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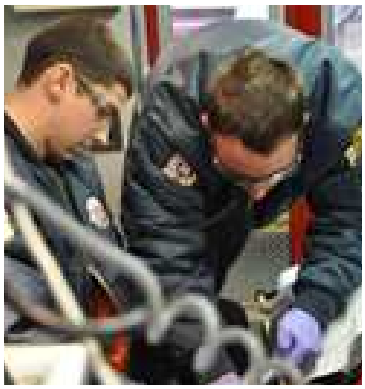
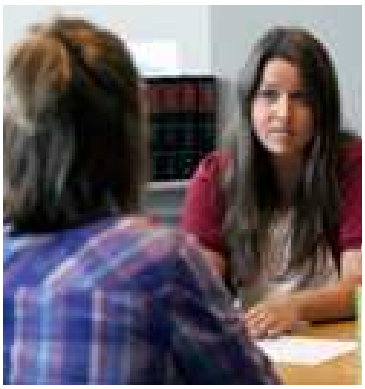
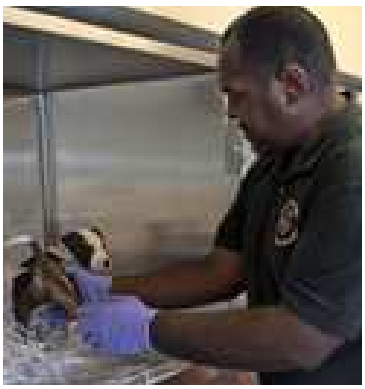
2014

Employee Benefits Plans – Active







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Board of Commissioners
2014 Active Employee Benefit Plans

This book provides, in summary, 2014 benefit options available to active employees who are eligible to participate in the Gwinnett County Employee Benefit Plans.

Gwinnett County Board of Commissioners reserves the right to revise benefits offered at any time and the right to charge appropriate premiums for these benefits.

The premiums listed in this book are in effect as of January 1, 2014, and are not guaranteed to remain the same in future years.

If you want to enroll an eligible dependent who is not currently enrolled in your benefit plans, you must provide the documentation described in the Health Plan Eligibility Information section of this book by the date specified.

Please note: Fraudulent statements on benefit application forms, or through website (Employee Self-Service) enrollment, are cause for disciplinary action. Such statements will invalidate any payment of claims for services and will be grounds for canceling the employee's benefit coverage. Other disciplinary action, up to and including termination of employment with Gwinnett County, could also apply.

Active Employee Benefit Plans 2014

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Health Plan Eligibility Information

Medical Levels of Coverage – Active Employees

• Employee Only	No dependent coverage
• Employee + Spouse	No dependent children
• Employee + Child(ren)	Employee + one or more children, no spouse
• Family	Coverage for employee, spouse, and one or more children

Coverage for the employee

This document describes the benefits the employee may receive under health plans offered by Gwinnett County. The employee is also called the participant. Eligible participants include employees of Gwinnett County BOC, elected officials and their employees, who work on a permanent full-time basis, permanent part-time basis working at least 30 hours per week, and limited-term full-time employees. Eligible participants also include employees retired from Gwinnett County who elect to continue the health, dental, and vision coverage at retiree rates. Employees approved for a medical disability while employed by Gwinnett County are eligible to continue health, dental, or vision benefits for a maximum of two years. Benefits can continue past two years if the disability is total and permanent, as defined by the Social Security Administration, and if the employee is receiving approved disability benefits provided by Gwinnett County.

Coverage for employees who change from part-time to full-time

An employee who transitions from part-time (working less than 30 hours per week) to full-time will become eligible for benefits on the effective date of his or her status change. If the employee elects coverage under the medical, dental, and/or vision plan, coverage will be effective the day the employee becomes full-time.

Coverage for the employee's dependents

If the employee is covered by the GC health plans, his/her eligible dependents may also enroll. Eligible dependents are also called participants. The Gwinnett County Department of Human Resources will verify all employee and dependent eligibility.

All newly hired employees, rehired employees, employees adding dependents during annual open enrollment, or employees adding dependents as a result of a qualified Life Status Change will be required to substantiate the eligibility of all dependents who are to be enrolled in the Gwinnett County benefit plans for medical, dental, dependent life, and or vision. Gwinnett County's eligibility requirements are included in this book. If documentation for your dependents is not received and validated by the date specified, your level of coverage for elected benefits will be "employee only" as of your effective date.

On the following page is a list of documentation required for each potentially benefit-eligible dependent (spouse, child, or stepchild).

Spouse documentation

Two forms of documentation are required to enroll a spouse for coverage:

- A photocopy of a certified marriage certificate

AND

Only one of the following is required, along with the copy of a certified marriage certificate. Before sending one of the following to Human Resources, please block out (or otherwise remove) any information that is not necessary for the purpose of verifying eligibility, including dollar amounts, Social Security numbers, and account numbers. Note: "Current" means dated within the last six months.

- Current joint mortgage or rental contract or statement with the names of both the employee and spouse
- Current joint bank account statement showing both the employee's and spouse's name at the same mailing address
- Current joint credit card statement showing both the employee's and spouse's names at the same mailing address
- Most recent year's signed Income Tax Return (without supporting schedules and attachments), with the names of both the employee and spouse

Dependent child or stepchild documentation required

One form of documentation is required to enroll a child or stepchild.

A copy of only one of the following documents with the name of the employee and/or the spouse as parent is required:

- Copy of certified birth certificate
- Legal Guardianship: Final Decree with presiding judge's signature and seal
- Final Adoption Decree with presiding judge's signature and seal
- For newly adopted children, the effective date of coverage will be the earlier of the following events:
  - The date of legal placement for adoption, during which adoptive parent(s) have been determined legally responsible for providing the child's healthcare coverage
  - The Final Adoption Decree with the presiding judge's signature and seal

Regardless which of the earlier dates apply, the child must be enrolled within 30 days of that date in order for coverage to be effective.

Alternate documentation

Valid copies of the documentation listed above will be adequate. However, if any of the above documentation is not available in a timely fashion (e.g., in the event of a birth or marriage abroad), consideration will be given to other forms of documentation when accompanied by a signed letter from the employee explaining why the requested documentation is not readily available. Alternate documents must be from third-party organizations such as government, businesses, or religious organizations. The documents must indicate that the marital or parental relationship exists. Examples: hospital records, church records, school records, immigration records, contracts, etc.

Employee procedures for submission of documentation

Upon final completion of the website enrollment process, the employee should print and review a confirmation statement to assure accuracy of the enrollment. Supporting documentation must be received by the Department of Human Resources by the date specified. Clear photocopies of the documents will be adequate. The documents submitted will not be returned.

Enrollment must be completed within 30 days of hire, and documents must be received in the Department of Human Resources within the latter of 38 days of hire or the date the benefits will become effective for the employee.

Document review procedures

Upon receipt, documents will be reviewed within five business days by designated Department of Human Resources staff. If the documentation is found to be adequate, no further action will be necessary. If documentation is deemed inadequate, Department of Human Resources staff will request additional documentation or clarification from the employee. If the documentation leads to the conclusion that a dependent is ineligible for benefits, Department of Human Resources staff will request authorization from the health plans manager to deny enrollment of the dependent. All medical, dental, dependent life, and/or vision coverage for dependents ruled ineligible will be suspended until an appeal is processed and approved.

Immediately upon denial of a dependent's eligibility, a letter will be mailed to the home address of the employee. The letter will explain the reasons for the denial and offer an opportunity for the employee to appeal the decision by submitting specified additional documentation within 30 days of the date of the letter.

When all dependents of an employee have been validated, the documentation will not be retained. Documentation for invalidated dependent(s) will be retained.

New hires

Online enrollment through Employee Self-Service (ESS) must be completed within 30 days of the date of hire. Instructions for enrolling will be provided during New Hire Orientation. Assistance or additional information may be obtained from the Department of Human Resources. Coverage will be effective on the first day of the month following one full calendar month of employment.

If an employee intends to waive coverage for any or all of the offered benefits, he/she must still complete the web enrollment process, indicating that he/she is waiving benefits. If the employee or his/her dependents are not enrolled when first eligible, they will not be eligible to apply for benefits until the next open enrollment period for benefits effective January 1 of the following year, unless a qualified Life Status Change occurs. See below for information regarding qualified Life Status Changes.

