DOUGLAS
COUNTY, GEORGIA

Employee Benefits Handbook

Plan Year January 1, 2020 thru December 31, 2020

Enroll online at www.eElect.com
Enrollment ID = 100099
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 in 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.

ELIGIBILITY

Newly hired full-time employees are eligible for benefits on the first day of the month following 30 days of full-time employment. Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian. Federal law requires all health plans to report social security numbers for employees and covered dependents. Please make sure to have all necessary names, birthdates and social security numbers available for your enrollment.

CHANGES

Pre-Tax Deduction of Premiums (Section 125 Plan) - Health, dental, vision, FSA and accident insurance premiums are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations). ***If you have a status change during the year you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.*** Please contact the County at 770-920-7267 if you have any questions regarding the open enrollment period or changes.

CITIZEN CUSTOMER SERVICE

Because Douglas County is commited to serving its citizens, it puts forth this employee policy concerning public relations responsibilities:

CITIZENS are not to do for us - we are to do for them.

CITIZENS are not an interruption of our work - they are the purpose for it.

CITIZENS are not an obstruction to our work - they are part of it.

CITIZENS are not dependent upon us - we are dependent upon them.

CITIZENS are not people to argue with or match wits with. No public employee has ever won an argument with a citizen.

CITIZENS are people who bring us their problems. It is our job to handle them in such a way as to be beneficial to them and ourselves.

Your attitude, actions, responsibilities and relationships shape the citizens' impression of Douglas County Government. You provide a vital public relations role... For you are Douglas County Government. The County's public standing is determined largely by your actions.

Therefore, be friendly, helpful, courteous and sincere.

~DOUGLAS COUNTY BOARD OF COMMISSIONERS

MESSAGE FROM MADAM CHAIR JACKSON JONES

To: All Full Time Employees
From: Dr. Romona Jackson Jones
Subject: Employee Benefits

The 2020 Open Enrollment period is officially here! It begins today and will conclude on Friday November 20, 2019. Following a very detailed analysis of the County's benefit program, the Douglas 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 Douglas County BOC recognizes that our employees are our most important assets and we are committed to making wellness an integral part of our benefit offerings. We are pleased to inform you that our benefits package will remain the same with no change in coverage or costs for 2019! We will continue to afford you opportunities and the necessary tools into 2019 to assist you in attaining and maintaining a healthy lifestyle. In support of a healthy lifestyle, the BOC has approved two additional personal holidays for leave eligible employees. So instead of one personal holiday, beginning January 1, 2019, you will have three at your disposal! Additionally, The County will also provide employees with the "Coast2Coast Rx" discount card during open enrollment. In short, the Coast2Coast Rx program is a "free" prescription discount card provided by the Association County Commissioners of Georgia (ACCG). The program includes participation by local pharmacies to provide annual savings up to 55%. Savings on a single prescription range from a few percent up to 75% (sometimes more) off the retail price of the drug. Cardholders save on both brand name and generic drugs. All members of a family can use the card. It is always FREE and the card can be used immediately. There are no age, income, or other exclusions. There are no forms to fill out. Simply take the card to your local pharmacy and present it along with your medical card to see which one will yield the biggest savings!

I'd be remised not to mention the "Citizen Customer Service" initiative I've spearheaded to enhance the level of customer service and professionalism shown to our citizens upon their visit to the courthouse. Please take a moment to review and reflect on the County's "Citizen Customer Service" statement on page 2. I believe this customer service initiative is critical as we continue to move Douglas County forward. I believe a strong organization will have great customer relationships. But a great organization will always ask "What does good customer service look and feel like?" If we're not constantly on the lookout for opportunities to improve our customer service, then our relationship with the public will stagnate. My fellow Commissioners and I feel it is imperative to ensure that our citizens experience a professional and courteous environment while in the courthouse.

In closing, 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.

Thank you for all your hard work!

Dr. Romona Jackson Jones
Chair
Douglas County Board of Commissioners

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ONLINE ENROLLMENT INSTRUCTIONS

eElect™

You may go online and enroll in your county benefits program while at home, with your spouse, on your work computer or simply on your own time.

If you know what benefits you want to elect for the new plan year and don't have any questions then you have the option to confirm your elections online without having to take time out of your busy schedule for the open enrollment meetings.

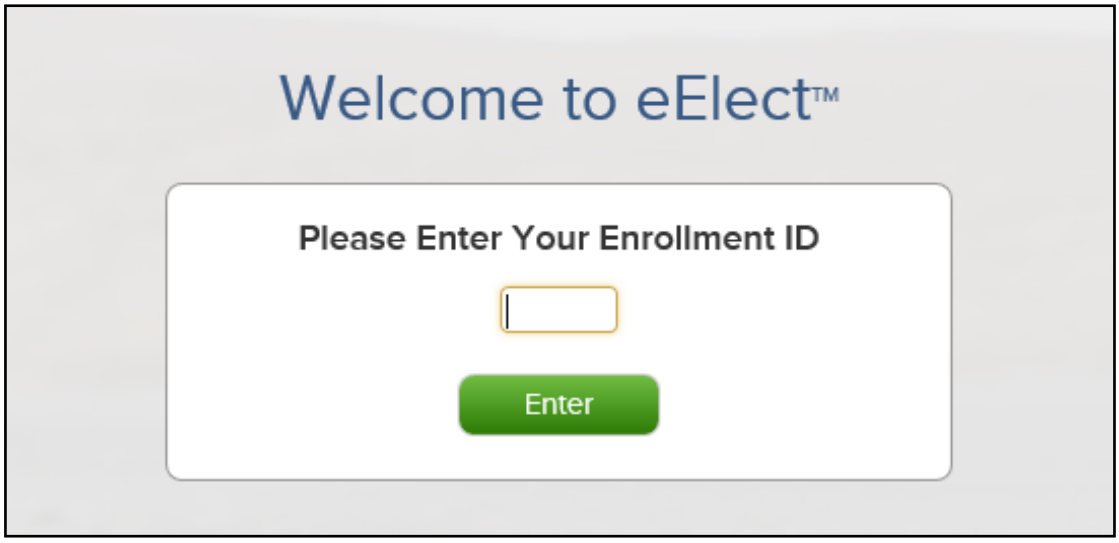
How do I enroll online?

Simply follow the below instructions to confirm your new benefit elections…

ONLINE ENROLLMENT INSTRUCTIONS:
Go to web address: **www.eelect.com**
Enrollment ID: **100099**

There are now layers of security that are designed to protect your personal data. Follow the instructions below:

You will need your Social Security Number and provide your month and day date of birth as a 4-digit number to be used as your PIN. (For example, if you were born on March 1 your PIN number would be 0301).
You will then be asked to create a username and password and to answer three questions to set up your account.
In addition, you will be asked to retrieve and verify a security code from your email or mobile device to complete the login process.
If you have any questions, please call MSI Benefits group at 770-425-1231.



New for 2020:

The County's Health, Dental and Vision plans will all continue with Anthem with **NO CHANGE IN DEDUCTIONS**. Our health insurance coverage will see a few changes as described below. The dental and vision plans will remain the same with no change in coverage.

- The LiveHealth Online PCP copay on the HMO and POS is decreasing from **$10 to $0**
- The PCP copay on the HMO and POS is increasing from **$25 to $30**
- The Specialist copay on the HMO and POS is increasing from **$50 to $60**
- The Emergency Room copay on the HMO and POS is increasing from **$200 to $300**
- The individual deductible is increasing from **$750 to $1,000**
- No deductible will be required when receiving services from a free standing ambulatory outpatient surgical facility
- Under the POS plan— Office therapy, including chemo and radiation will be covered under your deductible and coinsurance. This will match the benefit as it is under the HMO plan.
- The individual annual out-of-pocket maximum is increasing from **$1,750 to $3,000**
- Pharmacy copays will remain the same when you use a level 1 pharmacy (this includes CVS, Kroger, Walmart). Prescriptions filled at level 2 pharmacies (this includes Walgreens, Publix) will be filled at a higher copay.
- Incentive rewards will now be provided under as a gift card, sent to you as your incentive is earned.

TOBACCO CESSATION

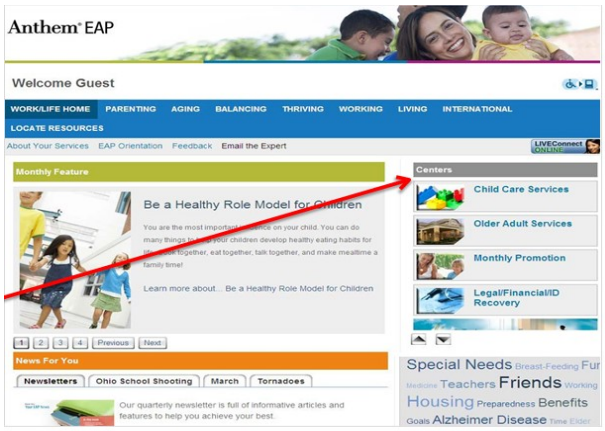
The Tobacco Cessation program includes a tobacco surcharge that will be added to your health insurance deduction. A **$25 surcharge** will be added for any employee that has used tobacco products within the past 90 days. This includes cigarettes, e-cigarettes, chewing tobacco, cigars, pipes and smokeless tobacco. Employees will be required to answer the tobacco question while enrolling electronically during open enrollment and during new hire orientations. Employees will have the opportunity to complete a smoking cessation program through the County's EAP. Once finished, the employee will need to request a certificate of completion and forward to the County to avoid the tobacco surcharge. Details of the smoking cessation program through the County EAP can be found below.

Live Tobacco Free program

- 10 sessions
- Structured cognitive training
- Teaches you how to permanently change the way you think and feel about using tobacco

Additional features:

- Online manual
- Program concepts downloaded to handheld devices
- Podcasts
- Trackers



How do I signup and login to Live Tobacco Free?

Go to: www.anthem.com/youreap

Click on the "**Member login**" button and enter: **Douglas County**

The link to Live Tobacco Free is located in the Centers section

How do I avoid the Tobacco Surcharge?

Employees attesting that they do not use tobacco products will not see a surcharge. If you have used tobacco products in the past 90 days and complete the "Live Tobacco Free" program the surcharge will be removed (program takes on average 8-12 weeks) once you provide the certificate (certificate must be requested).

The Coaching philosophy is designed to empower you, discuss visions and goals, develop a plan, provide support and provide tools for motivating, goal-setting and self-discovery.

Tobacco Coaching

- Contact via telephone, e-mail and/or instant messaging
- Initial 10-15 minute service overview, 45-60 minute intake, visioning and goal setting session
- Ongoing follow-up coaching for up to one year
- Sessions average 15-30 minutes
- Unlimited inbound calls to coaches
- Additional follow-up from coach; emails and resources
- Ongoing re-engagement attempts

Think about making a change and contact the EAP today!

www.anthem.com/youreap

Log in: Douglas County

800-865-1044

SIDE by SIDE MEDICAL COMPARISON

Anthem

Douglas County offers two Anthem health plan options. Both plans have a $1,000 deductible. The Gatekeeper HMO plan requires you to name a primary care physician (PCP) for all covered family members and obtain referrals to visit a specialist physician. The Open Access POS Plan does not require a PCP and referrals are not necessary to visit specialist physicians. The Open Access POS Plan also offers out-of-state and out-of-network coverage however you receive the best value by staying in-network.

