contact Customer Service: 1.800.244.6224**

Changing Your Election

- › You can change your election once a year during the open enrollment period.
- › It is important to know that federal law places restrictions on changing your election at other times during the year. For this reason, if you participate in the program, you are generally not allowed to change or cancel the amount you allocate until the next annual enrollment period.
- › The events that might permit you to make a change are: Family status changes, including your marriage or divorce, the birth or adoption of a child, or the death of your spouse or dependent.

Note: Keep in mind that the only requirement is that the change you make must be consistent with the particular event that has occurred.





Employee Assistance Program (EAP)

Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: **855-365-4754**

TDD: **800-697-0353**

Go online: guidanceresources.com

Your company Web ID: **ONEAMERICA6**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents.

Confidential Counseling

6 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 6 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement Planning
- › Estate Planning
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

GuidanceResources® Online

Knowledge at your fingertips

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
- › "Ask the Expert" personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

Get peace of mind.

EstateGuidance[®] lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- › Name an executor to manage your estate
- › Choose a guardian for your children
- › Specify your wishes for your property
- › Provide funeral and burial instructions

Your ComPsych® GuidanceResources® Program

CALL ANYTIME

Call: **855-365-4754**

TDD: 800-697-0353

Online: guidanceresources.com

Your company Web ID: **ONEAMERICA6**





Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become eligible for the Catoosa County health plan. 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 right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **Catoosa County, Ann Cain, 800 Lafayette Street, Ringgold, GA 30736.**



Continuation Coverage Rights Under COBRA

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the plan and COBRA continuation coverage can be obtained on request from:

Catoosa County
Ann Cain
800 Lafayette Street
Ringgold, GA 30736
Phone: 706-965-2500



Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

GEORGIA - Medicaid
Website: http://dch.georgia.gov/ Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

HIPAA Notice of Privacy Practices

For employers who have enacted HIPAA Privacy Policies and Procedures, including those who receive Protected Health Information (PHI) and those who sponsor an FSA or HRA, an initial Notice of Privacy Practices was to have been provided to all plan participants at the adoption of the Policies and Procedures. Additionally, the notice must be given to new enrollees in the plan and the participants must be made aware of the availability of and how to obtain the Notice of Privacy Practices at least once every three years.



MSI Benefits Group
245 TownPark Drive, Suite 100
Kennesaw, GA 30144
Tel: 800-580-1629 / 770-425-1231
Fax: 800-580-2675 / 770-425-4722
www.msibg.com