

# 2023 EMPLOYEE BENEFITS GUIDE



**SANDY SPRINGS™**

**GEORGIA**



For the plan year: January 1, 2023 through December 31, 2023

1 Galambos Way ■ Sandy Springs, Georgia 30328 ■ 770-730-5600 ■ 770-206-1452 (fax) ■ [www.SandySpringsGA.gov](http://www.SandySpringsGA.gov)

This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions please contact the carrier or Relation Insurance Services.

# WELCOME



## SANDY SPRINGS

CITY MANAGER'S OFFICE

Dear City of Sandy Springs Employees:

Physical, mental, and financial health is fundamental to overall well-being. At the City of Sandy Springs, our goal is to provide you and your families with a comprehensive benefits program that meets the diverse needs of the workforce. To assist with making informed decisions about coverages for you and your family, I am pleased to share with you the 2023 Employee Benefits Guide.

The cost of health insurance premiums continues to rise steadily across the country and Sandy Springs is not immune. Compared to last year's plan, the City experienced an 8% increase in medical premiums and a 3% increase in dental premiums. In reviewing our benefits program, we considered both the quality of healthcare and the affordability of employee premium contributions. Earlier this year, after careful negotiations with the City's providers, we successfully reduced the cost of office visit copays for those of you enrolled in the Point of Service option by 50%. I am pleased to announce that we are maintaining these lower copays into the new year. In addition, with the support of Mayor and City Council, we were able to absorb the increase in medical and dental premiums to continue providing the same health benefits without passing any increased cost to employees, ensuring no change in amounts deducted from your paycheck. The City is dedicated to the well-being of employees and believes this guide is the first step to keep you and your families well and prepare you for a secure future.

Open enrollment is your opportunity to reassess which benefit plans work best for you and your dependents. I encourage you to review the guide carefully, ask questions about plan options, and make informed decisions that benefit you and your family. If you need assistance making benefit choices for the upcoming year, please contact Human Resources at 770-206-1461 or 770-206-1466. Additional resources, including contact information for our benefit plan partners, can be found on the back of this guide.

Thank you for your dedication and the invaluable service you provide to Sandy Springs' citizens and visitors. I am proud to serve our community with you.

Sincerely,

Edén E. Freeman  
City Manager

1 Galambos Way, Sandy Springs, Georgia 30328 • 770-730-5600 • [SandySpringsGA.gov](http://SandySpringsGA.gov)

## CONTENTS

Benefit Costs and EAP Information . . . . .	1	Flexible Spending Accounts . . . . .	19
Benefit Eligibility and Changes. . . . .	2	Disability and Basic Life . . . . .	20
Benefit Enrollment . . . . .	3	Voluntary Life . . . . .	21-22
Medical Benefits . . . . .	4-11	Retirement . . . . .	23
Preventive Care Service . . . . .	12	Aflac . . . . .	24
Cigna Cost Savings Tips. . . . .	13-15	Notices. . . . .	25-28
Tobacco Free Incentive. . . . .	16	Notes . . . . .	29
Dental . . . . .	17	Important Contact Information . . . . .	Back Cover
Vision . . . . .	18		



# BENEFIT COSTS



## Benefit Costs (per pay period)

	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical (POS)	\$77.82*	\$168.35**	\$152.31**	\$240.49**
Medical (HSA)	\$24.36*	\$51.17**	\$46.30**	\$73.09**
Dental (High)	\$7.35	\$14.64	\$16.52	\$25.38
Dental (Low)	\$5.90	\$11.71	\$13.20	\$20.30
Vision	\$2.64	\$6.74	\$6.74	\$6.74
Base Life Insurance and AD&D	Free	N/A	N/A	N/A
Disability	Free	N/A	N/A	N/A

\* Employees who use tobacco pay an additional \$37.50 per pay period above the rates in the chart.

\*\* Employees will pay an additional \$60 per pay period if they or their dependents use tobacco.

### Employee Assistance Program

WE OFFER TWO GREAT SERVICE PROVIDERS TO ASSIST YOU!!

One Source Counseling and Employee Assistance Program (EAP) offers support, guidance and resources that can help you resolve personal issues and meet life's challenges. This service is provided at no additional cost to you by the City of Sandy Springs.

The EAP can help you with:

- Alcohol and drug abuse
- Life improvement
- Difficulties in relationships
- Stress/anxiety with work or family
- Depression
- Personal achievement
- Emotional well-being
- Grief and loss
- Critical Incident Stress Management

The program is available 24 hours a day, every day, to you and members of your household. You'll receive up to six confidential face-to-face counseling sessions per issue.

Call OneSource 24/7/365 at 770-683-1327

Employees may utilize the services provided through Health Advocate Employee Assistance Program (EAP) which offers support, guidance (three visits) and Work/Life Services and referrals for important issues such as:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online Wills & Legal forms

Health Advocate EAP is always ready to assist you.

#### Confidential Advice

Your calls and all counseling services are completely confidential. Health Advocate EAP is always ready to assist you 24 hours a day, 365 days a year.

Call 888-293-6948 or visit

[www.HealthAdvocate.com/standard3](http://www.HealthAdvocate.com/standard3)

Important note for employees who have a login for the previous EAP site - the new site experience may require that you re-register.

# BENEFIT ELIGIBILITY AND CHANGES

The City of Sandy Springs provides a comprehensive employee benefit program to all full-time employees. Employees are eligible for coverage on the first day of the month following their date of hire.

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.

You can enroll the following dependents in our group benefits plan:

- Your legal spouse
- Children under age 26
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided).

Many employees have other dependents living with them who are not eligible for our benefit plan.



Dependents NOT eligible to be added to your benefit plans:

- Grandchildren, nieces, nephews or other children that do not meet specifications listed to the left
- Common law spouses or domestic partners (same or opposite sex)
- Ex-spouses
- Parents, step-parents, grandparents, aunts, uncles, or other relatives that are not qualified legal dependents (even if they live in your house)

Benefit deductions are withheld from your paycheck on a pre-tax basis and your ability to make changes to these benefits is restricted by the IRS. Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying Life Status Change.



Open Enrollment generally occurs in October with plan changes effective each plan year from **January 1** through **December 31** of the following year.

To make changes to your benefits as a result of your Life Event or Status Change, as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days of the date of the qualifying event
- Provide proof of your life status event, and
- Complete and submit your enrollment form.