IN-NETWORK	Gatekeeper HMO	Open Access POS
Individual Calendar Year Deductible	$1,000	$1,000
Family Calendar Year Deductible	$3,000	$3,000
Coinsurance	Member Pays 10% Plan pays 90%	Member Pays 20% Plan pays 80%
Individual Out-of-Pocket Calendar Year Maximum*	$3,000	$3,000
Family Out-of-Pocket Calendar Year Maximum*	$9,000	$9,000
Primary Care Physician Copayment	$30	$30
Specialist Physician Copayment	$60	$60
Preventive Care *(not subject to deductible)*	$0	$0
Live Health Online *(Online Physician Visit)*	$0	$0
Urgent Care Center Copayment	$60	$60
Emergency Room Copayment *(waived if admitted)*	$300 then 10%	$300 then 20%
OUT-OF-NETWORK	**Gatekeeper HMO**	**Open Access POS**
Individual Calendar Year Deductible	EMERGENCY COVERAGE ONLY	$1,000
Family Calendar Year Deductible		$3,000
Coinsurance		Member Pays 40% Plan pays 60%
Individual Out-of-Pocket Calendar Year Maximum*		$3,000
Family Out-of-Pocket Calendar Year Maximum*		$9,000

* Includes Deductible

PRESCRIPTION DRUG CO-PAYMENTS	Level 1	Level 2	Level 1	Level 2
Retail Drugs – Tier 1 (30 day supply)	$15	$25	$15	$25
Retail Drugs – Tier 2 (30 day supply)	$30	$40	$30	$40
Retail Drugs – Tier 3 (30 day supply)	$60	$70	$60	$70
Retail Drugs – Tier 4 (Specialty Drugs) (30 day supply)	20% up to $200 max	30% up to $300 max	20% up to $200 max	30% up to $300 max
Home Delivery – Tier 1 (90 day supply)	$30	$50	$30	$50
Home Delivery – Tier 2 (90 day supply)	$60	$80	$60	$80
Home Delivery – Tier 3 (90 day supply)	$120	$140	$120	$140
Home Delivery – Tier 4 (Specialty Drugs) (30 day supply)	20% up to $200 max	30% up to $300 max	20% up to $200 max	30% up to $300 max

EMPLOYEE DEDUCTIONS

Per Pay Period

COVERAGE LEVEL	Gatekeeper HMO	Open Access POS
Employee Only	**$ 31.00**	**$ 58.30**
Employee + Spouse	**$123.99**	**$196.47**
Employee + Child(ren)	**$111.59**	**$176.83**
Employee + Family	**$142.59**	**$231.45**

Tobacco Surcharge: A **$25** per pay period surcharge will be applied to the health insurance premium for any employee who has used tobacco products within the past 90 days.

Working Spouse Surcharge: A **$25** per pay period spousal surcharge will be added to the health insurance premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer. If your spouse is eligible for coverage as a Douglas County employee, the working spouse surcharge does not apply.

Anthem

GATEKEEPER HMO BENEFIT SUMMARY

All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted.
In addition to copayments, members are responsible for deductibles and any applicable coinsurance.
Members are also responsible for all costs over the plan maximums.
Some services may require pre-certification before services are covered by the Plan.

Deductibles, Coinsurance and Maximums	**In-Network Benefit Level** **No Coverage for Out-of-Network**
Calendar Year Deductible* • Individual • Family	 $1,000 $3,000
Coinsurance	Plan pays 90% after deductible Member pays 10% after deductible
Out-of-Pocket Calendar Year Maximum* (includes calendar year deductible) • Employee • Family	 $3,000 $9,000
*One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the Family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The medical and pharmacy copayments, deductible(s), and coinsurance on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums; Non-covered items and plan premiums, any balance billing due to Out-of-Network services or any fourth quarter deductible amounts carried over from the previous benefit period.	
Covered Services	**In-Network Benefit Level**
Preventive Care Services for Children and Adults Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.	
• Well-child care, immunizations • Periodic health examinations • Annual gynecology examination (No PCP referral required) • Prostate screening	Member pays 0% *(not subject to deductible)*
Physician Office Visits for Illness and Injury (including labs, x-rays and diagnostic procedures)	
• Primary Care Physician (PCP)* • Specialist Physician (PCP referral required except OB/GYN, dermatologists, ophthalmologists and optometrists for treatment of acute eye conditions)	$30 copayment $60 copayment
Retail Health Clinic - (located in some pharmacies: search for in-network providers through Find a Doctor search tool on bcbsga.com)	
• Immunizations • Periodic health examinations	$30 copayment
Maternity Physician Services	
• Global obstetrical care (prenatal, delivery and postpartum services)	$50 copayment *(first visit only)*
Online Medical Visit	
(https://livehealthonline.com)	$0 copayment
Online Behavioral Health Visit	
(https://livehealthonline.com)	$30 copayment
Allergy Services	
Office visits, testing, serum and administration of allergy injections	$30 PCP copayment or $60 Specialist copayment
Office Surgery	
Surgery and administration of general anesthesia	$30 PCP copayment or $60 Specialist copayment
Office Therapy Services	
• Physical Therapy and Occupational Therapy: 20-visit benefit period maximum combined • Speech Therapy: 20-visit benefit period maximum	$60 copayment
Other Therapy Services	
• Chemotherapy, radiation therapy, cardiac rehabilitation (there is no cardiac rehabilitation visit max on this plan; authorization required) and respiratory / pulmonary therapy • Office setting • Facility setting	$30 PCP copayment or $60 Specialist copayment Member pays 10% after deductible

Advanced Diagnostic Imaging (MRI, MRA, CT Scan and PET Scan)	
• Office setting • Facility setting	$30 PCP copayment or $60 Specialist copayment Member pays 10% after deductible
Urgent Care Center	
Per visit	$60 copayment
Emergency Room Services	
• Life-threatening illness or serious accidental injury only • The ER copayment will be waived if admitted to the hospital	$300 copayment; then member pays 10%
Outpatient Surgery	
Facility surgery charges • Diagnostic x-ray and lab services • Physician services (anesthesiologist, radiologist, pathologist)	$100 copayment, then member pays 10% after deductible Member pays 10% after deductible Member pays 10% after deductible
Inpatient Facility Services	
• Daily room, board and general nursing care at semi-private room rate, ICU/ CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care • Physician services (anesthesiologist, radiologist, pathologist)	Member pays 10% after deductible
Skilled Nursing Facility	
• 60-day benefit period maximum	Member pays 10% after deductible
Mental Health/Substance Abuse Services (*services must be authorized by calling 1-800-292-2879)	
• Inpatient mental health and substance abuse services* (facility and physician fee) • Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee) • Office mental health and substance abuse services (physician fee) • Outpatient mental health and substance abuse services (physician fee)	Member pays 10% after deductible Member pays 10% *(no deductible)* $30 copayment Member pays 10% after deductible
Home Health Care Services	
• 120-visit benefit period maximum	Member pays 10% after deductible
Hospice Care Services	
Inpatient and outpatient services covered under the hospice treatment program	Member pays 10% *(no deductible)*
Durable Medical Equipment (DME)	
	Member pays 10% after deductible
Ambulance Services	
• Covered when medically necessary	Member pays 10% *(no deductible)*
Prescription Drugs (Option AE) Essential **Essential Drug Formulary Definition:** Your Plan limits coverage of Prescription Drugs to only those listed on our Essential Drug List. The Essential Drug List includes selected Generic and Brand Name Drugs. A list of the drugs that are covered on the Essential Drug List is available at: **https://www.anthem.com/pharmacyinformation**. • Current benefit period cost shares (copayments and coinsurance) for pharmacy benefits will apply to the plan Out-of-Pocket Maximums.	
Retail and Home Delivery maintenance drug coverage is provided at one of four tier levels in accordance with the Formulary Drug List. Members must file a claim form for reimbursement when using an out-of-network pharmacy. Specialty drugs can only be obtained from a Specialty Pharmacy.	
• Retail Drugs - Tier 1 (30 day supply)	Level 1 $15 copayment Level 2 $25 copayment
• Retail Drugs - Tier 2 (30 day supply)	Level 1 $30 copayment Level 2 $40 copayment
• Retail Drugs - Tier 3 (30 day supply)	Level 1 $60 copayment Level 2 $70 copayment
• Retail Drugs - Tier 4 (Specialty Drugs) (30 day supply)	Level 1 Member pays 20%, up to a $200 maximum per prescription fill Level 2 Member pays 30%, up to a $300 maximum per prescription fill
• Home Delivery Maintenance Drugs - Tier 1 (90 day supply)	Level 1 $30 copayment Level 2 $50 copayment
• Home Delivery Maintenance Drugs - Tier 2 (90 day supply)	Level 1 $60 copayment Level 2 $80 copayment
• Home Delivery Maintenance Drugs - Tier 3 (90 day supply)	Level 1 $120 copayment Level 2 $140 copayment
• Home Delivery Maintenance Drugs- Tier 4 (30 day supply)	Level 1 Member pays 20%, up to a $200 maximum per prescription fill Level 2 Member pays 30%, up to a $300 maximum per prescription fill

Rx Choice Tiered Network

- **Level 1** Pharmacy network includes but are not limited to CVS, Kroger, Walmart, Lithia Springs Pharmacy, Sam's Club, and more.
- **Level 2** Pharmacy network includes but are not limited to D&B Pharmacy, Douglas Discount Pharmacy, Premier Drugstore, The Apothecary Shoppe, Williams Pharmacy, Wyatt's Pharmacy, and more.

OPEN ACCESS POS BENEFIT SUMMARY

All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted.
All calendar year benefit visit maximums are combined between in-network and out-of-network.
In addition to copayments members are responsible for deductibles and any applicable coinsurance.
Members are also responsible for all costs over the plan maximums.
Some services may require pre-certification before services are covered by the Plan.

When using out-of-network providers, members are responsible for any difference between the maximum allowed amount and the amount the provider actually charges, as well as any copayments, deductibles and/or applicable coinsurance.

Deductibles, Coinsurance and Maximums	In-Network Benefit Level	Out-of-Network Benefit Level
Calendar Year Deductible* • Individual • Family	 $1,000 $3,000	 $1,000 $3,000
Coinsurance	Member pays 20% Plan pays 80%	Member pays 40% Plan pays 60%
Out-of-Pocket Calendar Year Maximum* • Individual • Family	 $3,000 $9,000	 $3,000 $9,000

*Out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also applies to the Family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The medical and pharmacy copayments, deductible(s), and coinsurance on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services, or any fourth quarter deductible amounts carried over from previous benefit period.