Life Status Change

Except for during the annual open enrollment period, an employee is not able to add or delete coverage for himself/herself or his/her dependents unless one of the following situations occurs:

1. Change in legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment
2. Change in the number of dependents, including birth, adoption, placement for adoption, or death of a dependent
3. Change in employment status, including termination or commencement of employment of the employee, spouse, or dependent
4. Changes in work schedule, including an increase or decrease in the number of hours of employment by the employee, spouse, or dependent (including a transition from full-time or part-time status, a strike or lockout, or commencement or return from an unpaid leave of absence)
5. The dependent satisfies or ceases to satisfy the requirements/definition of covered dependent, as required by the plan through which the employee is covered by any means, such as attainment of age or similar circumstances, as provided by the provisions of the health/dental plan through which the employee is covered.
6. A change in the place of residence or work site of the employee, spouse, or dependent
7. A Qualified Medical Child Support Order (QMCSO) requiring the employee to cover his/her dependent child/children becomes effective or expires
8. Entitlement or loss of entitlement to Medicare or Medicaid
9. Change in Cost. If employee is notified that the cost of coverage under the plan significantly increases during the plan year, or there is a loss of coverage mid-year, employee may choose to make an increase in contributions or revoke coverage if there is no other plan option that provides coverage similar to the existing plan
10. Change in coverage. If Gwinnett County notifies the employee that his/her coverage under the plan is significantly cur tailed (e.g., a provider network ceases to be available to the employee), the employee may revoke his/her election and elect coverage under another plan option that provides similar coverage. If during the plan year, the plan adds or eliminates a coverage option, the employee may elect the newly added option or elect another plan option (when a plan option has been eliminated), and may do so on a pre-tax basis by making a corresponding election change under another plan option which provides similar coverage. The employee may also make a change when there is a significant improvement in coverage provided under an existing benefit option. The employee may make a change that is due to and corresponds with a change to the spouse's, former spouse's, or dependent's employer plan, as long as: (a) That employer's plan permits its participants to make a change, permitted under the IRS regulations; or (b) This plan permits you to make an election for a period of coverage which is different from the period of coverage under his or her employer's plan. (This "Change in Coverage" exception is not applicable to Health Care Expense Reimbursement accounts under the plan.)

The Department of Human Resources must receive – in writing with required documentation – within 30 calendar days of a qualified Life Status Change. If approved, the requested change will be effective on the date of the qualifying event.

Georgia Security and Immigration documentation required for health plan changes effective January 1, 2012, or later

According to the *Georgia Security and Immigration Compliance Act* of 2006, state and local entities providing public benefits must require recipients to submit a signed, notarized affidavit whenever changes are made to his/her benefits. This documentation must be provided for all new enrollments and/or changes made to existing health benefits coverage, effective January 1, 2012, or later.

An affidavit verifying eligibility status of public benefit applicant must be completed, signed, and notarized for each employee and all dependents 18-years of age and older. The completed form and a copy of the verifiable documentation must be sent to the Human Resources Department. The affidavit is required for all health plan changes and new enrollments in health plans effective January 1, 2012.

Appeals procedure

Members have the right to file an appeal with the claims administrator following any adverse benefit determination, including any rescission of coverage.

External Review Process

After exhaustion of the internal appeals process, the claimant may request external review of any final adverse benefit determination that qualifies as set forth below. Subject to verification procedures that the claims administrator may establish, an authorized representative may act on the claimant's behalf in requesting and pursuing external review.

Requesting external review will have no effect on the claimant's rights to any other benefits under the Plans. External review is voluntary, and the claimant is not required to undertake it before pursuing legal action. If the claimant chooses not to request external review, the Plans will not assert that the claimant has failed to exhaust his/her administrative remedies because of that choice.

For details on the appeal process, please refer to the Gwinnett County Summary Plan Document (SPD).

Summary of 2014 Benefit Changes

BlueCross BlueShield Point of Service (POS)

All medical and behavioral health copays, deductibles, and coinsurance amounts will apply to the plan's annual medical out-of-pocket maximum.

Out-of-pocket maximum for 2014:

- Single – $1,800
- Family – $3,600

Note: Pharmacy copays do not accumulate to the out-of-pocket maximum.

Maximum Choice Plan

BlueCross BlueShield High-Deductible Health Plan

No change in benefits for the 2014 plan year.

Kaiser HMO

All medical and behavioral health copays, deductibles, and coinsurance amounts will apply to the plan's annual medical out-of-pocket maximum.

Out-of-pocket maximum for 2014:

- Single – $6,350
- Family – $12,700

Note: Pharmacy copays do not accumulate to the out-of-pocket maximum.

Dental Insurance

No change in benefits.

Vision Insurance

No change in benefits.

Disability Insurance

No changes, but individuals may see increase based on increases in salary and/or age.

Life Insurance

No changes; Optional Life Insurance premiums will increase with increases in salary and/or age.

Flexible Spending Accounts – FSA

No changes.

Health Savings Account (HSA)

Only available with Maximum Choice Health Plan (BCBS HDHP)

Maximum contribution amounts increased:

- Single Coverage – Maximum contribution per year $3,300
- Family Coverage – Maximum contribution per year $6,550
- Catch-Up Contribution for participants over 55 remains $1,000

Supplemental Benefits — Allstate

Open enrollment this year for Allstate plans:

- Accident Insurance
- Critical Illness Insurance
- Universal Life Insurance with Long Term Care Rider

2014 Benefit Plans

Kaiser Permanente HMO

Blue Open Access Point of Service (POS)

Plan Caremark Prescription Plan Summary

BCBS Maximum Choice Health Plan (BCBS HDHP) with Health Savings Account

Flexible Spending Accounts

Dental Plan Options

Vision Plan Options

Short-Term and Long-Term Disability

Basic and Optional Life Insurance

Employee Wellness Program

Kaiser HMO

Provider Network: Kaiser HMO (see **www.kp.org**)

What's Covered	Cost to You
Annual Deductible	$500 per individual $1,000 per family maximum
Doctor's Office Visit	$35 per visit
Out of Pocket Maximum* Medical Copays and Deductibles accumulate to the out-of- pocket maximums. Prescription Drug copays do not accumulate to the out-of-pocket maximum.	$6,350 per individual $12,700 per family maximum
Specialist Office Visit	$50 per visit
Preventive Care (visit www.kp.org for list of services)	$0
Inpatient Hospital	$0 after deductible
Surgery – Outpatient Hospital Expense Surgery – Doctor's Office	$0 after deductible
Surgeon's Fees (inpatient or outpatient)	$0 after deductible
Inpatient Physician Care	$0 after deductible
X-ray and Lab • Inpatient and Outpatient Hospital • Lab/Diagnostic Clinic/Facility	$0 after deductible
Emergency Care • Doctor's Office • Hospital/Emergency Room • Ambulance • Urgent Care Facility	$35 per visit $150 per visit $100 per trip $55 per visit
Maternity Services • Pre/Post Maternity Care • Delivery (Physician and Hospital Expense)	$35 first visit $0 after deductible
Family Planning • Office Visit • Diagnostic Infertility Services (to diagnose condition) *Artificial Insemination and In-Vitro Fertilization are not covered*	$35 $0 after deductible

Kaiser HMO *(cont'd)*

Provider Network: Kaiser HMO (see **www.kp.org**)

What's Covered	Cost to You
Rehabilitation • Physical Therapy (PT) • Occupational Therapy (OT) • Speech Therapy (ST) ***Note:*** *PT and OT combined: 2 0 visits per year* *Chiropractic Care: 30 visits per year*	$0 after deductible for PT, OT, and ST $35 co-pay for Chiropractic Care
Prescription Rx –Drug must be on Kaiser's formulary to be covered unless medical exception is approved. View Kaiser HMO formulary at www.kp.org	**Retail - 30-day (or less) supply** Generic $10 copay* Brand $35 copay* **Mail Order 90-day supply: 2 copays = 3 month supply** Contact Kaiser for instructions to establish a 90-day order Generic $20 copay* Brand $70 copay*
Durable Medical Equipment	$0 after deductible
Hospice	$0
Home Health Care	$0
Hearing Aid	$1,000 max per hearing aid, per ear, every 36 months

**Kaiser's network of HMO providers and the prescription drug formulary can be viewed at www.kp.org*

BlueCross Blue Shield Point of Service (POS) Plan

Provider Network: Blue Essential Open Access

Deductibles, Coinsurance, and Maximums	Cost to You In-Network Benefit Level	Cost to You Out-of-Network Benefit Level
Calendar Year Deductible:	$900 per individual $2,250 per family maximum	$1,800 per individual $4,500 per family maximum
Out-of-Pocket Calendar Year Maximum Medical Copays and Deductibles accumulate to the out-of-pocket maximums. Prescription drug copays do not apply to out-of-pocket maximums.	$1,800 per individual $3,600 per family maximum	$4,300 per individual $8,600 per family maximum
Covered Services		
Office Visits: Preventive Care Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations, and physician visits.		
Well-child care, immunizations	0% (not subject to deductible)	50% after deductible(deductible waived through age 5)
Periodic health examinations	0% (not subject to deductible)	50% after deductible
Annual gynecology examination	0% (not subject to deductible)	50% after deductible
Prostate screening	0% (not subject to deductible)	50% after deductible
Illness or Injury		
Physician office visit (includes lab, x-ray, and in-office surgery)	$40 per visit	50% after deductible
Physician after hours office visit	$45 per visit	50% after deductible
Specialty care physician office visit (includes lab, x-ray, and in-office surgery)	$60 per visit	50% after deductible
Second surgical opinion	$60 per visit	50% after deductible
Allergy care (office visit, testing, serum, and allergy shots)	$40 Physician copayment or $60 Specialist Physician copayment	50% after deductible
Maternity physician services (prenatal, delivery, postpartum)	$60 copayment (first office visit only)	50% after deductible