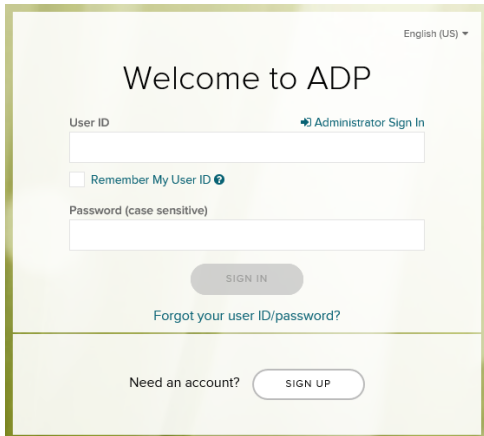


## The Most Common Life Status Changes

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order

# BENEFIT ENROLLMENT

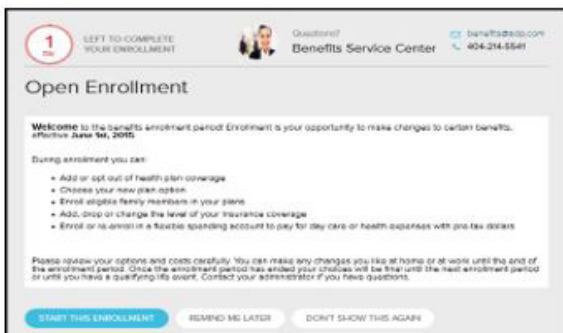
## 1. Log In to ADP



## 2. Enter your User ID and Password. Click SIGN IN.

After you log in, use the Enrollments page to **START THIS ENROLLMENT** make your Open Enrollment selections.

Note: Information or activity notification pages may display. Please respond as needed to continue.



## 3. After reviewing all plans and making your selections, click Review & Complete.



## 4. Then do one of the following:

- Click Return to Choose Plan to make changes now.
- Click Finish Later to make changes later.
- Click **Complete Enrollment** to finish your enrollment.



## If you are Enrolling in the HSA Medical Plan for the First Time, the Following HSA Bank Process Will Take Place:

- Employee enrolls in the HSA medical plan during their employer's open enrollment.
- Cigna receives the medical eligibility information and sends it electronically to The HSA Bank.
- Cigna sends out the debit card to the customer.
- Then HSA Bank automatically opens the accounts and sends out the welcome kit and checks to the customer.
- HSA Bank may reach out to you, via mail, for additional information required to open your account. Please respond promptly, to avoid a delay in opening your account, by calling 800-357-6246. A copy of your driver's license or SSN card may be required.
- Employee signs and returns the signature card to HSA Bank to accept the banking terms and conditions.

# MEDICAL BENEFITS

The City of Sandy Springs offers two health plan options through Cigna, our Point of Service (POS) option and our High-Deductible Plan with a Health Savings Account (HSA).

## POS Plan

The POS option works like a traditional health plan. The City has successfully negotiated a lowering of the Primary Care and Specialist Co-pays on the POS High plan. Your cost for a Primary Care visit will go from a \$40 copay to \$20 copay, and your cost for a Specialist visit will change from an \$80 copay to \$40 copay. These changes will go into effect on May 1st, 2022. Certain other services are covered at 90% after the deductible is reached. Out-of-network services are subject to a higher deductible, cost more, and you may have to file your benefit claims yourself or pay for services and wait for reimbursement from Cigna.

## HSA Plan

The HSA option is a high-deductible health insurance plan ideal for employees who:

- Prefer to pay lower premiums
- Want to save money for future health care expenses and post-retirement medical costs
- Like to control how their money is spent
- Want all covered medical expenses to apply towards the deductible

### HSA Focus on Wellness

	Plan Members Cost
Annual Physical	Free
Well Child Care	Free
Immunizations	Free
Mammograms/Pap/Prostate	Free

*\*Contact Cigna for specific guidelines on preventive care*

HSA plan participants have the added benefit of a HSA funded by the City. The City contributes between \$750 and \$2,000 to the HSA to be applied to qualifying medical expenses. Employees have the option of making additional pre-tax contributions to their HSA to use now or as savings towards future medical expenses.

[myCigna.com](https://myCigna.com)

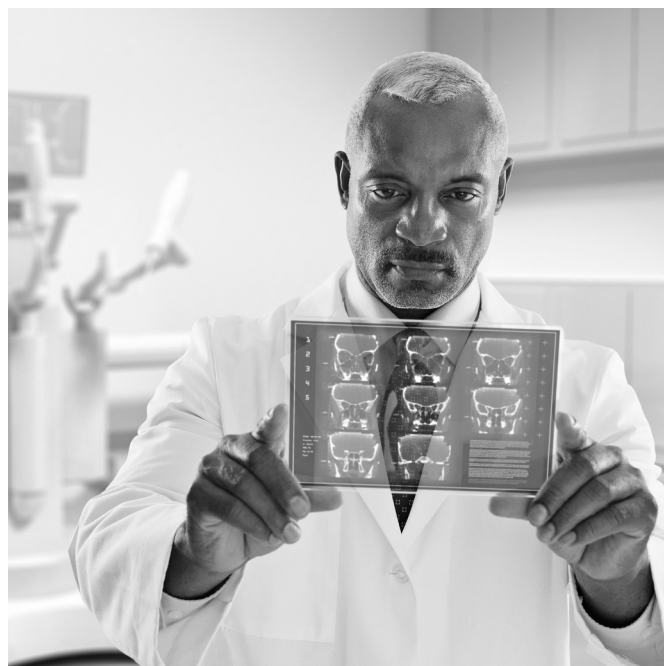
**Register today. It's this easy:**



1. Go to [myCigna.com](https://myCigna.com) and select "Register."
2. Enter your personal details like name, address and date of birth.
3. Confirm your identity with secure information like your Cigna ID, social security number or a security question. This will make sure only you can access your information.
4. Create a user ID and password.
5. Review and submit.

**Now you're ready to log in to your personal, secure myCigna.com site. See how the site has been redesigned with you in mind, making it easy to navigate and find what you need:**

- Manage and track claims
- Find doctors and medical services
- Manage and track your health information
- See cost estimates for medical procedures
- Compare quality of care ratings for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Print ID cards





# HSA FREQUENTLY ASKED QUESTIONS

## Money in your HSA is YOURS

Money left in your HSA rolls over each year and accumulates interest to help you save for future medical expenses. Your HSA fund is portable should you terminate employment with the City or choose to move to a traditional plan in the future. Employees age 55 and older can contribute an additional \$1,000 per year. This can be made any time during the year in which the HSA participant turns 55.

## City Contributions to Employee Health Savings Accounts

The City makes prorated contributions to employees' Health Savings Accounts each pay period to help pay for qualified medical expenses that apply towards the plan deductible.