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
Preventive Care Services for Children and Adults (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits)		
• Well-child care, immunizations • Periodic health examinations • Annual gynecology examinations • Prostate screenings	Member pays 0% (not subject to deductible)	Member pays 40% after deductible *(deductible waived through age 5)*
Physician Office Visits for Illness and Injury (including labs, x-rays, diagnostic procedures and office surgery)		
• Primary Care Physician (PCP) • Specialist Physician	$30 copayment $60 copayment	Member pays 40% after deductible Member pays 40% after deductible
Retail Health Clinic - (located in some pharmacies: search for in-network provider through Find a Doctor search tool on bcbsga.com)		
• Immunizations • Periodic health examinations	$30 copayment	Member pays 40% after deductible
Maternity Physician Services		
• Global obstetrical care (prenatal, delivery and postpartum services)	$100 copayment *(first visit only)*	Member pays 40% after deductible
Online Medical Visit		
(https://livehealthonline.com)	$0 copayment	Member pays 40% after deductible
Online Behavioral Health Visit		
(https://livehealthonline.com)	$30 copayment	Member pays 40% after deductible
Allergy Services		
• Office visits, testing and the administration fo allergy injections, allergy injection serum	$30 PCP or $60 Specialist copayment	Member pays 40% after deductible
Office Therapy Services		
• Physical Therapy and Occupational Therapy: 20-visit benefit period maximum combined • Speech Therapy: 20-visit benefit period maximum	$60 copayment	Member pays 40% after deductible
Other Therapy Services		
• Chemotherapy, radiation therapy, cardiac rehabilitation (there is no Cardiac Rehabilitation visit max on this plan; authorization required) and respiratory / pulmonary therapy - 30 visit maximum for respiratory therapy	Member pays 20% after deductible	Member pays 40% after deductible
Advanced Diagnostic Imaging		
• MRI, MRA, CT Scans and PET Scans	Member pays 20% after deductible	Member pays 40% after deductible

OPEN ACCESS POS BENEFIT SUMMARY

Anthem

Urgent Care Services		
Per visit	$60 copayment	Member pays 40% after deductible
Emergency Room Services		
• Life-threatening illness or serious accidental injury only • The ER copayment will be waived if admitted to the hospital	$300 copayment; then member pays 20%	$300 copayment; then member pays 20%
Outpatient Surgery		
• Facility surgery charge • Diagnostic x-ray and lab services • Physician services (anesthesiologist, radiologist, pathologist)	Member pays 20% after deductible	Member pays 40% after deductible
Inpatient Facility Services		
• Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care • Physician services (anesthesiologist, radiologist, pathologist)	Member pays 20% after deductible	Member pays 40% after deductible
Skilled Nursing Facility		
• 60-day benefit period maximum	Member pays 0% after deductible	Member pays 40% after deductible
Mental Health/Substance Abuse Services (*services must be authorized by calling 1-800-292-2879)		
• Inpatient mental health and substance abuse services* (facility and physician fee)	Member pays 20% after deductible	Member pays 40% after deductible
• Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee)	Member pays 20% *deductible waived*	Member pays 40% after deductible
• Office mental health and substance abuse services (physician fee)	$30 copayment	Member pays 40% after deductible
• Outpatient mental health and substance abuse services (physician fee)	Member pays 20% after deductible	Member pays 40% after deductible
Home Health Care Services		
• 120-visit benefit period maximum	Member pays 0% after deductible	Member pays 40% after deductible
Hospice Care Services		
• Inpatient and outpatient services covered under the hospice treatment program	Member pays 0% *deductible waived*	Member pays 0% *deductible waived*
Durable Medical Equipment (DME)		
	Member pays 20% after deductible	Member pays 40% after deductible
Ambulance Services		
• Covered when medically necessary	Member pays 0% *deductible waived*	Member pays 0% *deductible waived*

Prescription Drugs (Option AE) Essential

Essential Drug Formulary Definition: Your Plan limits coverage of Prescription Drugs to only those listed on our Essential Drug List. The Essential Drug List includes selected Generic and Brand Name Drugs. A list of the drugs that are covered on the Essential Drug List is available at: https://www.bcbsga.com/pharmacyinformation.

• Current benefit period cost shares (copayments and coinsurance) for pharmacy benefits will apply to the plan Out-of-Pocket Maximums.

Retail and Home Delivery maintenance drug coverage is provided at one of four tier levels in accordance with the Formulary Drug List.
Members must file a claim form for reimbursement when using an out-of-network pharmacy.

Specialty drugs can only be obtained from a Specialty Pharmacy.

• Retail Drugs - Tier 1 (30 day supply)	Level 1 $15 copayment Level 2 $25 copayment
• Retail Drugs - Tier 2 (30 day supply)	Level 1 $30 copayment Level 2 $40 copayment
• Retail Drugs - Tier 3 (30 day supply)	Level 1 $60 copayment Level 2 $70 copayment
• Retail Drugs - Tier 4 (Specialty Drugs) (30 day supply)	Level 1 Member pays 20%, up to a $200 maximum per prescription fill Level 2 Member pays 30%, up to a $300 maximum per prescription fill
• Home Delivery Maintenance Drugs - Tier 1 (90 day supply)	Level 1 $30 copayment Level 2 $50 copayment
• Home Delivery Maintenance Drugs - Tier 2 (90 day supply)	Level 1 $60 copayment Level 2 $80 copayment
• Home Delivery Maintenance Drugs - Tier 3 (90 day supply)	Level 1 $120 copayment Level 2 $140 copayment
• Home Delivery Maintenance Drugs- Tier 4 (30 day supply)	Level 1 Member pays 20%, up to a $200 maximum per prescription fill Level 2 Member pays 30%, up to a $300 maximum per prescription fill

Rx Choice Tiered Network

- **Level 1** Pharmacy network includes but are not limited to CVS, Kroger, Walmart, Lithia Springs Pharmacy, Sam's Club, and more.
- **Level 2** Pharmacy network includes but are not limited to D&B Pharmacy, Douglas Discount Pharmacy, Premier Drugstore, The Apothecary Shoppe, Williams Pharmacy, Wyatt's Pharmacy, and more.

EMERGENCY ROOM USAGE

Non-Emergency usage of the Emergency Room (ER) is on the rise across the county. The same is true under our Health Plan. Usage of the ER for non-urgent conditions leads to excessive healthcare spending, unnecessary testing and treatment, and weaker patient-primary care provider relationships. You have other options and knowing about these options can save you money! When should you go to the ER? When should you try another avenue? What are your options? Let's take a look and see what our plan covers...

Primary Care Physician (PCP) Visit - establishing a relationship with a PCP is one of the first steps in taking control of your health. A PCP can help you maintain a healthy life and will keep you up to date with certain tests as you age. If and when the day comes where you are sick and need immediate care your PCP is likely to be able to see you on much shorter notice if you are a current patient. You may visit a PCP under both of Douglas County's health plans (HMO/POS) for a **$30 copay**. Visit the Anthem website to search for a PCP.

LiveHealth Online - (also referred to as Telemedicine) is a feature provided under both of our health plans which provides all covered members with the opportunity to see a physician 24/7 via your smartphone, tablet or computer (i.e. Skype). Members experiencing cold and flu symptoms, fever, headaches, allergies, sinus infections and more have the ability to see a doctor and get a prescriptions filled without ever leaving home or work all for a **$0 copay**.

How to register for LiveHealth Online:

- Download the app from the App Store or Google Play
- Register through the App or by going to **www.livehealthonline.com**
- Call LiveHealth Online at 1-844-784-8409 from 7 a.m. to 11 p.m.

Urgent Care Visit - (also referred to as Immediate Care) covered under our plan at a **$60 copay**. Members can utilize Urgent Care for non life threatening emergencies such as cuts, X-rays, laboratory tests, eye irritation and redness, fever, flu symptoms, minor broken bones, severe soar throat, sprains, urinary tract infections, headaches, skin rashes, sinus infections and more. Urgent Care centers in Douglas County include the Minute Clinic and Prime Immediate Care. Visit the Anthem website to search for an Urgent Care facility near you.

24 Hour Nurse Hotline - if you just aren't sure where to seek treatment or you have questions related to a health issue you may call the Anthem Nurse Hotline and talk to a live nurse 24/7 at **no cost**. The nurse will help you access you or your covered family members symptoms and understand a medical condition and the best course of treatment. The number to call is **888-724-BLUE (2583).**

Emergency Room Visit - sometimes an ER visit in necessary and unavoidable. Our plan provides coverage for ER visits at a **$300 copay + your coinsurance portion** (10% on the HMO and 20% on the POS). Some examples of when to utilize the ER benefit; compound fracture, convulsions, seizures, deep wounds, fever in newborns less than 3 months, moderate or severe burns, poisoning, serious head, neck or back injury, severe chest pains, heart attack symptoms or stroke symptoms to name a few.

The bottom line:

Get the care you need when you need it! Our plan is here for you! We want you and your family members to understand there are many different ways to treat certain conditions and to realize those services provided under our plan. Simply put, please don't treat the ER as your primary source for medical care.

Anthem

Which is better for a sore Throat and cough?

Emergency Room (ER) vs Urgent Care vs LiveHealth Online

When your throat hurts or you can't stop coughing, where should you go?

Emergency room

Urgent care/retail health clinic

LiveHealth Online

What would my copay be using each option?

Emergency room	Urgent care/retail health clinic	LiveHealth Online
$300 Copay	$60 Copay	$0 Copay

Would I have to pay anything extra after the copay?

Emergency room	Urgent care/retail health clinic	LiveHealth Online
Coinsurance*	No	No

What is the average time spent at each location per visit?

Emergency room	Urgent care/retail health clinic	LiveHealth Online
4 hours	1 hour	20 min

Need to find care nearby?

Online: Go to **anthem.com** and choose **Find a doctor.** Follow the steps to search for a doctor or health care provider in your plan.

By phone: Call the Member Services number on your ID card for help finding providers in your plan.

***Members must now pay the coinsurance portion (10% HMO and 20% POS) after the $300 copay is met for ER visits. The average ER visit total cost is $1,600.**

LiveHealth Online

What you need to know about video visits with a doctor, 24/7

What is LiveHealth Online?

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.*

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center.

Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online isn't meant to replace your primary care doctor. It's a convenient option for care when your doctor isn't available. LiveHealth Online connects you with a doctor in minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab at **livehealthonline.com** to print, email or fax to your primary care doctor.

Anthem BlueCross BlueShield

LiveHealth ONLINE

LiveHealth Online should not be used for emergency care. If you have a medical emergency, call 911 right away.

When is LiveHealth Online available?

Doctors are available 24/7, 365 days a year.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or use the LiveHealth Online mobile app. Pick the state you're in and answer a few questions.

Setting up an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and set up online visits at times that fit your schedule.

Once connected, you can talk with the doctor as if you were in a private exam room.

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How much does it cost to use LiveHealth Online?

Your Anthem plan includes benefits for video visits using LiveHealth Online. **All PCP visits are at no cost to you.**

Will I be charged more if I use LiveHealth Online on weekends, holidays or at night?

No, the cost is the same.

How do I pay for a LiveHealth Online visit?

All PCP visits are at no cost to you.

Is there a LiveHealth Online app that I can download to my smartphone?

Yes, search for "LiveHealth Online" in the App Store® or on Google Play™. To learn what mobile devices are supported and get instructions, go to **livehealthonline.com** and select **Frequently asked questions** under the *How it works* tab.

What type of computer do I need to use LiveHealth Online?

You'll need high-speed Internet access, a webcam or built-in camera with audio. To learn what computer hardware and software you need, go to **livehealthonline.com** and select **Frequently asked questions** under the *How it works* tab.