BlueCross Blue Shield Point of Service (POS) Plan *(cont'd)*

Provider Network: Blue Essential Open Access

Deductibles, Coinsurance, and Maximums	Cost to You In-Network Benefit Level	Cost to You Out-of-Network Benefit Level
Illness or Injury		
Vision care services provided by a network ophthalmologist or optometrist for treatment of acute conditions	$60 per visit	50% after deductible
Services provided by network dermatologists	$60 per visit	50% after deductible
Emergency Room Services		
Life-threatening illness or serious accidental injury	$150 per visit (not subject to deductible)	$150 per visit (not subject to deductible)
Non-emergency use of the emergency room	Not covered	Not covered
Inpatient Services		
Hospital confinement expenses: Semi-private room rate allowable for private room charges; ancillary expenses, i.e. radiology, pathology, anesthesia	15% after deductible	50% after deductible
Physician services (surgeon, inpatient care)	15% after deductible	50% after deductible
Outpatient Surgery		
Facility/hospital charges	$200 copayment	50% after deductible
Surgeon	0%	50% after deductible
Ancillary *(charges related to surgery, on same date)* i.e., anesthesia, pathology, radiology, etc.	0%	50% after deductible
Other Outpatient Services		
Outpatient hospital/facility – X-ray, lab, etc.	15% after deductible	50% after deductible
Therapy Services (Calendar year maximums are combined between in-network and out-of-network)		

BlueCross Blue Shield Point of Service (POS) Plan *(cont'd)*

Provider Network: Blue Essential Open Access

Speech Therapy, Physical Therapy, Occupational Therapy, and Chiropractic Services	$60 per visit 30-visit combined maximum per year for speech, physical, occupational, and chiropractic visits	50% after deductible; 30-visit combined per year maximum for speech, physical, occupational, and chiropractic visits
Deductibles, Coinsurance, and Maximums	**Cost to You** **In-Network Benefit Level**	**Cost to You** **Out-of-Network Benefit Level**
Behavioral Health Services (Services must be authorized by calling 1.800.292.2879)		
Inpatient (facility fee)	15% after deductible	50% after deductible
Inpatient (physician fee)	15% after deductible	50% after deductible
Inpatient Substance Abuse Detoxification (facility fee)	15% after deductible	50% after deductible
Behavioral Health Services (Services must be authorized by calling 1.800.292.2879)		
Inpatient Substance Abuse Detoxification (physician fee)	15% after deductible	50% after deductible
Partial Hospitalization Program (facility and physician fee)	15% after deductible	50% after deductible
Intensive Outpatient Program (facility and physician fee)	15% after deductible	50% after deductible
Professional Outpatient Services	15% after deductible	50% after deductible
Other Outpatient Services		
Urgent Care Center	$60 per visit	$60 per visit; 50% after copayment
Skilled Nursing Facility Annual Maximum: 30 days (Maximum = combined in-network and out-of-network days)	15% after deductible 30-day calendar year maximum	50% after deductible 30-day calendar year maximum

BlueCross Blue Shield Point of Service (POS) Plan *(cont'd)*

Provider Network: Blue Essential Open Access

Home Health Care **Annual Maximum: 120 days** (combined in-network and out-of-network)	15% after deductible 120-visits per calendar year	50% after deductible 120-visit calendar year
Hospice Care	100% (not subject to deductible)	100% (not subject to deductible)
Deductibles, Coinsurance, and Maximums	**Cost to You** **In-Network Benefit Level**	**Cost to You** **Out-of-Network Benefit Level**
Other Outpatient Services		
Ambulance (covered only when medically necessary)	$50 copayment; 100% after co-pay	
Durable Medical Equipment (DME)	15% after deductible	
Prescription Drug Coverage	Prescription drug benefits for this plan are provided by CVS/Caremark. For prescription drug benefit information, see page 15.	

Important information about dental surgery

Removal of boney-impacted, including partially impacted, wisdom teeth: Expenses are classified as health/medical by all Gwinnett County health plans and are excluded by all Gwinnett County dental plans.

Removal of other impacted teeth, including partially impacted: Expenses are classified as dental by Gwinnett County plans and are excluded by all Gwinnett County health plans.

Note: *This benefit plan summary provides only an outline of health plan benefits and covered services. For detailed information, including plan limitations and exclusions please refer to the Gwinnett County Summary Plan Description (SPD) available on GC Workplace and Employee Self-Service (ESS) after January 1, 2014.*

CVS/Caremark Prescription Drug Plan

Prescription Drug Coverage for **BlueCross BlueShield POS** members only

Reminder: Prescription drug copays do not accumulate to the out-of-pocket maximum.

Services	Cost to You	
	Retail Medications for short-term use *(e.g., antibiotics, pain medication, etc.)*	**Mail Order** For medications taken regularly *(e.g., Insulin, blood pressure medication, birth control, etc.)*
Pay first $100 Brand name prescriptions	• First $100 of covered prescription drug expenses for calendar year is patient's responsibility, then co-pays apply • Deductible applies to brand name drugs only; no deductible applies to generic drugs • Annual family deductible maximum is $250	
In-Network Pharmacies	Most major drug stores and supermarket chains, as well as many independent pharmacies List of contracted pharmacies at **www.caremark.com**	Caremark forms available at w**ww.caremark.com** Refills can be ordered through website
Generic *(Ask your pharmacist for generic drugs)*	$10 co-pay (30-day supply)	$20 co-pay (90-day supply)
Brand* Formulary *(Cost-effective drugs)*	$30 co-pay after deductible (30-day supply)	$60 co-pay after deductible (90-day supply)
Brand* Non-Formulary *(More expensive drugs, for which there are cost-effective alternatives)*	$50 co-pay after deductible (30 day supply)	$100 co-pay after deductible (90 day supply)

This prescription coverage is for members enrolled in the **BlueCross BlueShield Point of Service (POS)** plan.

One Premium: No additional premium is due for Rx benefits. Cost is included in health plan premium.

Separate ID card for Prescriptions: A separate ID card will be issued by Caremark and must be presented to the pharmacy when establishing 2012 prescription drug coverage.

90-Day Local Prescription: Member may fill 90-day prescriptions at their local participating pharmacy (note: pharmacy must participate in "90-day Retail" network). Cost to member will be three times the cost of a 30-day supply.

Dispense as Written (DAW) Penalty: If there is a generic alternative for your prescription drug, and you and/or your physician choose the brand name drug instead, **you will be responsible for the generic co-pay plus the difference in cost between the generic and brand name medications.*

BCBS Maximum Choice Plan

Provider network: Blue Essential Open Access

What's Covered	Cost to You In-Network	Cost to You Out-of-Network
Annual Deductible	$1,250 Single $2,500 Family**	$2,500 Single $5,000 Family**
Out of Pocket Maximum	$2,500 Single $5,000 Family**	$5,000 Single $10,000 Family**
Preventive Care Including, but not limited to: • Routine Check-up/Immunizations • Well Woman Exam • Prostate Exams • Well Child Care • Mammograms ***Note:*** *Diagnosis must be "Wellness" for preventive services benefit to apply*	$0 (not subject to deducible) $0 (not subject to deducible) $0 (not subject to deducible) $0 (not subject to deducible) $0 (not subject to deducible)	40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible
Doctor's Office Visit • **Primary Care** • **Specialist**	20% after deductible 20% after deductible	40% after deductible 40% after deductible
Emergency Care • Urgent/After Hours Facility • Emergency Room • Ambulance	20% after deductible 20% after deductible 20% after deductible	40% after deductible 20% after deductible 20% after deductible
Outpatient Hospital Surgery and/or Related Services (x-rays, labs, etc.)	20% after deductible	40% after deductible
Inpatient Hospital and Related Services (x-rays, labs, surgeon, etc.)	20% after deductible	40% after deductible

BCBS Maximum Choice Plan *(cont'd)*

Provider network: Blue Essential Open Access

Rehabilitation Therapy 30 visits per calendar year allowed – all therapies combined Chiropractic, Physical Therapy, Occupational, and Speech Therapy	20% after deductible	40% after deductible
Home Health Care (120 visits per year)	20% after deductible	40% after deductible
Hospice Care	20% after deductible	40% after deductible
Prescription Drugs **Retail/Mail Order**	20% after deductible	No out-of-network benefit

**After calendar year deductible has been met*

***Aggregate calendar year deductible and out-of-pocket maximums for family coverage*

Note: Prescription drug benefits for this plan are provided by CVS/Caremark. Separate insurance ID cards will be issued by CVS/Caremark and must be presented to the pharmacy when establishing 2014 prescription drug coverage.

90-Day Local Prescriptions: Member may fill 90-day prescriptions at their local participating pharmacy (note: pharmacy must participate in "90-day Retail" network). Cost to member is three times the cost of 30-day supply.

Medical benefits listed on this summary are administered by BlueCross BlueShield of Georgia. Health Savings Account (HSA) is administered by The Bank of New York (BNY) Mellon.

Removal of boney-impacted wisdom teeth (includes partially impacted): Expenses are classified as health/medical by all Gwinnett County health plans and are excluded by all Gwinnett County dental plans.

Removal of other impacted teeth (including partially impacted): Expenses are classified as dental by all Gwinnett County dental plans and are excluded by all Gwinnett County health plans.