City Contribution to Your HSA	
Employee Only	\$28.85 per pay period, or \$750 annually
Employee + Spouse or Child(ren)	\$67.31 per pay period, or \$1,750 annually
Family	\$76.92 per pay period, or \$2,000 annually

	Combined Contribution Limit	City's Contribution	Employee's Maximum Contribution
Employee Only	\$3,850	\$750	\$3,100
Employee + Spouse or Child(ren)	\$7,750	\$1,750	\$6,000
Family	\$7,750	\$2,000	\$5,750

*\*Age 55+ can contribute an additional \$1,000 per year*

## Using My Health Savings Account

Employees can access funds in their HSA using a convenient debit card at the point-of-purchase. For more information about HSA plans, consult a tax advisor and visit any of the following websites:

- [www.ustreas.gov](http://www.ustreas.gov)
- [www.irs.gov](http://www.irs.gov)

## What will I receive once I have made my election?

Your debit card and your Cigna ID card will each be mailed to your home separately. If you are new to the HSA, HSA Bank will send a welcome kit to your home 7-10 business days after notification of your enrollment.

## How do I make deposits to my account?

Deposits to your HSA can be made through pre-tax payroll deductions or as an initial lump sum deposit at enrollment. You can change your payroll deductions for the HSA during the year. You can also make post-tax contributions and deduct them from your income when you file your taxes. Combined employee/employer contributions cannot exceed \$3,850 for individuals or \$7,750 for families. Anyone over age 55 can add an additional \$1,000 for catch-up contributions.

## Who verifies that my HSA was used for qualified expenses?

Save your receipts — in the event of an IRS audit, you are responsible for providing documentation to the IRS.

## Can I have an HSA and an FSA?

Yes, we offer a limited purpose medical flexible spending account that covers qualified expenses such as dental, vision, and certain other medical expenses not covered by the HSA plan.

## Do doctors require payment at the time of service?

Most network physicians will bill Cigna first and then bill you for your adjusted costs.



## Can I change my contribution to the HSA during the year?

Yes, simply tell HR that you wish to change your withholding for that pay period.

## How do I order another debit card?

Contact Cigna 1-866-494-2111 or visit [mycigna.com](http://mycigna.com).

## What happens to my HSA if I never withdraw funds, change jobs, or retire?

Funds in your HSA are yours, even if you change employers or retire. The less that you spend on current medical expenses, the more that stays in your account accumulating interest. Under IRS guidelines, HSAs are treated like IRAs. HSA funds are never taxed or penalized if they are used for qualified medical expenses. Funds can be withdrawn for any reason, without penalty once you reach age 65.

## What expenses are counted towards my deductible?

Only medical expenses covered by your medical plan apply towards your deductible. However, HSA funds used for qualified medical expenses not covered under your medical plan (for example, orthodontia) will not count towards your health plan deductible.

## Can I pay for services that cost more than my HSA balance?

No, your HSA balance must be sufficient to cover the expense before funds are withdrawn, or you must wait until you have enough money in the account and then submit the expense for reimbursement.

# CIGNA- POS PLAN HIGHLIGHTS

	POS IN-NETWORK	POS OUT-OF-NETWORK
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Calendar Year Deductible</b> (The POS Plan has an embedded deductible. Each family member only needs to reach their individual deductible of \$3,500, after which coinsurance would apply.)	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
<b>Out-of-Pocket Maximum</b> (Includes Deductible and Co-pays)	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family
<b>Doctor Office Charges</b>		
• Primary Care	\$20 Copay	70% After Deductible
• Specialist	\$40 Copay	70% After Deductible
• Cigna Virtual Care	\$20 Copay	Not Covered
<b>Maternity</b>		
• Office Visits	\$20 / \$40 Copay (first visit only)	60% After Deductible
• Hospital Delivery Charges	90% After Deductible	60% After Deductible
<b>Preventive</b>		
• Annual Physical (Adult)	Covered at 100%	70% After Deductible
• Well Child Care	Covered at 100%	70% No Deductible
<b>Inpatient Hospital</b>	90% After Deductible	60% After Deductible
<b>Outpatient Hospital</b>	90% After Deductible	60% After Deductible
<b>Advanced Imaging</b>	100% After Office Visit Copay	60% After Deductible
<b>Emergency Room</b> (waived if admitted)	90% After Deductible	90% After Deductible
<b>Urgent Care</b>	90% After Deductible	90% After Deductible
<b>Mental, Nervous, and Substance Abuse</b>		
• Inpatient	90% After Deductible	60% After Deductible
• Outpatient	\$40 Copay	70% After Deductible
<b>Physical Therapy</b>		
• Chiropractic (25 visits/year)	\$40 Copay	70% After Deductible
• Physical Therapy (30 visits/year)	\$40 Copay	70% After Deductible
• Occupational, Hearing, Speech (20 visits/year)	\$40 Copay	70% After Deductible
<b>Durable Medical Equipment</b>	90% After Deductible	60% After Deductible
<b>Home Health Care</b> (60 visits/year)	90% After Deductible	60% After Deductible
<b>Prescription Drug</b>		
• Retail	30 day supply \$10 / \$50 / \$70 90 day supply \$30 / \$150 / \$210	Same as in-network coverage
• Mail Order (90-day supply)	\$30 / \$150 / \$210	Same as in-network coverage



# CIGNA- HSA PLAN HIGHLIGHTS

	HSA IN-NETWORK	HSA OUT-OF-NETWORK
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Calendar Year Deductible</b> (The HDHP Plan has a non-embedded deductible. The entire family deductible can be met by either one family member or multiple family members. The family deductible must be met in its entirety prior to coinsurance applying to any family members.)	\$2,500 Individual \$5,000 Family	\$7,500 Individual \$15,000 Family
<b>Out-of-Pocket Maximum</b> (Includes Deductible and Copays)	\$3,500 Individual \$6,550 Family	\$15,000 Individual \$19,650 Family
<b>Doctor Office Charges</b>		
• Primary Care	90% After Deductible	70% After Deductible
• Specialist	90% After Deductible	70% After Deductible
• Cigna Virtual Care	\$59 Fee	Not Covered
<b>Maternity</b>		
• Office Visits	90% After Deductible	70% After Deductible
• Hospital Delivery Charges	90% After Deductible	70% After Deductible
<b>Preventive</b>		
• Annual Physical (Adult)	100% No Deductible	70% After Deductible
• Well Child Care	100% No Deductible	70% No Deductible
<b>Inpatient Hospital</b>	90% After Deductible	70% After Deductible
<b>Outpatient Hospital</b>	90% After Deductible	70% After Deductible
<b>Advanced Imaging</b>	90% After Deductible	70% After Deductible
<b>Emergency Room</b> (waived if admitted)	90% After Deductible	90% After Deductible
<b>Urgent Care</b>	90% After Deductible	90% After Deductible
<b>Mental, Nervous, and Substance Abuse</b>		
• Inpatient	90% After Deductible	70% After Deductible
• Outpatient	90% After Deductible	70% After Deductible
<b>Physical Therapy</b>		
• Chiropractic (25 visits/year)	90% After Deductible	70% After Deductible
• Physical Therapy (30 visits/year)	90% After Deductible	70% After Deductible
• Occupational, Hearing, Speech (20 visits/year)	90% After Deductible	70% After Deductible
<b>Durable Medical Equipment</b>	90% After Deductible	70% After Deductible
<b>Home Health Care</b> (60 visits/year)	90% After Deductible	70% After Deductible
<b>Prescription Drug</b>		
<b>Retail</b> (Select Preventive Generics at No Cost Prior to Deductible)	Subject to Deductible 30 day supply \$10 / \$50 / \$70 90 day supply \$30 / \$150 / \$210	Same as in-network coverage
Mail Order (90-day supply)	\$30 / \$150 / \$210	Same as in-network coverage

# CIGNA MEMBER BENEFITS

## MotivateMe

*MotivateMe* can help improve the health and productivity of Employees who are enrolled in either the POS & HSA plans and allow you to be eligible for the following rewards when you schedule your annual Preventive Care exam with your PCP or OB/GYN, complete the Online Health Assessment, complete a Self-Reported Wellness Activity, participate in the Omada Diabetes Prevention Program, complete Online Coaching, or participate in the Employer Fitness Challenge to a maximum of \$150.