Do doctors have access to my health information?

It depends on whether or not you set up an account. With a LiveHealth Online account, you can allow doctors to access and review your health information from past visits. Also, to help keep track of your own health information, you can record it at **livehealthonline.com**. Once you sign in, go to the *MyHealth* tab and then select **Health Record.**

How long is a LiveHealth Online visit?

A typical LiveHealth Online visit with a doctor lasts about 10 minutes.

Can I get online care from a doctor if I'm traveling or in another state?

Yes, just select the state you're in under **My Location** on **livehealthonline.com** or with the app, and you'll only see doctors licensed to treat you in that state. Don't forget to change the state back when you get home.

What if I still have questions about using LiveHealth Online?

Send an email to **customersupport@livehealthonline.com** or call toll free at **1-888-548-3432.**

Anthem BlueCross BlueShield

LiveHealth ONLINE

* Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

LiveHealth Online

Sign up today — so you're ready for a video visit when you need it

Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer with a webcam. It's an easy way to get the care you need at home or on the go.

When your own doctor isn't available, use LiveHealth Online 24/7 if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.[1]

If you're feeling anxious or having trouble coping on your own and need some support, you can have a video visit with a therapist using LiveHealth Online. Make an appointment in four days or less at **livehealthonline.com** or on the phone at **1-888-548-3432** from 7 a.m. to 7 p.m., seven days a week.[2] Evening and weekend appointments are available. You can get help for anxiety, depression, grief, panic attacks and more.

How to get started

Rather than waiting to sign up when you're not feeling well, register today so you're ready for a visit when you need one. To sign up, visit **livehealthonline.com** or download the free LiveHealth Online app to your mobile device. Next, you:

1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?", select **Yes.** Be sure to have your Anthem member ID card handy to complete your insurance information. If you choose **No,** you can still enter your insurance information later.
6. For **Health Plan,** in the drop-down box, select **Anthem.**
7. For **Subscriber ID,** enter your identification number, which is found on your Anthem member ID card. Select **Yes** if you are the primary subscriber or **No** if you are not the primary subscriber.
8. Insert a service key if you have one. If you don't have a service key that's OK, this is optional and not required to register.
9. Select the green **Finish** button.

Anthem BlueCross BlueShield

LiveHealth ONLINE

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Your account securely stores your personal and health information

You can be confident knowing you can easily connect with doctors when you need to consult about certain conditions, share your health history, and schedule online visits at times that fit your schedule.

How to use LiveHealth Online for a video visit with a doctor

start ···

1. Log in or register in just minutes.
2. Select **LiveHealth Online Medical** to review available doctor profiles.
3. Select the **Connect** button for the doctor of your choice.[3]
4. Select who the visit is for (example: your child).
5. Share the reason for the visit.
6. Enter health history and medications.
7. Select a pharmacy.

··· finish

8. Verify your insurance information.
9. Copay or your percentage of the cost processed by credit card.
10. Consultation with board-certified doctor within minutes.
11. Doctor diagnoses patient. If medicine is prescribed, it is sent to your selected pharmacy.[1]
12. Conversation summary is stored in your personal LiveHealth Online account.
13. Claim is sent to Anthem.

The steps to set up an appointment with a therapist using **LiveHealth Online Psychology** are very similar to seeing a doctor. You need to select **LiveHealth Online Psychology** to see available therapists and schedule an appointment.

Questions about how to use LiveHealth Online?

Call toll free at **1-888-LiveHealth (548-3432)** or email **help@livehealthonline.com.** If you send us an email, please include your name, email address and a phone number where we can reach you.

1 Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

2 Appointments subject to availability of a therapist.

3 Select a doctor licensed to practice in the state where you're physically located. If that doctor is seeing another patient, you can choose to go to an online waiting room or you can select another doctor who is available at that moment.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

Psychologists or therapists using LiveHealth Online cannot prescribe medications.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

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Health rewards

Earn up to $225 in reward

Douglas County 2020

Active Employees

Anthem.

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How to make good health pay off

It's true that good health is its own reward. But getting something extra feels good, too. That's how Anthem Health Rewards works. It rewards you for taking part in employer-sponsored health and wellness programs. This guide lists the programs and activities you can participate in to:

- Earn rewards
- Learn about reward amounts
- Learn how you can get rewards

When you complete your first healthy activity, you'll get the Health Rewards card. It's a reloadable card you can use anywhere major credit cards are accepted [1]. As you earn more rewards, they'll be automatically deposited into your rewards account and available to spend using your Health Rewards card. Please allow up to 20 business days after your first incented activity has processed for your reloadable card to arrive.

Preventive care

Preventive exams give your doctor a picture of your overall health. They can help you stay healthy, catch problems early and even save your life. Sometimes it's hard to fit regular checkups and screenings into your schedule. For extra motivation, you can earn rewards. All you have to do is see your doctor for any needed exam or care listed below. You'll get your reward once your claims have been processed for each activity (please allow 45 days once the claim has been processed to show in the Anthem Heath Rewards portal and to get loaded to your current reloadable card)*

- Get an annual wellness exam earn $100.
- Mammogram - women 40 and older, earn $50
- Colorectal Exam, women and men 50 and older, earn $50.
- Annual Flu Vaccine, earn $25.

You can access the Anthem Health Rewards site through Anthem.com. When you're on the site, you'll find the *Ways to Earn* page. If you're unable to earn the reward, you can still earn it by completing a Health Action Plan. The Health Action Plan form is available for download within the online certification process. All Health Action Plans must be filled out and sent in no later than 30 days after the end of the plan period for which you're seeking a reward.

Get your wellness exam at your doctor's office (primary care doctor). You can also get your flu shot at your doctor's office, or at a pharmacy or retail clinic. You don't have to complete any of the preventive screens being incented in any particular order or together. **Just be sure claims are submitted (use your Anthem medical insurance card) for the preventive care incentive actions outlined above by your doctor or other provider to Anthem.**

* It may take up to 45 days from the day the preventive care activity is completed for funds to be distributed to your reloadable rewards card.

Ready to get started?

It's easy, here's how:

1.Register or log in at Anthem.com.

2. Once you're logged in, go to the *Health & Wellness* section.

3. Select **Get My Rewards**.

Keep up the good work and let us know if you have questions!

We hope our health rewards gives you some extra motivation to help you stay healthy. If you have any questions, don't have internet access or need help getting your rewards, call the Member Services number on your ID card.

You can also access your reward through Sydney Health

Just register at Anthem.com or download Sydney Health app to get started

Sydney Health

Download on the App Store

ANDROID APP ON Google play

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Anthem

Helping you stay your healthy best

Any way you look at it, your health is important

Everyone has different health needs and ways of engaging in their health care. Whether you're looking to drop a few pounds or need help with a condition, Anthem has a health and wellness program that can work for you. From online resources to one-on-one coaching with a registered nurse, these programs can help you stay healthy and make the right health care choices.

Anthem Health Guide

You choose how you want to reach Anthem – they'll make sure you get answers. Their health guides work closely with health care professionals, such as nurses, health coaches, social workers and others, to help guide you through the sometimes confusing health care system.

Health guides can answer benefit questions and help you:

- Connect with the right tools, resources and programs to help you manage your health.
- Stay on top of gaps in your health care, such as overdue exams, tests and preventive screenings.
- Compare costs on health care services.
- Find in-network doctors and much more.

Best of all, Anthem health guides are easy to reach. Contact them by:

- Calling the number on your ID card.
- Downloading the free Anthem Blue Cross and Blue Shield app. Visiting our website.

Through anthem.com, you can choose to chat with a health guide, send an email or request a callback at your convenience. To access the online features, register and log in at anthem.com.

24/7 NurseLine

Have a question about a health issue? Can you treat a problem at home? Do you need to see your doctor or go to urgent care? Should you head straight to the emergency room?

Anthem registered nurses can answer questions about health concerns and help you decide where to go for care if your doctor isn't available. The nurses can also help you find nearby providers and specialists in your area.

The 24/7 NurseLine can connect you to other health and wellness programs, so you have access to the health resources available to you. To reach 24/7 NurseLine, call **800-337-4770**.

Anthem Shopper programs

These outreach programs are aimed at helping you make more informed decisions about expensive procedures.

How it works: If you qualify and are scheduled for one of the included procedures, for example, an MRI or CT scan, Anthem will contact you about lower-cost alternative facilities in the area. Anthem will even help you make an appointment, if you need it. The program is voluntary. You don't have to choose to go to the alternative facility, but this way you can make an informed choice.

Behavioral Health

Coping with both mental health and medical conditions can be confusing and frustrating. Fortunately, you don't have to face these challenges alone. With Anthem's Behavioral Health program, licensed health professionals work closely with you to make a plan for reaching your goals and overcoming barriers.

Care managers help you succeed with strong support for you and your family. The goal is to help you take control of your health care and improve your quality of life.

If you'd like to learn more about the Behavioral Health program, please call Member Services at the number on your ID card.

Case Management

If you're coming home after surgery or a hospital stay or if you have a serious health condition such as cancer, you may need some support. Nurse care managers, along with a team of health professionals like dietitians, pharmacists and more, are available to help. There's no need to do anything; they'll call you. A nurse or licensed counselor will go over your doctor's instructions about follow-up care and medications and even give personal lifestyle coaching. Your nurse care manager will answer any questions that you have. A nurse care manager will also help coordinate benefits for things like home therapy or medical supplies, so you can focus on getting better.

Cancer Resources

Cancer can strike any one, at any age, at any time. At some point in our lives or those of our loved ones, most of us will be affected by cancer. In response to this, Anthem has developed a full suite of services to help people at every stage– from screenings to transitioning back into the workplace.

Early detection is vital to promoting optimal health. Each year, Anthem covers over 13 million cancer screenings, many of which are offered at no cost. These services are covered by plans, often with no copay or out-of-pocket costs for you. It includes things like mammograms, prostate screenings, colonoscopies, vaccines, annual exams and more.

Anthem also offers wellness tools to help you stay healthy or choose new health habits. The whole-person, whole-life approach to cancer care addresses all factors that contribute to total well-being. Anthem helps with things like quitting smoking, maintaining a healthy weight, fitness tips, mental health and screening reminders.

You also have access to our nurse care managers and 24/7 NurseLine nurses who offer you the best guidance possible

ConditionCare

If you or a covered dependent has a chronic health condition, let Anthem help you get the most out of life. Nurse care managers can help people of all ages manage the symptoms of asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease.

With ConditionCare, you'll get the information you need to feel your very best – day after day. Anthem Nurses gather information from you and your doctor and create a plan just for you.

To learn more or to enroll in ConditionCare, call 866-962-0952.

Engage Wellbeing – Healthcare App

Use Engage to take charge of your benefits

Engage will help you take charge of your health plan and benefits so you can be confident you're making the best choices for your health and well-being. With the Engage Wellbeing app, you can:

Get peace of mind: Clearly see what's covered by your health plan and access your digital insurance card anytime, anywhere.

Take charge of your wellness: Track sleep, steps and food to create healthy habits and hit your wellbeing goals.