2014 Health Savings Account

Eligible to participate only if enrolled in the Maximum Choice BlueCross BlueShield HDHP

A Health Savings Account (HSA) is a tax-exempt trust, or custodial account, established exclusively for the purpose of paying qualified medical expenses on behalf of the account beneficiary, spouse, or dependents covered by a qualified High Deductible Health Plan. HSA funds can only be used for qualified expenses incurred by the employee and those must meet the IRS definition of "dependent". The Maximum Choice BlueCross BlueShield HDHP is a qualified High Deductible Health Plan (HDHP).

Gwinnett County will pre-fund a portion of Health Savings Accounts for eligible active employees enrolled in the Maximum Choice HDHP. The 2014 HSA will be administered by ACS/BNY Mellon.

Annual amount contributed by Gwinnett County – 2014

- Single coverage $625* annually
- Family coverage $1,250* annually

Annual pre-tax contribution maximums – 2014

- $3,300 single (includes amount contributed by Gwinnett County)
- $6,550 family (includes amount contributed by Gwinnett County)
- Additional catch-up contribution of $1,000 available (age 55 or older)

**Annual pre-funded amount is pro-rated if benefits are effective after January 1, 2014.*

Key features of Health Savings Account

- Amount pre-funded by Gwinnett County available after employee's first pay check of 2014
- Debit card access
- Checkbook available
- Portable funds
- Funds carry over from one calendar year to the next
- No limit on annual carry-over amount

Expenses covered by HSA funds are determined by Internal Revenue Code 213(d).

2014 Flexible Spending Accounts (FSA) Health Care and Dependent Day Care

Administered by P&A Group

Flexible Spending Accounts

Health Care Accounts and Dependent Day Care Accounts are available.

A Flexible Spending Account (FSA) allows you to put aside money on a pre-tax basis. Money for your FSA is deducted prior to the calculation of federal, state, and Social Security taxes.

Health Care FSA

- Due to tax regulations, Health Care FSA is not available to Maximum Choice Plan participants

Eligible expenses include:

- Your out-of-pocket medical expenses
  - (i.e., co-pays, deductibles, co-insurance)
- Covered dental care expense
- Covered vision care expense
- Hearing aids and examinations

A complete list of covered expenses is available at www.padmin.com.

In 2014, a maximum of $2,500 per year can be deposited into a Health Care FSA.

Dependent Day Care FSA

Eligible expenses include dependent day care expenses for children or other dependents, provided they can be claimed as dependents on your tax return. In 2014, a maximum of $5,000 per year can be put into a Dependent Day Care FSA.

Use your **P&A Debit Card** to pay for qualified expenses.

Note: Flexible Savings Account elections do not carry over from year to year. You must actively enroll annually to participate. You must enter an annual amount on Employee Self-Service (ESS) in order to participate in an FSA.

Funds that are not used for expenses incurred during 2014 will be forfeited.

2014 Dental Plans – Cigna Dental

What's Covered	HMO – Cigna DHMO	Cost to You PPO Mid-Option	PPO High Option
Annual Deductible(s)	None	$100 per person $300 per family	$50 per person $150 per family
Annual Benefit Maximum	N/A	$1,000 per person	$1,500 per person
Diagnostic and Preventive • Oral Exams • Teeth Cleaning • X-rays • Maximum of 2 visits per calendar year	Refer to Schedule of Benefits*	PPO Dentist $0 Non-PPO Dentist 0% of UCR	PPO Dentist $0 Non-PPO Dentist 0% of UCR
Basic Benefits • Fillings • Oral Surgery – Extractions***	Refer to Schedule of Benefits*	PPO Dentist 20% PPO contracted rate** Non-PPO Dentist 20% of UCR	PPO Dentist 20% PPO contracted rate** Non-PPO Dentist 20% of UCR
Periodontics and Endodontics • Root Canals, etc.	Refer to Schedule of Benefits*	PPO Dentist 50% PPO contracted rate** Non-PPO Dentist 50% of UCR	PPO Dentist 20% PPO contracted rate** Non-PPO Dentist 20% of UCR
Major Benefits • Crowns and Bridges • Prosthetics – Dentures	Refer to Schedule of Benefits*	PPO Dentist 50% PPO contracted rate** Non-PPO Dentist 50% of UCR	PPO Dentist 50% PPO contracted rate** Non-PPO Dentist 50% of UCR

2014 Dental Plans – Cigna Dental *(cont'd)*

What's Covered	HMO – Cigna DHMO	Cost to You PPO Mid-Option	PPO High Option
Orthodontics	Orthodontics Refer to Schedule of Benefits*	No Orthodontic Coverage	Orthodontics $2,500 lifetime max; no deductible PPO Dentist 50% PPO contracted rate**; Non-PPO Dentist 50% UCR
Implants	Not Covered	Not Covered	50% PPO Dentist 50% PPO contracted rate**; Non-PPO Dentist 50% UCR $1500 Lifetime Maximum

**See Schedule of Benefits for complete list of 2014 DHMO co-pays- Available on Employee Self-Service (ESS)*

***Payable after Annual Deductible is met*

UCR: Usual, Reasonable, and Customary (UCR) allowances apply to charges from non-PPO, or out-of-network dentists. Out-of-network providers are not required to write off charges which exceed the allowable (UCR) amount. The patient is responsible for those amounts.

PPO High Option Plan: Lifetime maximums for orthodontic treatment and implants are separate from annual benefit maximums. Benefits paid for these expenses do not apply to the patient's annual maximum.

Removal of boney-impacted wisdom teeth is a medical expense and is not covered by the dental plans.

2014 Vision Plan –Vision Service Plan (VSP)

What's Covered	Cost to You		
	Basic (In-Network)	Premium (In-Network)	Out-of-Network
Provider	Contracted Optometrists and Ophthalmologists. Provider list is available at www.vsp.com		Any licensed Optometrist, Ophthalmologist, or dispensing Optician of your choice
	Pay to Provider at time of Service		Reimbursement to Member
Routine Eye Exam* Once per calendar year	$10 co-pay	$15 co-pay	$45
Lenses** Once per calendar year • Single Vision • Bifocal • Trifocal • Lenticular	$10 co-pay $10 co-pay $10 co-pay $10 co-pay	$15 co-pay $15 co-pay $15 co-pay $15 co-pay	$32 $50 $65 $100
Frames Once every other calendar year	$10 copay, $120 allowance plus 20% off any amount exceeding the $120 allowance. You must stay within the "frame allowance" in order to pay only the co pay. (once every other year)	$15 copay. $150 allowance plus 20% off any amount exceeding the $150 allowance. You must stay within the "frame allowance" in order to pay only the copay. (once every year)	$70
Contact Lenses* Once per calendar year	$60 contact lens fitting; Member will pay any amount over maximum payable for materials over $120	$60 contact lens fitting; Member will pay any amount over maximum payable for materials over $150	$105
Laser Vision Correction	15% to 20% discount	15% to 20% discount	No discount applies

**Routine vision care only. Medical conditions of the eye (i.e., eye infections, foreign body in the eye, cataracts, etc.) are covered under your medical plan.*

***Calendar year lens limitation includes contact lenses. Contact lenses and glasses will not be covered during the same plan year.*

2014 Short-Term Disability

The Hartford

Gwinnett County is offering you the opportunity to purchase Short-Term Disability (STD) benefits that can help protect your family's financial well-being. You can purchase this coverage at economical group rates and pay through the convenience of payroll deduction.

If you are an employee that has not previously had the opportunity to enroll in STD, or if you want to change your current STD plan in order to shorten the waiting period for benefits (i.e., from a current waiting period of 90 days to a waiting period of 60 days), you will be required to provide evidence of insurability.

STD is an important part of your group benefits package. If you're unable to work due to illness or injury (not work-related), the program offers benefits equal to 60 percent of your earnings to a maximum weekly benefit of $1,200.

Option	Benefit
Option I	STD coverage commences on the 30th day of accident and the 30th day of sickness and is designed to continue for a period of 150 days.
Option II	STD coverage commences on the 60th day of accident and the 60th day of sickness and is designed to continue for a period of 120 days.
Option III	STD coverage commences on the 90th day of accident and the 90th day of sickness and is designed to continue for a period of 90 days.

*Use the rate char t and calculation line below to determine your monthly cost for this coverage.**

Age	<25	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	>65
Option I	.220	.207	.206	.175	.159	.175	.196	.223	.249	.271
Option II	.140	.132	.132	.111	.102	.111	.125	.141	.160	.173
Option III	.138	.130	.129	.110	.100	.110	.122	.139	.156	.169

_____	divided by 52 =	_____	x .60 =	_____	divided by 10 =	_____	x	_____	=
Annual Salary		Weekly Salary		Weekly Benefit (max-$1200)		Monthly Rate		Monthly Cost (from chart)	

**Your cost may change if your age category or salary changes within the benefits plan year.*

Long-Term Disability, which begins after six months of a certified medical disability, is provided at no cost to you by Gwinnett County.