**Preventive exam or OB/GYN exam Reward = \$50**  
**Online Health Assessment Reward = \$25**  
**Self Reported Wellness Activity = \$50**

**Omada - Diabetes Prevention Program = \$25**  
**Online coaching- My Health Assistant = \$25**  
**Employer Fitness Challenge = \$25**

Rewards will be in the form of a Gift Card. Cards will be ordered and supplied from Hallmark from a variety of vendors including: Amazon, Amc Theaters, Barnes and Noble, Chili's CVS, Longhorn, Outback and Whole Foods.

The screenshot shows the 'Incentive Awards' page on the myCigna.com mobile site. At the top, there's a summary of gift card balances: 'Total Dollars for Gift Cards' with 'EARNED \$75', 'REDEEMED \$75', and 'REMAINING \$0'. Below this, there's a 'PROGRAM PERIOD' dropdown set to 'Current'. A message states: 'If you think you might be unable to meet a standard for a reward under this wellness program, or if you have a disability that prevents you from doing so, you might qualify for an opportunity to earn the same reward by different means. For more info, contact us at 866-494-2111.' There are 'OVERVIEW' and 'GOALS' tabs. The main content area shows 'Earn \$75 toward your 2020 awards' and 'Your MotivateMe® program is designed using specific goals that reward you for healthy actions you take.' Two cards are visible: 'My Family Maximum' with a 'MotivateMe Core Goals' of '\$75 Gift Card' and 'View Awards Earned by Family' with a 'MotivateMe Core Goals' of '\$0 Gift Card'. A sidebar on the right has a 'NEED HELP' section with 'Email Customer Service' and 'For help finding something on the site please call 1-800-853-2713' and 'For help with plan and coverage information please call 1-866-494-2111'. Below that is a 'RELATED LINKS' section with 'Submit Completed Form(s) Electronically', 'Wellness Screening Form', and 'Outcome-Based Physician Recommended Alternative/Waiver Form'. A 'Talk with us' button is at the bottom right of the sidebar.

**myCigna.com mobile site and myCigna app deliver health information on the go!**

- All customers can access myCigna.com via mobile device using internet browser
- myCigna mobile app available on the App Store and Google Play

## Omada- Diabetes Prevention Program

Omada is a digital lifestyle program that inspires healthy habits through technology and support programs. The goal is to help you accomplish the changes that matter most in the areas of eating, activity, stress, and sleep. The program is available at no additional cost if you or your covered adult dependents are enrolled in the company medical plan offered through Cigna, are at risk for diabetes or heart disease, and are accepted into the program.

Omada features:

- **Interactive program** to guide your journey
- **Wireless smart scale** to monitor your progress
- **Weekly online lessons** to empower you
- **Professional Omada health coach** for added support
- **Small online peer group** to keep you engaged

To see if you are eligible for the program log in to-myCigna/Wellness/health topics & resources/ Chronic Conditions: Prevention & Management/Diabetes

## Active&Fit Direct Program

As a Cigna Customer, you have access to discounts on health programs through Cigna Healthy Rewards program. Cigna members and any dependents over the age of 18 are eligible to join the Active & Fit gym membership network. Start by logging in to myCigna.com> Wellness> Exercise> Healthy Rewards> Gym Memberships & Digital Workouts. Memberships are \$25 per month (plus a \$25 enrollment fee) which allows you access to multiple local gyms in the Active & Fit network. You have access to standard fitness centers for just \$25 and/or premium exercise studios with 20-70% discounts plus access to digital workout videos.

The advertisement for the Active&Fit Direct Program features a purple background with a blue circle containing '\$25 per month' and the text 'Gym or Home: We Have You Covered'. Below the ad, there are logos for various fitness centers and studios, including 11,000+ Standard Fitness Centers and 4,500+ Premium Exercise Studios.

# CIGNA MEMBER BENEFITS

## RecoveryOne Physical Therapy

You have access to RecoveryOne for Cigna, an online physical therapy program that's included in your health plan benefits. There's no added cost to you or your covered dependents (ages 18+) to use it.

### With RecoveryOne for Cigna, you get:

- Online PT you can do when you want, from the comfort and safety of your home
- Customized recovery plans to meet your needs
- A multimedia app that guides you through your exercises
- Video, voice, and chat conversations with your support team
- Weekly check-ins with a certified health coach to help keep you on track

Get started at [startptonline.com](http://startptonline.com)



## Ginger

Integrated mental healthcare services are available to Cigna Members through the Ginger Emotional Support App. Members receive 30 days of unlimited behavioral health coaching.

What do Cigna Members get with the Ginger App?

- **Text-based emotional support coaching:** members can chat with a coach right away or schedule an appointment for a more convenient time. Ginger coaches are available anytime, 24 hours a day, 7 days a week, 365 days a year.
- **Skill-building activities:** activity cards are clinically-validated exercises that help you practice life skills like managing anxiety and reducing stress. The personalized, interactive content is accessible anytime in the app and supports the work members may do during sessions with a coach.
- **Check-ins and progress:** a check-in is where you answer a few multiple choice questions about how you've been feeling. Members will see a can use the dashboard to track progress over time and adjust the care plan summary of their results in their personal dashboard. The member care team can use the dashboard to track progress over time and adjust the care plan.



## Talkspace

Talkspace is a digital space for private and convenient mental health support. With Talkspace, you can choose a dedicated therapist and/or prescriber from a list of recommended, licensed providers and receive support day and night from the convenience of your device (iOS, Android, and Web).

### How it works

Our members can begin to exchange unlimited messages (text, voice, and video) with their personal therapist immediately after registration. Therapists engage daily, five days per week, which often includes weekends. Every Talkspace member is granted a complimentary, 10-minute video session to get to know their new provider. Members can also meet with prescribers for evaluation and medication support. Video appointments take place within 7 days.