Make the most of your perks: Save time and money by discovering additional benefits and programs

Download the "Engage Wellbeing" mobile app:

In the App Store or Google Play, search for "Engage Wellbeing" and install, or
Visit engage-wellbeing.com/mobile

Register for and use Engage on your desktop at engage- wellbeing.com

Future Moms

If you're expecting, the most important thing is to have a safe delivery and a healthy baby. That's why we offer Future Moms, a voluntary program to help you take care of your baby before you deliver. Sign up for Future Moms and you'll get:

24/7 access to talk to a nurse coach about your pregnancy, newborn care and much More.
A maternity care diary packed with tips for a healthy pregnancy.
A copy of the best-selling book, *Mayo Clinic Guide to Healthy Pregnancy*.
Access to dietitians, social workers and lactation consultants, as needed.

Answers and support are just a phone call away. Call 800-828-5891.

LiveHealth Online

You and your family can visit with a doctor or therapist by video on your smartphone, tablet or computer using the free app or going to livehealthonline.com. It's easy, convenient and lets you to get the care you need when it fits into your schedule.

Just sign up for free today to:

Access a board-certified doctor 24/7. When your own doctor isn't available, use LiveHealth Online to get care for pinkeye, sinus infections, sore throats, coughs, colds and more! Doctors can assess your condition and send prescriptions to the pharmacy you select, if needed.

Visit with a licensed therapist. If you're stressed, anxious or having a tough time, use LiveHealth Online to talk with a therapist from the comfort and privacy of your home. In most cases, you can make an appointment and see a therapist in four days or less.

MyHealth Advantage

MyHealth Advantage is a free service that helps you save money and stay healthy.

Here's how it works:

Tips to save money: Anthem will tell you when you can save money on your prescriptions and other health care services.

Prescription drugs: If your prescription claims are available and Anthem sees that you have prescriptions for two drugs you shouldn't take at the same time, they'll let your doctor know. Also, if it's time for a refill, they'll remind you.

Checkups, tests and exams: If it's time for you to have an exam or test, Anthem will remind you to call your doctor.

If something is found that can help you, Anthem will mail you a confidential MyHealth Note. Plus, when you download the Anthem Anywhere app to your iPhone or Android smartphone, you'll have the option to receive your personalized, secure health messages on-the-go through the Mobile Inbox.

Estimate Your Cost

Did you know that different hospitals and facilities charge different amounts for the same services?

Now you can know your cost before you set foot in a doctor's office or hospital. By getting an estimate of your costs based on your plan benefits, you can choose a facility that fits your budget.

To search for your cost, log in to anthem.com.

Find a Doctor

Use our online **Find a Doctor** tool to look for doctors, hospitals, labs and other health care providers in your Anthem plan. Check if your favorite doctor is part of your plan, or look for one near you.

To look for a doctor, log in to anthem.com

Find Urgent Care

What should you do when you need care right away, but it's not an emergency? If you can't see your doctor right away, you may have other options such as urgent care centers, retail health clinics and walk-in doctor's offices.

Learn more about conditions that can be handled outside of the ER by visiting anthem.com. You'll be able to take a quiz to test your knowledge about where to get the most appropriate care. You can also find nearby doctors, clinics or urgent care centers before you need to go. We also have a mobile app if you use a smartphone.

If you have questions about where to get care, call 24/7 NurseLine at 800-337-4770.

Health Record

Having your health history in one secure location can help you keep your health records organized, secure and easy to get to for emergencies and everyday use. You can enter your information, such as health conditions, dates of shots (immunizations), tests and screenings, prescription and over-the-counter drugs you take and more. Then it's easy to print and share with your doctors to help avoid potential druginteractions and repeat tests or unnecessary extraprocedures.

To use the Health Record, log in at anthem.com

SpecialOffers

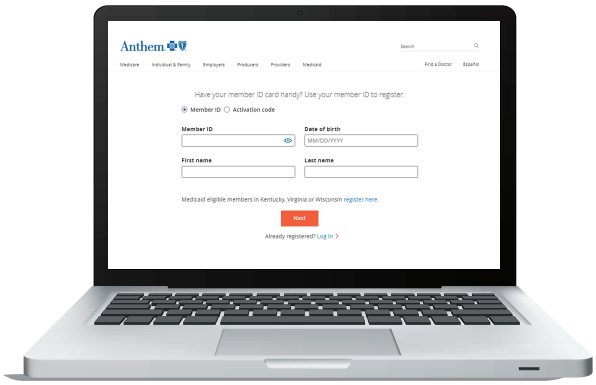
Saving money is good. Saving money on things that are good for you – that's even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being. It's just one of the perks of being an Anthem member.

To find the discounts that are available to you, log in to anthem.com

Anthem

You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

1. Go to **anthem.com/register**
2. Provide the information requested
3. Create a username and password
4. Set your email preferences
5. Follow the prompts to complete your registration

From your mobile device

1. Download the free **Sydney** mobile app and select **Register**
2. Confirm your identity
3. Create a username and password
4. Confirm your email preferences
5. Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical — in one place. Making your health care journey simple, personal — all about you.

Need help signing up?
Call us at **1-866-755-2680**.

Anthem

* You must be 18 years or older to register your own account.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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DENTAL BENEFIT COMPARISON

Anthem

	BASE PLAN		BUY-UP PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	$50 / member; maximum of $150 family ● Applies to Basic and Major Services ● Maximum of three deductibles per family ● No Deductible on Preventive Services		$50 / member; maximum of $150 family ● Applies to Basic and Major Services ● Maximum of three deductibles per family ● No Deductible on Preventive Services	
Annual Maximum	**$1,200 per person** $1,000 Lifetime Orthodontics		**$2,500 per person** $1,000 Lifetime Orthodontics	
Coinsurance Amounts	100% Preventive Services 80% Basic Services 50% Major Services 50% Orthodontic Services		100% Preventive Services 80% Basic Services 50% Major Services 50% Orthodontic Services	
Predetermination of Benefits	Recommended for charges in excess of $350		Recommended for charges in excess of $350	

BOTH PLANS
In & Out of Network Dental Coinsurance Covered Procedures

100% Preventive Services (Type 1)
- Routine oral examinations
- Prophylaxis (two per year)
- Topical applications of fluoride
- Space Maintainers
- Diagnostic casts
- Pulp vitality testing (one per year)
- Dental X-rays
- Sealants

80% Basic Services (Type 2)
- Fillings
- Oral surgery
- Simple extractions
- Other visits and exams
- Palliative emergency treatment
- Occlusal guards (one per year)
- Endodontics
- Periodontic Services
- Repair of removable dentures
- Re-cement crowns and bridges
- Inlays
- Crowns
- Denture rebase or reline
- Repair of fixed bridge

50% Major Services (Type 3)
- Bridges
- Dentures
- Implants **(BUY-UP Plan ONLY)**

50% Orthodontic Services (Type 4)
Lifetime Maximum - $1,000 for dependents up to age 19

Waiting Period	Employees who enroll for dental coverage that did not have prior dental coverage, have a 6-month waiting period for their Participants for Type 2, 3 or 4 services.
See Certificate Booklet for Complete Details:	It is important to keep in mind that this material is a brief outline of benefits and covered service and is not a contract. Please refer to your Certificate Booklet (the Contract) for a complete explanation of covered services, limitations and exclusions.

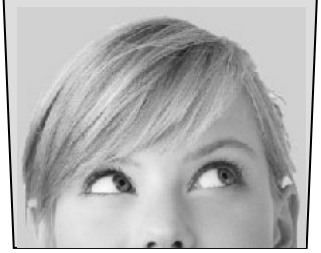
EMPLOYEE DEDUCTIONS

Per Pay Period

COVERAGE LEVEL	BASE PLAN	BUY-UP PLAN
Employee Only	**$1.92**	**$ 4.54**
Employee + Spouse	**$7.70**	**$13.20**
Employee + Child(ren)	**$6.93**	**$11.90**
Employee + Family	**$8.86**	**$16.71**

VISION BENEFIT SUMMARY

WELCOME TO BLUE VIEW VISION!
Plan A.10.10
Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Your Blue View Vision network

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Target® Optical, JC Penney Optical, Sears Optical and Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

Out-of-network services

Did we mention we're flexible? You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. (In-network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION CARE SERVICES		IN-NETWORK	OUT-OF-NETWORK
Routine eye exam - Each calendar year		$10 copay; then covered in full	$49 allowance
Eyeglass frames Every two years you may select any eyeglass frame and receive the following allowance toward the purchase price:		$150 allowance then 20% off remaining balance	$50 allowance
Eyeglass lenses *(Standard)* *Factory scratch coating included* *Polycarbonate lenses included for children under 19 years old.* *Transitions™ lenses included for children under 19 years old.* Each calendar year you may receive any one of the following lens options:			
• Standard plastic single vision lenses *(1 pair)*		$10 copay; covered in full	$35 allowance
• Standard plastic bifocal lenses *(1 pair)*		$10 copay; covered in full	$49 allowance
• Standard plastic trifocal lenses *(1 pair)*		$10 copay; covered in full	$74 allowance
Eyeglass lens upgrades When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass copayment applies. [1]Please ask your provider for his/her recommendation as well as the progressive brands by tier. [2]Please ask your provider for his/her recommendation as well as the coating brands by tier.	**Lens Options**	**Member cost for upgrades**	Discounts on lens upgrades are not available out-of-network
	• UV Coating	$15	
	• Tint (Solid and Gradient)	$15	
	• Standard Polycarbonate	$40	
	• *Transitions*™ lenses	$75	
	• Other Photochromics	$75	
	• Progressive Lenses[1]		
	• Standard	$65	
	• Premium Tier 1	$85	
	• Premium Tier 2	$95	
	• Premium Tier 3	$110	
	• Standard Anti-Reflective Coating[2]	$45	
	• Premium Tier 1 Anti-Reflective Coating[2]	$57	
	• Premium Tier 2 Anti-Reflective Coating[2]	$68	
	• Other Add-ons and Services	20% off retail price	
Contact lenses Each calendar year Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses. *Your contact lens allowance must be used at the time of initial service.*	• Elective Conventional Lenses	$130 allowance then 15% off remaining balance	$92 allowance
	• Elective Disposable Lenses	$130 allowance	$92 allowance
	• Non-Elective Contact Lenses *No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year.*	Covered in Full	$250 allowance

VISION BENEFIT SUMMARY

Anthem

WELCOME TO BLUE VIEW VISION!
Plan A.10.10
Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts,

VISION CARE SERVICES

	IN-NETWORK Member Cost	OUT-OF-NETWORK
Contact lens fitting and follow up A contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed.		
• Standard contact fitting*	Fitting and follow up visits up to $55	Discounts not available out-of-network
• Premium contact lens fitting**	10% off retail price	

*A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

**A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts - Savings on additional eyewear and accessories - After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

BLUE VIEW VISION ADDITIONAL SAVINGS	MEMBER SAVINGS
Additional Pair of Complete Eyeglasses	40% discount off retail*
Contact Lenses - Conventional *(Discount applied to materials only)*	15% off retail price
Eyewear Accessories Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.	20% off retail price

*Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.

LASER VISION CORRECTION SURGERY
Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to SpecialOffers at anthem.com and select vision care.