2014 Life Insurance – Basic, Optional, and Dependent Life

The Hartford

Basic life insurance coverage

Gwinnett County provides basic life insurance at no cost to you through The Hartford. The amount provided is equal to three times your annual base salary, rounded to the next $1,000, up to a maximum of $300,000.

Basic life insurance pays your beneficiary in the event of your death while you are covered by the policy. As an eligible employee, you do not have to enroll in basic life insurance; you are automatically covered.

Your beneficiary information can be changed at any time. Open Enrollment is an ideal opportunity to review the information for your life insurance and assure that the record accurately reflects your wishes for distribution of the benefit.

Optional (additional) life insurance coverage

First time eligible employees can receive up to $250,000 in life insurance without providing evidence of insurability. After the initial eligibility period, you may increase the amount of your basic life insurance policy in increments of $50,000, with the submission of evidence of insurability. The maximum amount you are allowed to carry is the lesser of: $500,000, or five times your annual base salary.

Your decision about enrolling in optional life insurance coverage will not impact the basic life insurance provided to you at no cost by Gwinnett County. This is simply an opportunity for you to increase the amount of the policy.

The cost of optional life insurance is included in the Premiums section of this booklet.

Dependent life insurance

You may elect to carry life insurance on your spouse and/or children. The benefit available is $20,000 for a spouse, $10,000 per child.

2014 Employee Wellness Program

Proud to partner with you on your path to a healthier, happier life

Wellness Credits = $$

For eligible employees, the program offers an opportunity to earn Wellness Credits for participating in certain healthy activities. Details of the program are available at the wellness website, www.gcbewellbesafe.com.

Online Wellness Assessment

Gateway to the Gwinnett County Employee Wellness Program In order to participate in other components of the Wellness Program, eligible employees must have a current Wellness Assessment (WA) on file. Current is defined as once annually. The WA is a personalized health assessment. It consists of results from health screenings and personal health planning. The WA is accessible online at the wellness program website, www.gcbewellbesafe.com. To access the WA, you must be a benefit-eligible employee. New hires must wait until their benefits are effective for approximately one week to 10 days in order for their eligibility data to be received by the wellness vendor.

In addition to financial incentives based on Wellness Credits, the following programs are currently available but subject to discontinuation at any time:

Weight Management Programs Including Weight Watchers At-Work

Benefit-eligible employees can enroll in an at-work program delivered in a group format. The program focuses on healthy eating, behavior modification, and physical fitness for a balanced lifestyle approach to weight loss and continued weight management. Partial to full reimbursement is available for attending an organized, County-recognized weight loss program.

Fitness Reimbursements

For benefit-eligible employees, reimbursement of 50 percent of annual health club/gym membership fees, up to $300 payable per year. Employee must complete the online WA during the calendar year for which they are filing for reimbursement.

Therapeutic Stretching Classes

Weekly classes, held before and after regular business hours at GJAC, are available to benefit-eligible, full-time employees. The classes focus on the benefits of stretching for flexibility and overall health.

Annual Seasonal Flu Vaccines

Flu vaccines are provided annually for benefit-eligible, full-time employees, retirees, and eligible dependents. Appointments are made through the Employee Service Center.

Life Line Screenings

For benefit-eligible, full-time employees. mobile ultrasound equipment, set up at GJAC, is used to detect early signs of stroke, existence of an aneurysm, and/or presence of peripheral arterial disease in the lower extremities. Appointments are scheduled through the Employee Service Center.

2014 Employee Premiums

Health Plan Premiums

Dental and Vision Premiums

Monthly Optional and Dependent Life Insurance Premiums

Tobacco-Free Medical Incentive Plan Rules

Tobacco-Free Medical Incentive Plan Rules

Purpose of Medical Incentive Plan

The intent of the Medical Incentive Plan is to encourage employees to make healthy lifestyle choices, which will contribute to healthier and more productive lives. The decision to provide medical premium reduction incentives to tobacco-free employees is based upon medical evidence which clearly indicates that the cost of medical care for non-tobacco users is lower than the cost for tobacco users, and this is consistent with industry standards.

Available to all active employees enrolled in Gwinnett County health plans.

Incentive Plan – Premium reductions

Medical Incentive Health Plan options are available to employees who are tobacco-free as of their enrollment date. Premium rates will be reduced by $60 per month during the plan year (2014).

Relevant terms

Tobacco-use medical plans: Benefit options for those who are not tobacco-free; Medical Tobacco-Use Plan premiums will apply.

Tobacco use: Examples include but are not limited to: smoking of any substance, including cigarettes, clove cigarettes, pipes, or cigars; and the use of any smokeless tobacco, such as chewing tobacco or snuff.

Tobacco user is defined as: An individual who uses tobacco products more than once per month.

Tobacco-free is defined as: An Individual who uses tobacco products no more than once per month.

Requirements to participate in Medical Incentive Plans

Medical incentive benefits requirements: Employee (and spouse if spouse is also a full-time Gwinnett County employee) must be tobacco-free as of date of enrollment and must remain tobacco-free to retain coverage in the Medical Incentive Plan at the reduced premium rate.

For information regarding a member's eligibility to transfer to the Medical Incentive Plan if he/she becomes tobacco-free, please contact the Benefits staff in the Department of Human Resources at 770.822.7915.

Consequences for use of tobacco products if participating in Medical Incentive Plans

If an employee uses tobacco products while participating in the Medical Incentive Plans and voluntarily reports such use to the Benefits Office:

- Coverage will be transferred to the Tobacco Use Plan; appropriate premiums will apply, beginning the first of the following month
- Employee will not be eligible to apply for enrollment in Medical Incentive Plans again until tobacco-free for a minimum of 12 months

If an employee uses tobacco products while participating in a Medical Incentive Plan and fails to report such use to the Benefits Office:

- Medical coverage for employee and dependents will immediately be terminated. Other disciplinary action, up to and including termination of employment with Gwinnett County, could apply

If false statements are provided by an employee, whether in writing or during the online enrollment process:

- •Medical coverage for employee and dependents will immediately be terminated; other disciplinary action, up to and including termination of employment with Gwinnett County, could apply

Resources for Tobacco Cessation Assistance

Reimbursement for two months of over-the-counter tobacco cessation aids, up to $280 payable per year.

2014 Monthly/Bi-Weekly Health Plan Premiums – Active Employees

	Tobacco Free Incentive Rates			
Kaiser - HMO	**County Monthly**	**Employee Monthly**	**Total Monthly**	**Employee Bi-Weekly**
EE	$361.86	$35.00	$396.86	$16.15
EE + Spouse	$751.72	$42.00	$793.72	$19.38
EE + Child(ren)	$676.35	$38.00	$714.35	$17.54
Family	$1,132.58	$58.00	$1,190.58	$26.77

	Tobacco Free Incentive Rates			
BCBS HDHP	**County Monthly**	**Employee Monthly**	**Total Monthly**	**Employee Bi-Weekly**
EE	$495.27	$76.00	$571.27	$35.08
EE + Spouse	$847.17	$130.00	$977.17	$60.00
EE + Child(ren)	$814.59	$125.00	$939.59	$57.69
Family	$1,199.08	$184.00	$1,383.08	$84.92

	Tobacco Free Incentive Rates			
BCBS POS	**County Monthly**	**Employee Monthly**	**Total Monthly**	**Employee Bi-Weekly**
EE	$529.88	$139.00	$668.88	$64.15
EE + Spouse	$994.95	$261.00	$1,255.95	$120.46
EE + Child(ren)	$975.89	$256.00	$1,231.89	$118.15
Family	$1,452.40	$381.00	$1,833.40	$175.85

2014 Monthly/Bi-Weekly Health Plan Premiums – Active Employees *(cont'd)*

	Tobacco Use Rates			
Kaiser - HMO	**County Monthly**	**Employee Monthly**	**Total Monthly**	**Employee Bi-Weekly**
EE	$301.86	$95.00	$396.86	$43.85
EE + Spouse	$691.72	$102.00	$793.72	$47.08
EE + Child(ren)	$616.35	$98.00	$714.35	$45.23
Family	$1,072.58	$118.00	$1,190.58	$54.46

	Tobacco Use Rates			
BCBS HDHP	**County Monthly**	**Employee Monthly**	**Total Monthly**	**Employee Bi-Weekly**
EE	$435.27	$136.00	$571.27	$62.77
EE + Spouse	$787.17	$190.00	$977.17	$87.69
EE + Child(ren)	$754.59	$185.00	$939.59	$85.38
Family	$1,139.08	$244.00	$1,383.08	$112.62

	Tobacco Use Rates			
BCBS POS	**County Monthly**	**Employee Monthly**	**Total Monthly**	**Employee Bi-Weekly**
EE	$469.88	$199.00	$668.88	$91.85
EE + Spouse	$934.95	$321.00	$1,255.95	$148.15
EE + Child(ren)	$915.89	$316.00	$1,231.89	$145.85
Family	$1,392.40	$441.00	$1,833.40	$203.54

Cigna Dental and VSP Vision Plans Premium Rates

2014 Dental Premiums: Bi-Weekly			
	HMO	**Mid-PPO**	**High-PPO**
EE	$6.30	$14.87	$23.08
EE + Spouse	$12.60	$29.71	$46.16
EE + Child(ren)	$15.76	$37.14	$57.70
Family	$18.91	$44.53	$69.11