You will continue to work with the same therapist throughout your journey. However, you're always welcome to switch providers so you can find the perfect fit. Talkspace's clinical network features thousands of licensed, insured, and verified clinical professionals with specialties ranging from behavioral to emotional and wellness needs, including:

- Stress
- Anxiety
- Depression
- Relationships
- Healthy Living
- Trauma & Grief
- Eating Disorders
- Substance Use
- Sleep
- Identity Struggles
- Chronic Issues
- And More

### Ready to get started

Visit [talkspace.com/cigna](http://talkspace.com/cigna), complete our QuickMatch™ survey, review your best matches and choose your personal provider.

## LegalShield

Legal Shield provides affordable legal and identity theft protection. A legal service plan can help with all sorts of planned and unplanned legal issues. Identity theft affects millions of Americans each year.

Legal Shield requires all of its enrollees to register for their services through their website:

[www.legalshield.com/info/sandyspringscity](http://www.legalshield.com/info/sandyspringscity)

Upon registration (rates are on the website), HR will be notified of your selections and your paycheck deductions will be adjusted, to match your updated premiums, accordingly.





# CIGNA MEMBER BENEFITS

## Self-Service Digital Tools via MyCigna.com

### PREVAIL

A digital therapeutics program designed by experienced health care providers, to help employees take control of the stresses of everyday life. It's loaded with interactive video lessons and one-on-one coaching to help with depression and anxiety.

### HAPPIFY

A self-directed program with activities, science-based games and guided meditations. These are designed to help employees reduce stress and anxiety, gain confidence, defeat negative thoughts and boost overall health and performance.

## Cigna Healthy Rewards Discounts

Get discounts on the health products and programs you use every day, for:



### Fitness club memberships

Low-cost Fitness Center Memberships Choose from 10,000+ fitness centers nationwide for \$25/month (plus a \$25 enrollment fee and applicable taxes). Participating clubs are part of American Specialty Health Networks and this offer includes access to over 800 virtual workouts.



### Virtual Workouts

Over 1,006 virtual workout can be streamed to the device of your choice for a reduced month subscription rate from Daily Burn.



### Yoga, Fitness and Wellness Products

Reduced pricing for Gaiam® yoga mats and fitness accessories, instructional yoga and digital DVDs.



### Wearable Fitness Devices

GARMIN offers several wearables and a scale featured durability and long battery life at a discount.



### Hearing Exams and Hearing Aids

We have partnered with Amplifon Hearing Health Care. You'll have access to custom hearing solutions – over 2,800 products, a 60-day risk-free trial, 1 year of free follow-up care, 2 years of batteries and a 3 year warranty.



### Complementary and alternative medicine

Reduced rates from over 46,000 participating providers including acupuncturists, chiropractors, massage therapists, physical and occupational therapists, podiatrists and registered dieticians.



### Nutritional Home Delivery Meal Service

Mom's Meals are refrigerated meals that can be purchased for you or a loved one tailored to health needs (wellness, diabetic friendly, heart healthy, etc.) with free shipping.



### Eyeglasses

Reduced rates at nearly 26,000 participating retailers and providers.4 Discounts on eyeglasses prescription sunglasses and vision exams.



### Laser Vision Correction (LASIK)

Reduced rates at over 600 participating facilities.

# CIGNA MEMBER BENEFITS

## Look for the Cigna Care Designation.

Choosing the right doctor is a big decision – one where you might want a doctor you can trust with your health – and you can afford. The Cigna Care Designation is one decision-making tool you can use to choose a doctor. We check their education and board certifications. We also check to see if the quality of their care has earned recognition from within the medical industry.

### What does the Cigna Care Designation mean?



Before we award a doctor the Cigna Care Designation, we do a lot of fact-finding. Doctors in 21 different medical specialties are assessed for quality and cost efficiency, since quality care doesn't have to mean higher costs. Whenever you use our myCigna online directory to find a doctor, you'll see top-performing doctors are shown with the Cigna Care Designation symbol. This gives you an unbiased evaluation of quality and cost that you can trust.

### Get help choosing a hospital, too.



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



## Cigna Virtual Care

### Register with the Vendor (MDlive) at myCigna.com

Advanced registration allows services to be available you need them.

#### Virtual Care By Phone:

##### Step 1: Call Toll-Free

Patients call toll-free hotline available 24/7/365 including holidays. MDlive at 1-888-726-3171.

##### Step 2: Speak with a Coordinator

A consultation coordinator locates the next available doctor and prepares patients for the consultation.

##### Step 3: Speak with a Doctor

Once an available doctor is located, the system automatically calls and connects the doctor to the patient.

***Be prepared that a provider may ask to video chat with you under certain circumstances.***

#### Virtual Care By Video Conference:

##### Step 1: Visit the Website

Patients visit the MDlive website or can download the mobile app and then log in with user name and password.

##### Step 2: Find a Doctor

The system helps the patients search for a doctor by criteria, such as specialty, language, gender, location, or simply finds the next available doctor.

##### Step 3: See the Doctor Online

Once an available doctor is located, the system automatically calls and connects the doctor to the patient.

# PREVENTIVE CARE SERVICES

## What is a preventive care service?

Preventive care services are provided when you don't have any symptoms and haven't been diagnosed with the health issue connected with the preventive service. For example, a flu vaccination is given to prevent the flu before you get it. Other preventive care services like mammograms can help detect an illness when there are not any symptoms. Even if you are in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. During a wellness exam, you and your doctor will determine what tests and health screenings are right for you based on your age, gender, personal health history and current health.

SERVICE	GENDER, AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months Additional visit at 2-4 days for infants discharged less than 48 hours after delivery Ages 3 to 21 once a year Ages 22 and older periodic visits, as doctor advises
Breast Cancer Screening (mammogram)	Women ages 40 and older, every 1 - 2 years
Cervical Cancer Screening (pap test) HPV DNA Test with pap test	Women ages 21 - 65, every 3 years Women ages 30 - 65, every 5 years
Cholesterol/Lipid Disorders Screening	Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes) All men ages 35 and older, or ages 20-35 if risk factors All women ages 45 and older, or ages 20-45 if risk factors
Colon Cancer Screening	The following tests will be covered for colorectal cancer screening, ages 50 and older: <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually</li> <li>• Flexible sigmoidoscopy every 5 years</li> <li>• Double-contrast barium enema (DCBE) every 5 years</li> <li>• Colonoscopy every 10 years</li> <li>• Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification</li> </ul>
Diabetes Screening	Adults with sustained blood pressure greater than 135/80
Osteoporosis Screening	Age 65 or older ( or under 65 for women at risk). Computed tomographic bone density study requires precertification
Prostate Cancer Screening (PSA)	Men ages 50 and older or age 40 with risk factors
Sexually Transmitted Infections (STI) Screening	All sexually active adolescents. All adults at risk
Skin Cancer Prevention - counseling to minimize exposure to ultraviolet radiation	All genders ages 10 - 24
Tobacco Use/Cessation Interventions	All Adults; Pregnant Women



# CIGNA COST SAVINGS TIPS

## How to Save Money with Cigna!

With healthcare costs continuing to rise, it's more important than ever to be conscious of how much you are paying for the care you receive. Becoming an educated healthcare consumer is a great way to help you manage your out-of-pocket healthcare expenses. You don't have to go it alone. Cigna is on your side. Cigna has the tools and support you need to help you find a quality in-network doctor near you, including 24/7 live customer service, plus a host of valuable resources to help you manage and track claims, and compare cost and quality information. Cigna tools are accessible online or on the go, through myCigna.com or with the free myCigna mobile App.