USING YOUR BLUE VIEW VISION PLAN
The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.

OUT-OF-NETWORK
If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: **866-293-7373**
To Email: **oonclaims@eyewearspecialoffers.com**
To Mail: **Blue View Vision**
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

EXCLUSIONS & LIMITATIONS
This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the plan design; however, these materials and any items not covered below may be purchased at preferred pricing from Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

EMPLOYEE DEDUCTIONS

Per Pay Period

COVERAGE LEVEL	VISION COST
Employee Only	$0.82
Employee + Spouse	$3.30
Employee + Child(ren)	$2.97
Employee + Family	$3.80

GROUP BASIC LIFE and AD&D INSURANCE

Below is a brief description of the Douglas County group life insurance coverage underwritten by **Dearborn National.** **Douglas County pays 100% of the cost for your coverage.** 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.

Active Employees –

Life Insurance Amount

1 X Basic Annual Earnings (Minimum of $15,000 - Maximum of $100,000)

Accidental Death and Dismemberment Amount (AD&D)

1 X Basic Annual Earnings - (Minimum of $15,000 - Maximum of $100,000)

AD&D SCHEDULE OF LOSSES	BENEFIT AMOUNT
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

Accelerated Death Benefit

Insureds who are diagnosed as being terminally ill can access a portion of their life insurance benefits while they are alive. The insured can accelerate a percentage of their life insurance, up to the maximum amount, as indicated in the Plan Design Summary.

Waiver of Premium (If Disabled)

We will continue coverage for insureds who become totally disabled after 9 months of coverage. Life Insurance will be extended to age 70 with no premium charge. The onset of the disability must occur before the insured reaches age 60 and they must meet the definition of disability for the entire elimination period. The amount of insurance extended will be the amount of Life Insurance in force immediately prior to the date of the Total Disability. This amount is subject to any reductions under the policy.

Conversion Right

Insureds who terminate employment, or lose a portion of their life coverage, may be able to convert their Life coverage to individual policies. Conversion does not apply to AD&D or Waiver of Premium amounts.

Actively at Work

Your life insurance policy will terminate if you have not been ACTIVELY AT WORK within the last **12 months**. To continue coverage you must elect a portability or conversion option within 31 days of your coverage terminating.

VOLUNTARY FAMILY BASIC LIFE INSURANCE

Life Insurance Amount:
Spouse - $5,000
Child(ren) - $2,000

Dependent children are covered from age 6 months days to 19 years (26 if full-time student).

EMPLOYEE DEDUCTION - $0.70 per pay period

GROUP LONG TERM DISABILITY

Below is a brief description of the Douglas County group long-term disability insurance coverage underwritten by **OneAmerica**. This summary highlights some of the features of the group policy, but it is not intended to be a detailed description of coverage. Certificates, which will be provided at a later date, 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.

Long Term Disability insurance is designed to protect an employee from losing his/her ability to earn a living due to long-term or permanent work loss caused by an off the job accident or illness. **Douglas County pays 100% of the cost for your coverage.**

All Full Time Active Employees

Plan replaces **60%** of your monthly Earnings, reduced by deductible income to a **$6,000** Maximum Monthly Benefit.

Benefit Elimination Period

Elimination Period means a period of consecutive days of Disability for which no benefit is payable. The Elimination Period is **180 days** and begins on the first day of Disability.

Benefit Duration - Reducing Benefit Duration

Age When Total Disability Begins	Maximum Duration
Less Than Age 60	Greater of: Social Security Full Retirement Age or To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

24 Month Own Occupation (Definition of Disability)

During the first 24 months, you are considered disabled if you are unable to perform the material duties of your own occupation *and* you are unable to earn at least 80% of your pre-disability earnings. After the 24-month period, you are considered disabled if you are unable to perform the material duties of Any Occupation for which you are reasonably fitted by education; training or experience *and* you are unable to earn at least 60% of your pre-disability earnings.

Three Month Survivor Benefit

AUL will pay a lump sum benefit to the Eligible Survivor when proof acceptable to AUL is received that the Person died after disability had continued for 180 or more consecutive days; and while a Person was receiving a Monthly Benefit

Pre-Existing Condition Limitation

Benefits will not be paid if the Person's Disability begins in the first 12 months, following the effective date of the Person's coverage; and the Person's Disability is caused by, contributed to by, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed drugs or medicines in the twelve (12) months just prior to the Person's Individual Effective Date of Insurance.

SUPPLEMENTAL TERM LIFE and AD&D INSURANCE

Below is a brief description of the Douglas County Supplemental Term Life and AD&D insurance coverage underwritten by Dearborn National. The summary highlights some of the features of the 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.

Life Insurance Amount:

Employee: $10,000 increments to a maximum of $500,000, not to exceed 3 X annual Salary.
Spouse: Increments of $5,000 to a maximum of $250,000, not to exceed 50% of employee coverage.
Spouse rates are based on spouse's Age
Child(ren): $10,000

Guaranteed Issue Amount: *(Only for newly hired employees within their waiting period)*

Employee: **The lesser of 3 x annual earnings or $350,000**
Spouse: **$ 50,000**
Child(ren): **$ 10,000**

Accidental Death and Dismemberment (AD&D):
Accidental Death and Dismemberment (AD&D) plan pays an additional benefit when a covered insured loses their life, or a limb due to an accident. Benefits are paid based on the following schedule.

AD&D SCHEDULE OF LOSSES	BENEFIT AMOUT
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%

AD&D SCHEDULE OF LOSSES	BENEFIT AMOUT
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

Reductions in Insurance:
The following age reduction rules apply to supplemental coverage for you and your spouse. On the anniversary of the policy effective date which occurs on or next follows any of the birthdays listed below, your and your spouse's insurance will be reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown in the following table:

10% at age 65
20% at age 66
30% at age 67
40% at age 68
50% at age 69
60% at age 70
70% at age 71

Reduced amounts of life insurance will be rounded to the next higher multiple of $1,000 if not already such a multiple. All insurance terminates upon your retirement.

Accelerated Death Benefit:
Insureds who are diagnosed as being terminally ill can access a portion of their life insurance benefits while they are alive. The insured can accelerate a percentage of their life insurance, up to a combined (basic and supplemental life) maximum amount of 80% of benefit amount.

Waiver of Premium (if Disabled):
We will continue coverage for insureds who become totally disabled after 9 months of coverage. Life Insurance will be extended to age 70 with no premium charge. The onset of the disability must occur before the insured reaches age 60 and they must meet the definition of disability for the entire elimination period. The amount of insurance extended will be the amount of Life Insurance in force immediately prior to the date of the Total Disability. This amount is subject to any reductions under the policy.

Portability:
If Life coverage ceases for reasons other than retirement, sickness, injury or termination of the policy, eligible insured persons can purchase portable term life insurance without Evidence of Insurability. As long as premiums are paid, portable coverage continues until the insured reaches the maximum age of 70.

SUPPLEMENTAL TERM LIFE and AD&D INSURANCE

Dearborn National

Employee - Available in $10,000 increments to a maximum 3 x annual salary or $500,000.
Spouse - Available in $5,000 increments to a maximum of $250,000 not to exceed 50% of employee coverage.

Rates for spousal life insurance are based on the spouse's age
Amounts in **red** are available for spouse only

	DEDUCTIONS PER PAY PERIOD										
AGE	**< 30**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75 +**
$5,000	$0.20	$0.22	$0.29	$0.42	$0.67	$1.06	$1.71	$2.19	$3.42	$5.98	$9.90
$10,000	$0.40	$0.44	$0.57	$0.84	$1.34	$2.12	$3.42	$4.38	$6.83	$11.95	$19.80
$15,000	$0.60	$0.66	$0.86	$1.25	$2.01	$3.18	$5.12	$6.58	$10.25	$17.93	$29.70
$20,000	$0.79	$0.89	$1.14	$1.67	$2.68	$4.25	$6.83	$8.77	$13.66	$23.91	$39.60
$25,000	$0.99	$1.11	$1.43	$2.09	$3.35	$5.31	$8.54	$10.96	$17.08	$29.88	$49.50
$30,000	$1.19	$1.33	$1.72	$2.51	$4.02	$6.37	$10.25	$13.15	$20.49	$35.86	$59.40
$35,000	$1.39	$1.55	$2.00	$2.92	$4.68	$7.43	$11.95	$15.35	$23.91	$41.84	$69.30
$40,000	$1.59	$1.77	$2.29	$3.34	$5.35	$8.49	$13.66	$17.54	$27.32	$47.82	$79.20
$45,000	$1.79	$1.99	$2.58	$3.76	$6.02	$9.55	$15.37	$19.73	$30.74	$53.79	$89.10
$50,000	$1.98	$2.22	$2.86	$4.18	$6.69	$10.62	$17.08	$21.92	$34.15	$59.77	$99.00
$55,000	$2.18	$2.44	$3.15	$4.59	$7.36	$11.68	$18.78	$24.12	$37.57	$65.75	$108.90
$60,000	$2.38	$2.66	$3.43	$5.01	$8.03	$12.74	$20.49	$26.31	$40.98	$71.72	$118.80
$65,000	$2.58	$2.88	$3.72	$5.43	$8.70	$13.80	$22.20	$28.50	$44.40	$77.70	$128.70
$70,000	$2.78	$3.10	$4.01	$5.85	$9.37	$14.86	$23.91	$30.69	$47.82	$83.68	$138.60
$75,000	$2.98	$3.32	$4.29	$6.27	$10.04	$15.92	$25.62	$32.88	$51.23	$89.65	$148.50
$80,000	$3.18	$3.54	$4.58	$6.68	$10.71	$16.98	$27.32	$35.08	$54.65	$95.63	$158.40
$85,000	$3.37	$3.77	$4.86	$7.10	$11.38	$18.05	$29.03	$37.27	$58.06	$101.61	$168.30
$90,000	$3.57	$3.99	$5.15	$7.52	$12.05	$19.11	$30.74	$39.46	$61.48	$107.58	$178.20
$95,000	$3.77	$4.21	$5.44	$7.94	$12.72	$20.17	$32.45	$41.65	$64.89	$113.56	$188.10
$100,000	$3.97	$4.43	$5.72	$8.35	$13.38	$21.23	$34.15	$43.85	$68.31	$119.54	$198.00
$105,000	$4.17	$4.65	$6.01	$8.77	$14.05	$22.29	$35.86	$46.04	$71.72	$125.52	$207.90
$110,000	$4.37	$4.87	$6.30	$9.19	$14.72	$23.35	$37.57	$48.23	$75.14	$131.49	$217.80
$115,000	$4.56	$5.10	$6.58	$9.61	$15.39	$24.42	$39.28	$50.42	$78.55	$137.47	$227.70
$120,000	$4.76	$5.32	$6.87	$10.02	$16.06	$25.48	$40.98	$52.62	$81.97	$143.45	$237.60
$125,000	$4.96	$5.54	$7.15	$10.44	$16.73	$26.54	$42.69	$54.81	$85.38	$149.42	$247.50
$130,000	$5.16	$5.76	$7.44	$10.86	$17.40	$27.60	$44.40	$57.00	$88.80	$155.40	$257.40
$140,000	$5.56	$6.20	$8.01	$11.70	$18.74	$29.72	$47.82	$61.38	$95.63	$167.35	$277.20
$150,000	$5.95	$6.65	$8.58	$12.53	$20.08	$31.85	$51.23	$65.77	$102.46	$179.31	$297.00
$160,000	$6.35	$7.09	$9.16	$13.37	$21.42	$33.97	$54.65	$70.15	$109.29	$191.26	$316.80
$170,000	$6.75	$7.53	$9.73	$14.20	$22.75	$36.09	$58.06	$74.54	$116.12	$203.22	$336.60
$180,000	$7.14	$7.98	$10.30	$15.04	$24.09	$38.22	$61.48	$78.92	$122.95	$215.17	$356.40
$190,000	$7.54	$8.42	$10.87	$15.87	$25.43	$40.34	$64.89	$83.31	$129.78	$227.12	$376.20
$200,000	$7.94	$8.86	$11.45	$16.71	$26.77	$42.46	$68.31	$87.69	$136.62	$239.08	$396.00
$250,000	$9.92	$11.08	$14.31	$20.88	$33.46	$53.08	$85.38	$109.62	$170.77	$298.85	$495.00
$300,000	$11.91	$13.29	$17.17	$25.06	$40.15	$63.69	$102.46	$131.54	$204.92	$358.62	$594.00
$350,000	$13.89	$15.51	$20.03	$29.24	$46.85	$74.31	$119.54	$153.46	$239.08	$418.38	$693.00
$400,000	$15.88	$17.72	$22.89	$33.42	$53.54	$84.92	$136.62	$175.38	$273.23	$478.15	$792.00