2014 Monthly Dental Premiums: Monthly			
	HMO	**Mid-PPO**	**High-PPO**
EE	$13.66	$32.21	$50.01
EE + Spouse	$27.31	$64.38	$100.01
EE + Child(ren)	$34.14	$80.48	$125.01
Family	$40.97	$96.48	$149.74

2014 Vision Premiums: Bi-Weekly		
Level of Coverage	**Basic Vision Plan**	**Premier Vision Plan**
EE	$2.46	$5.18
EE + Spouse	$5.02	$10.58
EE + Child(ren)	$5.18	$10.93
Family	$8.29	$17.47

2014 Vision Premiums: Monthly		
Level of Coverage	**Basic Vision Plan**	**Premier Vision Plan**
EE	$5.33	$11.22
EE + Spouse	$10.88	$22.93
EE + Child(ren)	$11.23	$23.68
Family	$17.96	$37.86

2014 Monthly Optional and Dependent Life Insurance Premiums – Active Employees

Optional Life Insurance			
Age	Monthly Rates		
	2013	2014	Difference
	Cost per $1,000		
<25	$ 0.1280	$ 0.1280	$0
25 – 29	$ 0.1280	$ 0.1280	$0
30 – 34	$ 0.1280	$ 0.1280	$0
35 – 39	$ 0.1390	$ 0.1390	$0
40 – 44	$ 0.1600	$ 0.1600	$0
45 – 49	$ 0.2440	$ 0.2440	$0
50 – 54	$ 0.4030	$ 0.4030	$0
55 – 59	$ 0.6130	$ 0.6130	$0
60 – 64	$ 1.0330	$ 1.0330	$0
65 – 69	$ 1.1380	$ 1.1380	$0
70 – 74	$ 2.0080	$ 2.0080	$0
75+	$ 2.0080	$ 2.0080	$0

Dependent Life Insurance			
	Monthly Rates		
	2013	2014	Difference
Cost Per unit	$ 3.37	$ 3.37	$0

Optional Life Insurance In Addition to Basic Life Insurance Provided by Gwinnett County										
Bi-Weekly Premium										
Age Group	$50,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
<25	$2.95	$5.91	$8.86	$11.82	$14.77	$17.72	$20.68	$23.63	$26.58	$29.54
25-29	$2.95	$5.91	$8.86	$11.82	$14.77	$17.72	$20.68	$23.63	$26.58	$29.54
30-34	$2.95	$5.91	$8.86	$11.82	$14.77	$17.72	$20.68	$23.63	$26.58	$29.54
35-39	$3.21	$6.42	$9.62	$12.83	$16.04	$19.25	$22.45	$25.66	$28.87	$32.08
40-44	$3.69	$7.38	$11.08	$14.77	$18.46	$22.15	$25.85	$29.54	$33.23	$36.92
45-49	$5.63	$11.26	$16.89	$22.52	$28.15	$33.78	$39.42	$45.05	$50.68	$56.31
50-54	$9.30	$18.60	$27.90	$37.20	$46.50	$55.80	$65.10	$74.40	$83.70	$93.00
55-59	$14.15	$28.29	$42.44	$56.58	$70.73	$84.88	$99.02	$113.17	$127.32	$141.46
60-64	$23.84	$47.68	$71.52	$95.35	$119.19	$143.03	$166.87	$190.71	$214.55	$238.38
65-69	$26.26	$52.52	$78.78	$105.05	$131.31	$157.57	$183.83	$210.09	$236.35	$262.62
70-74	$46.34	$92.68	$139.02	$185.35	$231.69	$278.03	$324.37	$370.71	$417.05	$463.38
75+	$46.34	$92.68	$139.02	$185.35	$231.69	$278.03	$324.37	$370.71	$417.05	$463.38

Dependent Life Insurance	Bi-Weekly Premium	Monthly Premium
Spouse - $20,000 Child - $10,000	1.56	3.37

Employee Self-Service (ESS) for Active Employees

Benefits elections/changes must be updated through Employee Self-Service (ESS).

Annual Enrollment for 2014 benefit will begin at 8:00am on October 30 and end at 5:00pm on November 8.

Access ESS from a Gwinnett County network computer or from your home computer

1. Go to www.gwinnettcounty.com; click on *Login* in the top right corner of the page
2. Select the green login button under the GC Workplace logo
3. If you are accessing GC Workplace from your home computer, a pop-up box will appear. Enter your network Username and password. Be sure to enter the domain (GC) in front of your username.

Example: gc\mjsmith

Note: The pop-up box may appear twice. If so, re-enter the same Username and password.

Access ESS through GC Workplace

1. Select *Employee Self-Service (ESS)* from the list of options on the left side of the screen
2. Click on *Employee Self-Service (ESS) Login*
3. ESS screen will appear
4. Enter your ESS User ID and eight-character password
5. Click *Log On*

Important information

- Be sure you elect to receive your W-2 electronically while you are in ESS choosing your 2014 benefits.
- ESS works best with Internet Explorer (IE) version 8 or IE version 7
- Disable the pop-up blocker under Tools on the Internet menu
- You must have Adobe® Reader 10.1 (or higher), in order to display/print necessary forms.
- Benefit elections **will not be saved** until you go to the Review and Finish tab in the Benefits Enrollment section and click on *Submit Election* (bottom, left corner of screen).
- Print a Benefits Confirmation Statement after electing your benefits. For the date, enter January 1, 2014, to display your elections for next year.

ESS procedures for active employees

Display leave balances
1. Click *Time*
2. Click *Display*
3. Select the drop-down boxes to select dates and types of leave

Update excess sick leave
1. Click *Time*
2. Click *Excess Sick Leave Option*
3. Choose the option from the drop down box and click *OK*

* Enroll in benefits
1. Click *Benefits*
2. Click *Benefits Enrollment*
3. Click *Enrollment* and then the *Enrollment Reason* (New Hire or Open Enrollment)
4. Detailed instructions with screen prints are listed under the *Guide* tab

Benefits confirmation (Benefits, dependents, and cost)
1. Click *Benefits*
2. Click *Benefits Confirmation Statement*
3. Change date in Key Date to display Benefits coverage as of effective date
4. Click *Print Form* and an Adobe window will display the Confirmation Statement
5. Click *Print Icon* on Adobe window to print the Confirmation Statement

Display benefits
1. Click *Benefits*
2. Click *Participation Overview*
3. Click *Show Participation Details* at the bottom of the screen

Links to benefits forms, summary of documents and vendors' website
1. Click *General Information*
2. Click *Forms and Helpful Links*
3. Click on the vendor name to open the vendor link

Display personal information
1. Click *Personal Information*
2. Select the personal data to display

Display/update your address and emergency contacts
1. Click *Personal Information*
2. Click *Address/Emergency Contacts*
3. Choose the address type and click *Edit*
4. Enter date and click *Review to Save*

* Display/update dependents

1. Click *Benefits*
2. Select *Family Members*
3. Choose the family member to update or add
4. Enter complete data and click *Review to Save*

Display/update life insurance beneficiaries

1. Click *Benefits*
2. Click *Benefits Enrollment*
3. Click *Beneficiary Update* and *Beneficiary tab*
4. Enter the percentage amount and click *Update Beneficiaries*

Display paycheck

1. Click *Payroll*
2. Select *View Your Paycheck*
3. The most recent paycheck will be displayed
4. Click on *Show Overview* to display one or all paychecks

Display/update bank details

1. Click *Payroll Information*
2. Click *Bank Information*
3. Select *Edit* to change your existing main bank account (net amount) or add other bank accounts
4. Enter the bank information and click *Review to Save*

Display/update W-4/G-4 Tax Withholding forms

1. Click *Payroll Information*
2. Click *W-4/ GA Tax Withholding*
3. If updating both, click on *Edit* under Georgia first
4. Make updates, including checking the *Declaration* box
5. Click *Review to Save*

Request a W-2 reprint

1. Click *Payroll Information*
2. Click *W-2 Reprint*
3. Enter the year of W-2 form
4. Choose the Method of Delivery and click *Continue*

*These services are available only

- During new hire enrollment period, annual Open Enrollment, or
- When changes are allowed due to a qualified Life Status Change
  - Valid documentation is required for Life Status Changes

Important information for all Gwinnett County employees and retirees

Please read the following documents carefully

Privacy Notice

Children's Health Insurance Program (CHIP)

Medicare Part D Creditable Coverage Notice

Genetic Information Nondiscrimination Act (GINA)

Mental Health Parity and Addiction Equity Act (MHPAEA)

Women's Health and Cancer Rights Act (WHCRA)

Newborn and Mother's Protection Act

Uniformed Services Employment and Reemployment Rights Act (USERRA)

Privacy Notice

Notice of your health plan's privacy practices

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review this notice carefully.

How Gwinnett County's health plans may use or disclose your health information

The following is a list of the ways that the Gwinnett County Board of Commissioners' Employee Health Benefits Plans may use and/or disclose health information about you. For each category of permitted use and disclosure, an explanation and some examples are provided. Not ever y possible use or disclosure is listed, but any permitted use or disclosure will fall into one of these categories.