## Top Seven Tips to Save Money with Cigna

### 1. Schedule your annual checkup.

Preventive care is key to good health and is covered at 100%. Getting your annual checkup can help keep you in shape. Covered services include:

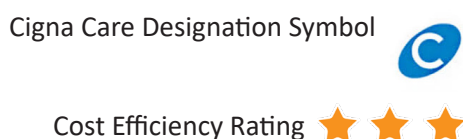
- Routine physical examinations
- Well baby and child care
- Screening mammography
- Screening colonoscopy or sigmoidoscopy
- Cervical cancer screenings
- Prostate cancer screening
- Diabetes screenings
- Bone and mineral density tests

The best way to treat a serious illness is by catching it early or stopping it from happening. During your checkup, your doctor can often detect the early signs of more serious issues. Remember, in order to receive the 100% preventive care benefit, services must be received in accordance with USPTF guidelines under Health Care Reform and your physician must code the claims as preventive.

Call Cigna 24/7/365 to help find primary care provider within your area! Please call the phone number listed on the back of your ID Card.

### 2. Find the best providers.

The Cigna Care Designation (CCD) is one decision-making tool you can use to choose a doctor. Cigna checks education and board certifications, and they also check to see if the quality of care has earned recognition from within the medical industry. Providers who meet Cigna's specific quality and cost-efficiency criteria will have the Cigna Care Designation symbol next to their name in the online provider directory tools. Quality recognition ratings are assigned to providers and provider groups indicating the quality criteria met, and stars are used to communicate cost-efficiency performance as compared with their peers of the same specialty type and geographic market. Results in the top category for cost-efficiency assessment will be displayed with three stars. Note; not all doctors are created equal, and we want to ensure our families are treated by doctors that excel in their field! Choosing a doctor with the CCD designation is beneficial to all employees, as their treatment costs are 15% less than average, and you are less likely to be readmitted to the hospital after an initial hospitalization. Choosing top-performing doctors improves health outcomes and lowers overall costs for you and the City!



Sample: Online Health Care Professional Directory display (myCigna.com)

**Robert Smith, MD** Quality, cost efficiency and Cigna Care Designation displays 0.7 mi | 

Doctors Group Health Partners | 123 Main Street, Anytown, CT 12345 | (555) 123-1111

**Specialties (2):** Family Practice, Geriatric Medicine | **Hospitals (3):** Christ Hospital...[see all](#)

Years in Practice: Not Available

Cigna Care Designation 

Cost Efficiency Rating: 

Quality Ratings: [see all](#)

**New Patient Office Visit**

**\$164** ESTIMATED OUT-OF-POCKET COST

[Show Math](#)

 Tier 1 Provider

 In-Network

 Accepting new patients

[Select PCP](#)

# CIGNA COST SAVINGS TIPS

## 3. Find most cost effective Rx.

There are three ways to spend less on medicine:

- **Buy generic.** When it comes to generic vs. brand name drugs, the main difference is name and appearance. Generic drugs are manufactured to be just as effective as brand name drugs and less expensive. Always check with your doctor or pharmacist to understand your options.
- **Ask doctor about getting 3-month supply of your prescription.** 90-day prescriptions may be filled using Cigna Home Delivery Pharmacy or your preferred retail pharmacy. You may be able to save money when you switch from a retail pharmacy to Cigna's Home Delivery Pharmacy. Call Cigna Home Delivery Pharmacy at 1-800-285-4812.
- **Compare drug costs at different pharmacies.** Login to myCigna.com> Select Prescriptions Tab> Select "Price a Medication"> Enter or Select a Drug Name> Enter Form/Dosage, Quantity, Frequency and Duration> Get cost estimates.

## 4. Stay In-Network.

Costs will be lower if you choose to see doctors, hospitals and facilities in Cigna's network. If you use an out-of-network provider, your costs can add up quickly. You're going to pay full price and not the discounted price an in-network doctor would charge. Out-of-Network doctors / facilities may balance bill you for the amount that Cigna does not cover. When scheduled for surgery ensure that the surgeon, anesthesiologist, and facility are all In-Network.

### How to search for an In-Network Provider:

- **The provider directory on myCigna.com shows you results based on your health plan network and your location.** Log in to myCigna.com> Select Find Care & Costs Tab> Find care and cost estimates in your area by "Primary Care, Doctor by Type, Doctor by Name, Reason for Visit or Locations"> Select "Doctor by Type" and Enter a specialty or type of doctor> For example, type "Primary Care Provider"> Results for In-Network primary care providers near your area will be displayed.
- **Know before you go.** Before you visit any provider or facility, we recommend you call ahead to be sure they are in your plan's network, as well as confirm their address, office hours, and that they are accepting new patients. Cigna is available 24/7/365! Call anytime day or night for live customer service. Please call the phone number listed on the back of your ID Card.

## 5. Shop with Cigna for the best outpatient facilities for diagnostic tests.

Costs can vary significantly depending on where you receive care. MRIs, CTs and PET scans can cost much less at some facilities. You can save by making a more informed choice about where you get your services. You could save money without giving up quality care. Local facilities offer the same services at a lower cost.

- **The provider directory on myCigna.com shows you cost of service within your location.** Login to myCigna.com> Select Find Care & Costs Tab> Find care and cost estimates in your area by "Primary Care, Doctor by Type, Doctor by Name, Reason for Visit or Locations"> For example, Select "Reason for Visit" and Enter procedure "Shoulder MRI Scan with Dye"> Select Facilities> Results for facility costs near your area will be displayed.
- **Connect directly with the Cigna Customer Service team.** Cigna's team can find the most cost-effective facility for a service. Cigna will help you compare costs for hundreds of procedures. Call anytime day or night for live customer service. Please call the phone number listed on the back of your ID Card.