Dependent Child(ren) Benefit

$10,000 Life Insurance **Per Pay Period Cost = $0.93**
Covers all dependent children

VOLUNTARY SHORT TERM DISABILITY

Below is a brief description of the Voluntary Short-Term Disability insurance coverage underwritten by OneAmerica. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. The certificates will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.

ELIGIBILITY

All active full time employees

SHORT TERM DISABILITY (STD)

STD insurance is designed to pay you a percentage of your salary or regular earnings if you are absent from work due to an off the job accident or illness. As an eligible employee you are offered two Short Term Disability Plans; you may only enroll in one plan.

Plan 1: 15 day elimination period
Plan 2: 30 day elimination period

PRE-EXISTING CONDITION

Pre-existing condition means any condition for which a Person has done, or for which an ordinarily prudent Person would ordinarily have done any of the following at any time during the 3 months immediately prior to the Person's Individual Effective Date of Insurance, whether or not that condition was diagnosed at all or was misdiagnosed during that period of time: 1) received medical treatment or consultation; 2) taken or were prescribed drugs or medicine; or 3) received care or services, including diagnostic measures.

PORTABILITY

You may be able to port your coverage if you have been covered under the policy for 12 months and terminate due to reasons other than disability, retirement, or leave of absence. A written application for Portability must be made within 31 calendar days after termination of insurance under the Group Policy.

COMPARISON	PLAN 1	PLAN 2
Benefits:	60% of Weekly Earnings	60% of Weekly Earnings
Maximum Benefit:	$1,500 Weekly	$1,500 Weekly
Day Injury Benefit Commences:	**16th Day**	**31st Day**
Day Sickness Benefit Commences:	**16th Day**	**31st Day**
Maximum Benefit Period:	24 Weeks	22 Weeks
Maternity Coverage:	Same as Any Other Disability	Same as Any Other Disability
Coverage Basis:	Non-Occupational	Non-Occupational
Offset Salary Continuation/Sick Leave:	When Current Income Exceeds 100% of Normal Earnings	When Current Income Exceeds 100% of Normal Earnings

CALCULATE YOUR INDIVIDUAL PREMIUM: To calculate your per-paycheck cost for this coverage, complete the calculations below using the rate table below. If your weekly benefit exceeds $1,500 use $1,500 for the below calculations.

_____ ÷ 52 = _____ x 60% = _____
Basic Annual Earnings — Weekly Salary — Benefit % — Your Weekly Benefit

_____ ÷ 10 = _____ X _____ = _____
Your Weekly Benefit — **Your Rate** (see table below) — **Your Monthly Cost**

_____ X 12 = _____ ÷ _____ = _____
Your Monthly Cost — Annual Cost — # Paychecks per Year — **Cost per Paycheck***

PLAN 1 MONTHLY RATES		PLAN 2 MONTHLY RATES	
< 34	$0.45	< 34	$0.28
35 - 44	$0.385	35 - 44	$0.24
45 - 49	$0.52	45 - 49	$0.35
50 - 54	$0.60	50 - 54	$0.42
55 - 59	$0.80	55 - 59	$0.61
60 +	$0.94	60 +	$0.68

*Final Cost may vary slightly due to rounding.

VOLUNTARY GROUP ACCIDENT INSURANCE

Aflac

Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a covered accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Wheelchairs
- Use of the emergency room
- Crutches
- Surgery and anesthesia
- Bandages
- Stitches
- Casts

You get the picture. These costs add up – fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that. Below is a brief description of the group accident insurance, detailed brochures are available upon request.

PLAN FEATURES 24-Hour coverage. No limit on the number of claims. Supplements and pays regardless of any other insurance programs.	Benefits available for spouse and/or dependent children. Benefits for both inpatient and outpatient treatment of covered accidents. Guaranteed Issue – No underwriting required to qualify for coverage.

PLAN BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT	
Accidental Common Carrier Death (Plane, Train, Boat or Ship)	**$100,000**
Accidental Death	**$50,000**
Double Dismemberment	**$25,000**
Single Dismemberment	**$12,500**
Loss of One or More Fingers or Toes	**$1,250**
Partial Amputation of Fingers or toes (including at least one joint)	**$100**
HOSPITAL BENEFITS	
Paralysis (Quadriplegia)	**$10,000**
Hospital Admission	**$1,000**
Hospital Intensive Care (per day)	**$400**
Hospital Confinement (per day)	**$200**
Medical Fees	**$125**
SPECIFIC INJURIES	
Burns	**$100-$20,000**
Lacerations	**$25-$400**
Ruptured Disc	**$100-$400**
Tendons/Ligaments	**$400-$600**
Torn Knee Cartilage	**$100-$400**
Eye Injuries	**$50-$250**
Coma (lasting 30 days or more)	**$10,000**
Concussion	**$200**
Emergency Dental Work	**$50-$150**
ADDITIONAL BENEFITS	
Internal Injuries	**$1,000**
Air Ambulance	**$1,000**
Prosthesis	**$500**
Transportation	**$150-$300**
Exploratory Surgery	**$250**
Ambulance	**$200**
Blood/Plasma	**$100**
Appliances	**$100**
Family Lodging Benefit	**$100**
Wellness Benefit (after 12 month waiting period)	**$50**
Accident Follow-up Treatment	**$30**
Physical Therapy	**$30**

MAJOR INJURIES	
Fractures (closed reduction*)	
Hip/Thigh	**$4,000**
Vertebrae (except processes)	**$3,600**
Pelvis	**$3,200**
Skull (depressed)	**$3,000**
Leg	**$2,400**
Forearm/Hand/Wrist	**$2,000**
Shoulder blade/Collar bone	**$1,600**
Lower Jaw (Mandible)	**$1,600**
Skull (Simple)	**$1,400**
Upper Arm/Upper Jaw	**$1,400**
Facial bones (except teeth)	**$1,200**
Vertebral Processes	**$800**
Coccyx/Rib/Finger/Toe	**$320**
Complete Dislocations (closed reduction*)	
Hip	**$3,000**
Knee (not knee cap)	**$1,950**
Shoulder	**$1,500**
Foot/Ankle	**$1,200**
Hand	**$1,050**
Lower Jaw	**$900**
Wrist	**$750**
Elbow	**$600**
Finger/Toe	**$240**

* If Fracture/Dislocation requires open reduction benefit will be double the amount shown.

EMPLOYEE DEDUCTIONS

Per Pay Period

MEMBERS COVERED	COST
Employee Only	**$ 9.07**
Employee + Spouse	**$13.60**
Employee + Child(ren)	**$15.90**
Employee + Family	**$20.43**

VOLUNTARY GROUP CRITICAL ILLNESS INSURANCE

Critical Illness Insurance pays benefits if an insured person is diagnosed with one of the specified critical illness if: 1) The date of diagnosis is after the waiting period; and 2) the date of diagnosis is while this policy and is in force; and 3) you are confined to a hospital as a result of the specified critical illness and charged for room, board and other applicable charges; and 4) it is not excluded by name or specific description in the policy.

PLAN BENEFITS

FIRST OCCURRENCE BENEFIT After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from $5,000 to $50,000. Spouse coverage is also available in benefit amounts up to $25,000. If you are deemed ineligible due to a previous medical condition you still retain the ability to purchase spouse coverage.

ADDITIONAL OCCURRENCE BENEFIT If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses. Occurrences must be separated by at least 6 months.

COVERED SPECIFIC CRITICAL ILLNESSES:

Cancer (Internal/Invasive)	**100%**
Heart Attack (Myocardial Infarction)	**100%**
Stroke (Apoplexy or Cerebral Vascular Accident)	**100%**
Major Organ Transplant	**100%**
Renal Failure (End Stage)	**100%**
Carcinoma In Situ	**25%**
Coronary Artery Bypass Surgery	**25%**

NOTE: If a benefit is paid for carcinoma in situ, the internal cancer benefit will be reduced by 25%. If a benefit is paid for coronary artery bypass surgery, the heart attack benefit will be reduced by 25%. All covered conditions are subject to the definitions found in your certificate.

RE-OCCURRENCE BENEFIT If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the insured has gone treatment free for 12 months

50% CHILD COVERAGE AT NO ADDITIONAL COST Each dependent child is covered at 50 percent of the primary insured amount at no additional charge.

$50 HEALTH SCREENING BENEFIT (EMPLOYEE AND SPOUSE) After the 30 day waiting period, an insured may receive a maximum of $50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for dependent children.
Covered health screening test include: mammography, colonoscopy, pap smear, breast ultrasound, chest x-ray, PSA (blood test for prostate cancer), stress test on a bicycle or treadmill, and bone marrow testing, CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), Flexible sigmoidoscopy, Hemocult stool analysis, Serum protein electrophoresis (blood test for myeloma), Thermography, Fasting blood glucose test, Serum cholesterol test to determine level of HDL and LDL.

PRE-EXISTING CONDITION LIMITATION means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any critical illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.