1. Payment functions: We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan
2. Health care operations: We may use and disclose health information about you to carry out necessary insurance-related activities. Such activities may include underwriting, premium rating, and other activities relating to plan coverage, conducting quality assessment and improvement activities, submitting claims for stop-loss coverage, conducting or arranging for medical review, legal services, audit services, fraud and abuse detection programs, and business planning, management, and general administration
3. Required by law: As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by discovery, subpoena, or court order in a litigation proceeding which you or another person have commenced
4. Public health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing and controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure
5. Health oversight activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system
6. Judicial and administrative proceedings: We may disclose your health information in the course of any administrative or judicial proceeding
7. Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a subpoena or court order, or for other law enforcement purposes
8. Coroners, medical examiners, and funeral directors: We may disclose your health information to coroners, medical examiners, and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death
9. Organ and tissue donation: We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues, as necessary
10. Public safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

11. National Security: We may disclose your health information for military, national security, prisoner, and government benefits purposes
12. Workers' Compensation: We may disclose your health information as necessary to comply with Workers' Compensation or similar laws
13. Marketing: We may contact you to give you information about health-related benefits and services that may be of interest to you
14. Disclosures to plan sponsors: Insurance carriers may disclose your health information to the employers, as the sponsor of your group health plan, for purposes of administering benefits under the plan

When Gwinnett County's health plan may not use or disclose your health information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Statement of your health information rights

1. Right to request restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. The Plans are not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request, in writing, to your health insurance carrier with a copy mailed to the Gwinnett County Health Plans Manager at Gwinnett County, 75 Langley Drive, Lawrenceville, GA 30046
2. Right to request confidential communications. You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request, in writing, to your health insurance carrier with a copy mailed to the Gwinnett County Health Plans Manager at Gwinnett County, 75 Langley Drive, Lawrenceville, GA 30046
3. Right to Inspect and Copy. You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request, in writing, to your health insurance carrier with a copy mailed to the Gwinnett County Health Plans Manager at Gwinnett County, 75 Langley Drive, Lawrenceville, GA 30046
4. Right to Request Amendment. You have the right to request that the plan amend your health information that you believe is incorrect or in- complete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must submit your request, in writing, to your health insurance carrier with a copy mailed to the Gwinnett County Health Plans Manager at Gwinnett County, 75 Langley Drive, Lawrenceville, GA 30046
5. Right to Accounting of Disclosures. You have the right to receive a list or "accounting of disclosures" of your health information made by us, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request, in writing, to your health insurance carrier with a copy mailed to the Gwinnett County Health Plans Manager at Gwinnett County, 75 Langley Drive, Lawrenceville, GA 30046

Complaints

Complaints about how Gwinnett County handles your health information should be directed to the Department of Human Resources Deputy Director – Department of Human Resources Gwinnett County, 75 Langley Drive, Lawrenceville, GA 30046, who has been designated the Privacy Officer for the plan. The plan will not retaliate against you in any way for filing a complaint. All complaints to the plan must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

Changes

The Plan reserves the right to amend this Notice of Privacy Practices at any time and to make the new notice provisions effective for all health information that it maintains. We will promptly revise our notice and distribute it to you whenever we make material changes to the notice. Until such time, the plan is required to comply with this version of the notice.

Medicaid and the Children's Health Insurance Program (CHIP)

Free or low-cost health coverage to eligible families and children

If you live in one of the following states, you might be eligible for assistance paying your employer health plan premiums. The following contact information is current as of July 31, 2012 (www.dol.gov/ebsa/pdf/chipmodelnotice.pdf). If you think you might be eligible to participate, contact the number for the state in which you reside.

Alabama Medicaid
www.medicaid.alabama.gov
1.800.362.1504

Alaska Medicaid
health.hss.state.ak.us/dpa/programs/medicaid
1.888.318.8890 (Outside of Anchorage)
907.269.6529 (Anchorage)

Arizona CHIP
www.azahcccs.gov/applicants/default.aspx
602.417.5422

Arkansas CHIP
www.arkidsfirst.com
1.888.474.8275

California Medicaid
www.dhcs.ca.gov/pages/TPLRD_CAU_cont.aspx
1.866.298.8443

Colorado Medicaid
www.colorado.gov
1.800.866.3513

Colorado CHIP
www.CHPplus.org
303.866.3243

Florida Medicaid
www.fdhc.state.fl.uslMedicaid/index.shtml
1.866.762.2237

Georgia Medicaid
dch.georgia.gov
Click on Programs, then Medicaid
1.800.869.1150

Idaho Medicaid
www.accesstohealthinsurance.idaho.gov
208.334.5747

Idaho CHIP
www.medicaid.idaho.gov
1.800.926.2588

Indiana Medicaid
www.in.gov/fssa/2408.htm
1.877.438.4479

Iowa Medicaid
www.dhs.state.ia.us/hipp
1.888.346.9562

Kansas Medicaid
www.khpa.ks.gov
1.785.296.3981

Kentucky Medicaid
chfs.ky.gov/dms/default.htm
1.800.635.2570

Louisiana Medicaid
www.dhh.louisiana.gov/offices/?ID=92
1.888.342.0555

Maine Medicaid
www.maine.gov/dhhs/oms
1.800.321.5557

Massachusetts Medicaid and CHIP
www.mass.gov/MassHealth
1.800.462.1120

Minnesota Medicaid
www.dhs.state.mn.us
Click on Health Care, then Medical Assistance
1.800.657.3739

Missouri Medicaid
www.dss.mo.gov/mhdlindex.htm
1.573.751.6944

Montana Medicaid
medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
1.800.694.3084

Nebraska Medicaid
www.dhhs.ne.gov/med/medindex.htm
1.877.255.3092

Nevada Medicaid
dwss.nv.gov
1.800.992.0900

Nevada CHIP
www.nevadacheckup.nv.org
1.877.543.7669

New Hampshire Medicaid
www.dhhs.state.nh.us/IDHHS/MEDICAIDPROGRAM/default.htm
1.800.852.3345 x 5254

New Jersey Medicaid
www.state.nj.us/humanservices/dmahs/clients/medicaid
1.800.356.1561

New Jersey CHIP
www.njfamilycare.org/index.html
1.800.701.0710

New Mexico Medicaid
www.hsd.state.nm.us/mad/index.html
1.888.997.2583

New Mexico CHIP
www.hsd.state.nm.us/mad/index.html
Click on Insure New Mexico
1.888.997.2583

New York Medicaid
www.nyhealth.gov/health_care/medicaid
1.800.541.2831

North Carolina Medicaid
www.nc.gov
1.919.855.4100

North Dakota Medicaid
www.nd.gov/dhs/services/medicalserv/medicaid
1.800.755.2604

Oklahoma Medicaid
www.insureoklahoma.org
1.888.365.3742

Oregon Medicaid
www.oregon.gov/DHS/healthplan/index.shtml
1.800.359.9517

Oregon CHIP
www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml
1.800.35995l7

Pennsylvania Medicaid
www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm
1.800.644.7730

Rhode Island Medicaid
www.dhs.ri.gov
401.462.5300

South Carolina Medicaid
www.scdhhs.gov
1.888.549.0820

Texas Medicaid
www.gethipptexas.com
1.800.440.0493

Utah Medicaid
health.utah.gov/medicaid
1.866.435.7414

Vermont Medicaid
ovha.vermont.gov
1.800.250.8427

Virginia Medicaid
www.famis.org
1.800.432.5924

Virginia CHIP
www.famis.org
1.866.873.2647

Washington Medicaid
ihrsa/sites/DCS/COB/default.aspx
1.800.562.6136

West Virginia Medicaid
www.wvrecover y.com/hipp.htm
304.342.1604

Wisconsin Medicaid
dhs.wisconsin.gov/Medicaid/publications/p-10095.htm
1.800.362.3002

Wyoming Medicaid
www.health.wyo.gov/healthcarefin/index.html
307.777.7531

Call 1.877.KIDS NOW (1.877.543.7669) or visit www.insurekidsnow.gov for more information.

Note: You must request coverage within 60 days of being determined eligible for premium assistance.

To determine whether more states have added a premium assistance program since the publication of this document, on February 16, 2010, or for more information regarding special enrollment rights, you may contact:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
www.cms.hhs.gov
1.877.267.2323 x61565

Medicare Part D Creditable Coverage Notice

Important notice from Gwinnett County Board of Commissioners about your prescription drug coverage and Medicare. Please read this notice carefully and keep it in a place where you will be able to locate it. This notice has information about prescription drug coverage under the 2014 Maximum Choice Plan (BCBSGA HDHP), BlueCross BlueShield POS plan, and Kaiser HMO plan.

Beginning January 1, 2006, Medicare prescription drug coverage was made available to everyone with Medicare. Health plans administering claim services on behalf of the Gwinnett County Board of Commissioners have determined that the prescription drug coverage offered by the Kaiser HMO plan and CVS/Caremark, the prescription drug vendor for the Maximum Choice Plan and the Point of Service plan is on average, for all plan participants, expected to cover/pay as much as standard Medicare prescription drug coverage.