### Freestanding Facility vs Outpatient Hospital

Radiology Center Cost	Outpatient Hospital Cost
MRI: \$706	MRI: \$1,676
CT Scan: \$457	CT Scan: \$1,376

**Potential Savings: Over \$900**

*National averages of participating facilities; actual costs will vary. The information provided here is intended to be general information on how you can get the most out of your plan and your health care dollars. It is not intended as medical advice. You should consider all relevant factors and consult with your treating doctor when selecting a provider for care.*



# CIGNA COST SAVINGS TIPS

## 6. The value of In-Network labs.

One of the biggest contributors to your health care costs may be laboratory expenses. You can save money if you use an In-Network lab instead of an Out-of-Network lab. Cigna's network includes national labs like LabCorp or Quest as well as regional and local labs. It's easy to find In-Network labs in your area by using the Cigna directory. These In-Network labs can provide general and specialty laboratory and pathology testing in locations that are convenient and cost-effective. You have a choice when it's time for lab tests, like blood work. Labs in Cigna's network give you quality service at a lower cost. When your doctor says you need lab tests, tell your doctor you want to stay In-Network. Even if samples are taken in the doctor's office, you can ask for them to be sent to an In-Network lab.

## 7. Access care in the right settings.

Deciding whether to see a doctor, go to urgent care, or use another option can be difficult. When you need treatment for common ailments and injuries, you have more choices. Now you can get high-quality, affordable services for a wide variety of routine medical conditions through different types of settings.

**Cigna Health Information Line:** A telephone service staffed by nurses that helps you understand and make informed decisions about health issues you are experiencing, at no extra cost. It can help you choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a doctor's appointment, or finding the nearest urgent care center. Please call the phone number listed on the back of your ID Card.



### Your Guide For Where To Go When You Need Medical Care

Cigna Virtual Care	Convenience Care Clinic	Doctor's Office	Urgent Care Center	Emergency Room
Treat minor medical conditions. Connect with board-certified doctor via video or phone.	Treat minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies.	The best place to go for routine or preventive care, to keep track of medications.	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to nearest ER.
Colds and flu Rashes Sore throats Headaches Stomachaches Fever Allergies Acne UTIs and more	Colds and flu Rashes or skin conditions Sore throats, earaches, and sinus pain Minor cuts or burns Pregnancy testing Vaccines	General health issues Preventative care Routine checkups Immunizations and screenings	Fever and flu symptoms Minor cuts, sprains, burns, rashes Headaches Lower back pain Joint pain Minor respiratory symptoms Urinary tract infections	Sudden numbness, weakness Uncontrolled bleeding Seizure or loss of consciousness Shortness of breath Chest pain Head injury/ major trauma Blurry or loss of vision
Costs same or less than a visit with primary care provider. Appointments typically in an hour or less.	Costs same or lower than doctor's office. No appointment needed.	May charge copay/coinsurance and/or deductible. Usually need appointment.	Costs lower than ER. No appointment needed. Wait times will vary.	Costs highest. No appointments needed. Wait times may be long.

The information provided here is intended to be general information on how you can get the most out of your plan and your health care dollars. It is not intended as medical advice. You should consider all relevant factors and consult with your treating doctor when selecting a provider for care.



# TOBACCO-FREE INCENTIVE

## You Pay for Using Tobacco

Tobacco users pay for their addiction both in the amount of money they spend on tobacco products and by having a lower quality of life because they have more health risks and health problems than non-tobacco users. A tobacco user spends on average \$2,500 a year on tobacco alone and incurs higher health care costs over their lifetime. Living tobacco free can help you save thousands of dollars, improve your energy level, and your quality of life.

## Non-Tobacco Users Pay Less

**TIP** City of Sandy Springs rewards employees who don't use tobacco products with lower health insurance premiums.

Employees and their covered dependents who are tobacco free will pay \$37.50-\$60 less per pay period for their health insurance than employees who use tobacco, or who have covered dependents who use tobacco. If you or your covered dependents are users and quit, you can pay less too! In order to qualify for the \$37.50-\$60 discount, you will need to complete and sign a tobacco use affidavit.

### HEALTH BENEFITS OF QUITTING

#### Within 20 minutes:

- Your blood pressure and pulse rate drop to normal.

#### Within 24 hours:

- Your risk of a sudden heart attack goes down.

#### Within 2 weeks to 3 months:

- Your circulation improves. Walking becomes easier.  
Your lungs work better. Wounds heal more quickly.

#### Within 1 to 9 months:

- You have more energy. Your coughing, nasal congestion, fatigue, and shortness of breath improve.

#### Within 1 year:

- Your risk of coronary heart disease is half that of someone still using tobacco.

#### Within 5 years:

- Your chances of developing lung cancer drop by nearly 50% compared to people who smoke one pack a day. Your risk of mouth cancer is half that of a tobacco user.

#### Within 10 years:

- Your risks of cancer goes down. Your risk of stroke and lung cancer are now similar to that of someone who never smoked.



## RESOURCE LIST

### Your Physician

Cigna Lifestyle Management  
Tobacco Cessation Program

Georgia Tobacco Quitline  
1-877-270-7867

CDC-Tobacco Information  
and Prevention Source (TIPS)  
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

Smoke Free Support  
[www.smokefree.gov](http://www.smokefree.gov)

Northside Hospital  
[https://www.northside.com/  
smoking-and-tobacco-resources](https://www.northside.com/smoking-and-tobacco-resources)  
404-780-7653

E-Cigarettes  
[https://e-cigarettes.  
surgeongeneral.gov/](https://e-cigarettes.surgeongeneral.gov/)

## Finding the Right Tobacco Cessation Program

Studies show that tobacco cessation treatment programs through a facility or physician that also include therapy and social support, are usually most effective for long-term success than other alternatives. The program that works best for you may be very different from the program that works best for someone else. Talk to your primary care physician; that person is one of your best resources for finding cessation programs designed to meet your total health needs. Your physician can discuss over-the-counter and prescription medications, and provide a reference as well.

# CIGNA- DENTAL

The City of Sandy Springs offers two dental options through Cigna Insurance; the Low Plan and the High Plan.