Employee Deductions Per Pay Period

Employee Rates

Ages	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
17-29	$1.81	$2.80	$3.79	$4.78	$5.78	$6.77	$7.76	$8.75	$9.75	$10.74
30-39	$2.66	$4.50	$6.35	$8.20	$10.04	$11.89	$13.74	$15.58	$17.43	$19.27
40-49	$4.87	$8.94	$13.00	$17.06	$21.12	$25.18	$29.24	$33.30	$37.37	$41.43
50-59	$8.01	$15.21	$22.41	$29.61	$36.81	$44.01	$51.21	$58.41	$65.61	$72.81
60-69	$12.35	$23.89	$35.43	$46.97	$58.50	$70.04	$81.58	$93.12	$104.66	$116.20

Spouse Rates (based on age of spouse)

Ages	$5,000	$7,500	$10,000	$12,500	$15,000	$17,500	$20,000	$22,500	$25,000
17-29	$1.81	$2.30	$2.80	$3.30	$3.79	$4.28	$4.78	$5.28	$5.78
30-39	$2.66	$3.58	$4.50	$5.43	$6.35	$7.27	$8.20	$9.12	$10.04
40-49	$4.87	$6.90	$8.94	$10.97	$13.00	$15.03	$17.06	$19.09	$21.12
50-59	$8.01	$11.61	$15.21	$18.81	$22.41	$26.01	$29.61	$33.21	$36.81
60-69	$12.35	$18.12	$23.89	$29.66	$35.43	$41.20	$46.97	$52.74	$58.50

FLEXIBLE SPENDING ACCOUNT (FSA)

HealthEquity
Building Health Savings

OFFERED AT OPEN ENROLLMENT ONLY

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

Through a Flexible Spending Account (FSA), you are able to set aside money, before it is taxed, in order to pay for eligible out-of-pocket costs for dependent and medical care expenses***. Douglas County's FSA expense reporting period is January 1, 2020 through December 31, 2020.***

There are two types of Flexible Spending Accounts:

- Healthcare FSA
- Dependent Care FSA

Healthcare Flexible Spending Account (FSA)

Set aside money in a Healthcare Flexible Spending Account for medical, dental and vision expenses incurred by you, your spouse and your dependents. Eligible expenses include deductibles, co-payments, prescription drugs, x-rays and lab.

FSA Annual Minimum Election: $250 ($9.25 / 27 pay periods)
FSA Annual Maximum Election: $2,700 ($100 / 27 pay periods)

Dependent Care Flexible Spending Account (DCA)

Through a Dependent Care Flexible Spending Account, you can pay for dependent care expenses when the services allow you to work. (Please note: We can only reimburse you **up to the amount you've contributed to the plan).**

DCA Annual Maximum Election:
$5,000 per family per year
$2,500 per employee per year if married and filing separate tax returns

Here's how it works:

First, estimate how much money you will spend in the coming year for eligible healthcare and dependent care expenses. Once calculated, the flexible spending account allows you to set aside a portion from your salary each payday. The amount you allocate to your account is taken out of your pay before taxes are calculated and withheld. That means that part of your pay that goes towards flexible spending account is tax-free. When you pay for eligible medical and dependent care expenses during the year, you get reimbursed for them with the money you have set aside in your flexible spending account. Since the money was set aside on a tax-free basis, you've saved the tax dollars you would have paid on earnings spent for medical and dependent care expenses.

INTERNAL REVENUE SERVICE RESTRICTIONS:

- Participant cannot receive payment from any other source for reimbursement amounts requested – the participant must certify expenses are not reimbursable under any other coverage.
- Participant cannot claim reimbursed expenses for the purpose of income tax.
- Claims cannot be reimbursed until the service is rendered (regardless of when payment is made).
- Cosmetic Procedures are not eligible (i.e. teeth bleaching, weight reduction, hair loss, face lift, etc).
- A healthcare account cannot be used to reimburse dependent care expenses.
- A dependent care reimbursement account cannot be used to reimburse medical expenses.
- Remaining balances, after all reimbursements for plan year have been processed, will be forfeited.

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.
- Employment status changes, including a change in your spouse's employment status, a change in full-time vs. part-time employment status of either you or your spouse, or an unpaid leave of absence taken by either you or your spouse.

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

IMPORTANT RULES

You will be allowed to carry over up to $500 of your account balance into the next plan year however; you must re-enroll next year to have access to the roll-over amount. The IRS requires that any unused portion of your account balance above $500 remaining at the end of the year is 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 March 31, 2021. 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.

THE HEALTHEQUITY VISA

The HealthEquity Visa® Program provides a way to immediately access the funds in your Flexible Spending Account. The card may be used at eligible merchants to pay for eligible expenses under your FSA. Remember, IRS regulations strictly govern the use of these cards, and YOU are solely liable for its use.

ONLINE ACCOUNT ACCESS

Active participants holding a HealthEquity Visa® may track their FSA status online. Log onto **www.myhealthequity.com**, click on "My Money" then "Reimbursement Account Detail".

HealthEquity
Building Health Savings

FSA ELIGIBLE / INELIGIBLE EXPENSES

ELIGIBLE EXPENSES		INELIGIBLE EXPENSES
Medical Expenses • Acupuncture • Alcoholism treatment • Ambulance • Artificial limbs • Autoette/wheelchair • Bandages • Breast reconstruction Surgery (following masectomy from cancer) • Birth control pills • Braille book and magazines • Chiropractor • Christian science Practitioner • Crutches • Diagnostic services • Disabled dependent medical care • Drug addiction treatment • Drugs and medicines • Fertility treatment • Guide dog • Hearing aids • Home care • Hospital services • Laboratory fees • Lead based paint removal • Maternity care & related services • Meals for inpatient • Medical information plan • Medical services (i.e. physician, surgeon, etc.) • Nursing home • Nursing services • Operations	• Organ donor's medical expenses • Osteopath • Oxygen • Prosthesis • Psychoanalysis • Psychologist • Special education • Sterilization • Stop-smoking programs • Surgery • Telephone/television for hearing-impaired • Therapy • Transplants • Transportation for medical care • Vasectomy • Weight-loss program (specific disease diagnosed by doctor) • Wheelchair • Replacement hair lost due to illness • X-ray **Dental expenses** • Artificial teeth • Dental treatment **Eye care expenses** • Eyeglasses • Contact lenses • Prescription sunglasses • Eye examinations • Eye surgery (for example, LASIK) • Optometrist ***Please Note: Over the Counter Medications are not an eligible expense.**	• Babysitting, childcare, and nursing services for a normal, healthy baby • Controlled substances without a prescription • Cosmetic surgery • Dancing lessons • Diaper services • Electrolysis or hair removal • Funeral expenses • Hair transplant • Health club dues • Health coverage tax credit • Household help • Illegal operations and treatments • Insurance premiums (for example, HMO premiums, Employer sponsored health insurance plan premiums) • Maternity clothes • Medical savings account (MSA)/health saving account (HSA) contributions • Medicare B and D premiums • Nutritional supplements • Over-the-counter medications • Personal use items • Swimming lessons • Teeth whitening • Veterinary fees • Weight-loss program not part of specific disease treatment

Your HealthEquity Member Portal

Access Account Information and Helpful Health Care Financial Service Tools

To log in to your HealthEquity member portal:

» **Go to www.myhealthequity.com.**

» **Type in your username and password.**

» **If you have never logged in before, select that you are logging in for the first time as a member.** Be prepared to enter your first and last name, the last four digits of your Social Security number, birth date, and the ZIP code of your current residence. This information is used to identify you as the actual account holder.

» **HealthEquity's expert specialists are standing by 24/7/365 to answer your questions** about anything and everything related to your HealthEquity accounts. If you have any questions regarding how to log in or how to best use your accounts, please contact HealthEquity at 877-583-4257.

Your HealthEquity portal allows you to:

- Check your account balance in real time.
- Compare the cost of treatments and providers within a specific ZIP code using the HealthEquity medical pricing tool.
- Check to see if you prescription has a generic alternative or less expensive substitute using the prescription drug pricing tool.

Finding Fast Answers on Your HealthEquity Member Portal:

Need to:	Click on:
Check balance	**My Money,** then **Account Balance**
Check the status of a claim	**My Money**, then **Reimbursement Account Detail**
Change password and username	**My Profile**, then **Login Settings**
Update personal information	**My Profile**, then **Personal Information**

Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages each
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a
- covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **1 Bureau Credit Monitoring** from TransUnion with activity alerts
- **High Risk Application and Transaction Monitoring** detects fraud up to 90 days earlier than traditional credit monitoring services. We carefully watch your accounts, reorders, loans and more. If a new account is opened, you will receive an alert
- **Social Media Monitoring** for privacy and reputational risks
- **Credit Inquiry Alerts** when your Personally Identifiable Information (PII) is used to apply for bank/credit cards, utilities or rentals, and many other types of loans
- **Consultation** on any cyber security question
- **$1 Million Protection Policy** coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** ensures that we won't give up until your identity is restored!
- **Identity Restoration** performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** in the event of an identity theft emergency

Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price (month)	Individual Price (month)
LegalShield	$15.95	$15.95
IDShield	$15.95	$ 8.45
Combined	$28.90	$23.40

Prepared for: Douglas County Board of Commissioners

For more information, contact your Independent Associate:

Sharon Larry
404-918-4980
klarrity@gmail.com

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children.

IIDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. IDShield plans are available at individual or family rates. A family rate covers the named member, named member's spouse and up to 10 dependent children under the age of 18. It also provides consultation and restoration services for dependent children ages 18 to 26. All Licensed Private Investigators are licensed in the state of Oklahoma. A $1 million protection policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. Dependent children of the named member or named member's spouse under the age of 23 who permanently live in the same residence as the named member at the time of the stolen identity event are eligible for the protection policy coverage. For a summary description of benefits for the personal identity coverage see https://idshield.cloud/summary-of-benefits.

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CONTINUATION COVERAGE RIGHTS UNDER COBRA

DOUGLAS COUNTY HEALTH PLAN

Introduction

You are receiving this notice because you have recently become eligible for the Douglas 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 explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 Continuation 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: **Human Resources, Douglas County, 8700 Hospital Drive Douglasville, GA 30134.**

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.) For more information about the Marketplace, visit www.HealthCare.gov.

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:

Douglas County
Human Resources
8700 Hospital Drive
Douglasville, GA 30134
Phone: 770-920-7267

NOTES

IMPORTANT CONTACT INFORMATION

DOUGLAS COUNTY
Human Resources
Tel: 770-920-7267
mdmiller@co.douglas.ga.us

MEDICAL / DENTAL / VISION PLANS
Anthem BlueCross and BlueShield
Medical Customer Service
Tel: 855-397-9267
Mental Health/Substance Abuse
Tel: 800-292-2879
Anthem COBRA Department
Tel: 866-800-2272
Dental Customer Service
Tel: 877-604-2158
Vision Customer Service
Tel: 866-723-0515
www.anthem.com

DISABILITY INSURANCE
One America
Tel: 866-258-8744
www.oneamerica.com

LIFE INSURANCE
Dearborn National
Tel: 800-348-4512
www.dearbornnational.com

MSI BENEFITS GROUP, INC.
Administrative Contact
Tel: 770-425-1231
Fax: 770-425-4722
helpme@msibg.com

You may view copies of all certificates of coverage / plan documents by following the below instructions:
Go to **www.msibg.com** and click on "Employee" at the top right of your screen
Username: **douglasEE**
Password: **Benefits123**

ACCIDENT / CRITICAL ILLNESS
Aflac Group
Tel: 800-433-3036
www.aflacgroup.com

FLEXIBLE SPENDING ACOUNT (FSA)
HealthEquity
Tel: 877-583-4257
www.myhealthequity.net

EMPLOYEE ASSISTANCE PROGRAM (EAP)
Anthem EAP
Tel: 800-865-1044
www.anthemeap.com
Company Code: Douglas County

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

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