Note: Read this notice carefully. It explains the options you have under Medicare prescription drug coverage.

Because the Gwinnett County prescription drug coverage for the Blue Cross Blue Shield and Kaiser HMO medical programs is, on average, as good as standard Medicare prescription drug coverage, you may keep Gwinnett County health plan coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

If you decide to enroll in a Medicare prescription drug plan, you will not be eligible for Gwinnett County prescription drug coverage through the Gwinnett County Board of Commissioners health plans.

If you drop your Gwinnett County coverage and enroll in a Medicare prescription drug plan, you may not be able to re-enroll in Gwinnett County coverage later. Compare your current coverage, including which specific drugs are covered, with the coverage and cost of plans offering Medicare prescription drug benefits.

You should also know that if you drop or lose your coverage with Gwinnett County and fail to enroll in Medicare prescription drug coverage when your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage at a later date.

Note: You may receive this notice at other times in the future. You may also request a copy from the Gwinnett County Department of Human Resources.

Genetic Information Nondiscrimination Act of 2008 (GINA)

The *Genetic Information Non-Discrimination Act (GINA)*, effective November 21,2009, prohibits discrimination on the basis of genetic information. The law states that it is illegal for health insurers to deny coverage or charge higher insurance premiums to an individual found to have a genetic predisposition toward a disease or disorder. The law also makes it illegal for employers to consider an employee's genetic information when making hiring, firing, placement, or promotion decisions.

GINA:

- Prohibits access to individual genetic information by insurance companies making enrollment decisions and employ making hiring decisions
- Prohibits insurance companies from discriminating against an applicant for health insurance based on genetic information the refusal to produce genetic information, and/or for having been genetically tested in the past
- Prohibits insurance companies or employers from requesting that applicants for health insurance benefits be genetically tested
- Prohibit employers from collecting genetic information

Genetic information cannot be requested, required, or purchased for underwriting purposes or to be used in determining eligibility for enrollment in a health insurance plan. Genetic information cannot be used to adjust premiums or to determine employer contributions for health insurance benefits.

Health plans are allowed to request and use genetic testing results when the information is necessary to make claim payment determinations. When that is the case, only the minimum necessary information can be requested and/or used by the health plan.

Mental Health Parity and Addiction Equity Act (MHPAEA)

Effective for Gwinnett County Health Plans: January 1, 2010. Continuing Application for Gwinnett County Health Plans as of January 1, 2014.

The *Mental Health Parity and Addiction Equity Act* of 2008 states that, with some exceptions,* a group health plan that provides mental health and/or substance abuse benefits may not place special limitations on benefits related to mental health treatment or substance use disorders.

The MHPAEA states that:

- Treatment limits, such as number of days or services allowable, cannot be more restrictive than the most common or frequent limitations applied to medical and surgical benefits provided by the plan
- Cost-sharing features of the plan, including deductibles, co-pays, coinsurance, and out-of-pocket expenses, cannot be more restrictive regarding mental health and/or substance abuse benefits than the most common or frequent cost sharing features applied to medical and surgical benefits provided by the plan
- If a plan offers out-of-network benefits for medical and surgical services, out-of-network benefits must also be offered for mental health and/or substance abuse disorders

**A plan may not be required to comply with the requirements of the MHPAEA if the plan complies for the first six months of a plan year, and the increase in the plan's cost exceeds 2 percent of plan's costs for the first year, or1 percent in subsequent years.*

The self-funded health plans offered by the Gwinnett County Board of Commissioners will continue to comply with the terms of the MHPAEA.

Women's Health and Cancer Rights Act

Although this is already a covered benefit for Gwinnett County employees and their families who are covered under the medical plan, we are required by the *Women's Health and Cancer Rights Act of 1998*, to specifically inform you that the following services are covered under the medical plan, following a mastectomy and when determined necessary by the physician and the patient.

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of any physical complications resulting from the mastectomy including lymphedemas

Benefits for the above services are still subject to the same general provisions that apply to other services covered under the plan. For example: Contracted vs. non-contracted, in-network and out-of-network providers, and referrals/ authorizations.

Newborns and Mother's Protection Act

The *Newborns' and Mothers' Health Protection Act of 1996*, also known as the Newborns' Act, requires plans that offer maternity coverage to pay for at least a 48-hour hospital stay following childbirth or a 96-hour stay in the case of a cesarean section.

The *Newborns' Act* and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However; the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother; to discharge the mother or newborn child earlier.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. **[Optional language if employer applies FMLA-like continuation of health coverage to USERRA leave:** If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.]

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, **[Optional language if employer applies FMLA-like continuation of health coverage to USERRA leave: or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began,]** you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **[insert "30 days" or any longer period that applies under the plan]** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **[insert "30 days" or any longer period that applies under the plan]** after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

Contact Information

Gwinnett County Human Resources Contact Information

Vendor Contact Information

Department of Human Resources

75 Langley Drive • Lawrenceville, GA 30046
Monday – Friday • 8:00am – 5:00pm

Contact Information			
Human Resources			
Department of Human Resources	770.822.7915		
Department of Human Resources - Benefits Fax Number	770.822.7775		
Benefits Division			
Debbi Davidson	Division Director Benefits & Retirement Plans	770.822.7956	debbi.davidson@gwinnettcountycom
Nancy Purves	Health Plans Manager	770.822.7950	nancypurves@gwinnettcounty.com
Shirley Richardson	Benefits Specialist, Wellness Coordinator	770.822.7905	shirleyrichardson@gwinnettcountycom
Kathy Martin	Benefits IT Liaison	770.822.7912	kathy.martin@gwinnettcounty.com
Sandi Barber	HR Associate II	770.822.7932	sandi.barber@gwinnettcountycom
Megan Butler	HR Associate II	770.822.7936	Megan.butler@gwinnettcounty.com
Retirement			
Debbi Davidson	Division Director Benefits & Retirement Plans	770.822.7956	debbi.davidson@gwinnettcountycom
Sue Rooks	Benefits Specialist/ Retirement Plans	770.822.7913	sue.rooks@gwinnettcountycom
Megan Ward	Benefits Specialist/ Retirement Plans	770.822.7916	megan.ward@gwinnettcounty.com
Fred Minot	Great West Representative	770.822.7874	GreatWestRep@gwinnettcounty.com
Life and Disability			
Dawn Jones	Benefits Specialist/ Disability, Life, and WC	770.822.7780	dawn.jones@gwinnettcountycom

Vendor Contact Information

Plan Type	Company	Group Number	Address	Customer Service Number	Website
BlueCross BlueShield Point of Service (POS) Plan	BlueCross BlueShield of Georgia	1040463	P.O. Box 105370 Atlanta, GA 30348-5370	1.855.397.9269	www.bcbsga.com
Maximum Choice BCBS HDHP Plan	BlueCross BlueShield of Georgia	GA7524	P.O. Box 105370 Atlanta, GA 30348-5370	1.855.402.9637	www.bcbsga.com
Kaiser Permanente	Kaiser Permanente	9284	Nine Piedmont Center Building 10, 3rd floor 3495 Piedmont Road NE Atlanta, GA 30305-1736	404.261.2590 1.888.865.5813	www.kp.org
Health Savings Account	BNY Mellon	GCBC12	500 Plaza, 9th Floor Secaucus, NJ 07096	1.866.686.4798	www.mybenefitwallet.com
Flexible Spending Accounts	P&A Group	N/A	17 Court St. Suite 500 Buffalo, NY 14202	1.800.688.2611	www.padmin.com
Cigna Dental PPO Plans	Cigna Dental	3212404	Cigna Dental P.O. Box 188037 Chattanooga, TN 37422-8037	1.800.244.6224	www.cigna.com
Cigna Dental HMO Plan	Cigna Dental	10141213	NA - no claims filed for HMO	1.800.244.6224	www.cigna.com
Caremark Pre-scription Drug Plan – Retail	CVS/Caremark	POS: 4830 HDHP: 4829	N/A	1.866.260.4646	www.caremark.com
Caremark Prescription Drug Plan – Mail Order	CVS/Caremark	POS: 4830 HDHP: 4829	P.O. Box 94467 Palatine, IL 60094-4467	1.866.260.4646	www.caremark.com
Vision Plans	VISION Service Plan (VSP)	12-320640	Out of Network Claims Only P.O. Box 997105 Sacramento, CA 95899	1.800.877.7195	www.vsp.com
Short-Term Disability, Long-Term Disability	The Hartford	402291	P.O. Box 14297 Lexington, KY 40512-4297	1.800.445.9057	www.thehartfordatwork.com
Life Insurance: Basic, Optional, Dependent	The Hartford	402291	P.O. Box 14297 Lexington, KY 40512-4297	1.888.563.1124	www.thehartfordatwork.com
Supplemental Universal Life, Critical Illness, Accident	Allstate		1776 American Heritage Life Drive Jacksonville, FL 32224-6687	1.866.828.8501	www.allstateatwork.com

gwinnettcounty
Department of **Human Resources**
75 Langley Drive
Lawrenceville, GA 30046
www.**gwinnettcounty**.com