Plan Design	Low Plan	High Plan
	This plan is best suited to Employees who only use dentists in Cigna's Network	This plan is best suited to Employees who use Out-of-Network Dentists
<b>Dental Network</b>	Cigna PPO	Cigna PPO
<b>Calendar Year Maximum</b> (applies to Class I, II, III, IX Expenses)	\$1,500	\$1,500
<b>Calendar Year Deductible</b>		
Per Individual	\$50	\$50
Per Family	\$150	\$150
<b>Class I Expenses - Preventive and Diagnostic</b>		
Oral Exams (2 per calendar year, or every 6 months)	Covered at 100% (Deductible does not apply)	Covered at 100% (Deductible does not apply)
Cleanings (2 per calendar year, or every 6 months)		
Routine X-rays (Bitewings; 2 per calendar year)		
Non-Routine X-rays (Full mouth; one per 36 months)		
Fluoride Application (under age 19)		
Sealants (up to age 14)		
<b>Class II Expenses - Basic Restorative Care</b>		
Fillings (Amalgam and composite)	Covered at 80% after the Deductible has been met	Covered at 80% after the Deductible has been met
Simple Extractions		
Extraction of Impacted Teeth		
Anesthetics		
Periodontics		
Root Canal Therapy / Endodontics		
Repairs to Bridges, Crowns and Inlays		
<b>Class III - Major Restorative Care</b>		
Crowns / Inlays / Onlays	Covered at 50% after the Deductible has been met.	Covered at 50% after the Deductible has been met.
Relines / Rebases / Adjustments		
Dentures and Bridges		
Brush Biopsy		
<b>Class IV - Orthodontia</b>		
Dependent children up to age 19	Covered at 50%. Not subject to Deductible	Covered at 50%. Not subject to Deductible
Lifetime Maximum	\$1,500	\$1,500
<b>Class IX - Implants</b>		
	Covered at 50% after the Deductible has been met.	Covered at 50% after the Deductible has been met.
Lifetime Maximum	\$1,500	\$1,500
Out-of-Network Reimbursement	Pays based on Maximum Allowable Charge. A provider may bill you for any balance over what the plan pays!	Reimburses at the 90% percentile.



*A pre-treatment review is recommended for any dental services in excess of \$200*

**IMPORTANT:** To access a list of all Providers in the Cigna PPO Network, visit [www.mycigna.com](http://www.mycigna.com)  
Please note; you are responsible for balance of any non-participating Provider's actual charge.

# EYEMED- VISION

Our vision coverage is provided through EyeMed. EyeMed offers in-network services for a low copay and provides an allowance for certain out-of-network services. To find out more about EyeMed's in-network providers visit [www.eyemed.com](http://www.eyemed.com), look for the Insight network, or call 1-866-804-0982.

\*EyeMed does not send out ID cards!

	In-Network	Out-of-Network
<b>Exam</b> ( <i>Once every 12 months</i> )	\$10 Copay	Up to \$30
<b>Retinal Imaging Benefit</b>	Up to \$39	N/A
<b>Exam Options:</b>		
Standard Contact Lens Fit and Follow-Up:	Up to \$55	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
<b>Frames</b> ( <i>Any available frame at provider location- Once every 24 months</i> )	\$0 Copay; \$130 Allowance, 20% off balance over \$130	Up to \$65
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Lenticular	\$25 Copay	Up to \$60
Standard Progressive Lens	\$90 Copay	Up to \$40
Premium Progressive Lens	\$110-\$135 Copay	Up to \$40
<b>Lens Options:</b> ( <i>Once every 12 months</i> )		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0 Copay	Up to \$11
Standard Polycarbonate- Adults	\$40	N/A
Standard Polycarbonate- Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photochromic/ Transitions Plastic	\$75	N/A
Premium Anti-Reflective		N/A
Other Add-Ons and Services	20% off Retail Price	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Copay; \$130 allowance, 15% off retail price over \$130	Up to \$104
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	Up to \$104
Medically Necessary	\$0 Copay, Paid-in-Full	Up to \$210
<b>Laser Vision Correction</b> ( <i>Lasik or PRK from U.S. Laser Network</i> )	15% off Retail Price or 5% off promotional price	N/A

# MEDCOM- FLEXIBLE SPENDING ACCOUNTS

## Flexible Spending Accounts

A Flexible Spending Account (FSA) allows employees to use pre-tax money for qualified expenses.

The rising cost of health and dependent care (or day care) is encouraging more employees to take advantage of FSAs. You can save anywhere from 10 – 30% by using pre-tax money in an FSA to pay for health or dependent care expenses incurred during the plan year. Determine how much you anticipate spending on qualified expenses throughout the year and fund your FSA for that amount through weekly pre-tax payroll deductions. You can then use those funds to pay for eligible expenses using a debit card at the time of service or by submitting a receipt after-the-fact.



### Note:

- Annual maximum contribution is \$3,050
- Annual minimum contribution is \$250
- Up to \$500 can be rolled over annually.
- These amounts are subject to IRS changes for 2023i.

Dependent Care FSA (DFSA) is used to pay for qualified dependent child care or elder care expenses incurred during the plan year, to allow you (and/or your spouse if married) to work or go to school full-time.

### Note:

- Annual maximum contribution is \$5,000
- Annual minimum contribution is \$250

### Eligible Dependent Care FSA Expenses:

- Care at licensed nursery school or day care facility
- Before and after school care for children 12 and under
- Day camps
- Nannies and Au Pairs

### Ineligible Dependent Care Expenses:

- Services provided by a family member
- Overnight camp expenses
- Babysitting expenses for time when you are not working or at school
- Late payment fees
- Tuition expenses for school



## Health Care FSA

### Eligible Expenses

- Medical plan copays and deductible
- Dental and orthodontia expenses
- Vision care expenses including Lasik, glasses, and contact lenses
- Tobacco cessation programs
- Infertility treatment
- Psychology and psychoanalysis medical expenses
- Massage therapy when deemed medically necessary
- Weight-loss programs
- Services not covered under your health plan as long as medically necessary
- Medically necessary cosmetic surgery



*Please refer to our plan document for a full list of eligible expenses and exclusions.*

Limited Purpose FSA (LFSA) this option is for employees enrolled in the Health Savings Account Plan and is used for qualified dental and vision expenses not covered by your HSA.

### Note:

- Annual maximum contribution is \$3,050
- Annual minimum contribution is \$250

**Medcom/FSA Customer Service- 1-800-523-7542**



# THE STANDARD- DISABILITY AND BASIC LIFE

The City pays for the Employees' Short-Term and Long Term Disability Insurance. Disability Insurance provides income continuation in the event of an accident or an illness, that limits you from performing your material and substantial duties of your regular occupation, resulting in a loss of 20% or more of your pre-disability earnings. To be eligible to receive payments, you must be under the regular care of a physician.

Short-Term Disability	
Eligibility	Active, Full-Time Employees-working a minimum of 40 hours per week.
Benefit Amount	Pays up to 60% of weekly predisability earnings- to a maximum of \$2,500 per week.
Waiting Period	Benefits begin after a 7 day waiting period.
Benefit Duration	Benefits last up to 90 days.
Maternity	Normal delivery; minimum of 6 weeks. C-section; minimum of 8 weeks of compensation.

Long-Term Disability	
Eligibility	Active, Full-Time Employees-working a minimum of 40 hours per week.
Benefit Amount	Pays up to 60% of monthly predisability earnings to a maximum of \$10,000 per month.
Waiting Period	Benefits begin after a 90 day waiting period.
Benefit Duration	If an Employee becomes disabled before age 62, benefits last until SSNRA. If disabled after age 62, the benefit duration is determined by a sliding scale.
Return to Work Responsibility & Incentive	Included.

City-Paid Basic Life and AD&D Insurance	
Eligibility	Active, Full-Time Employees, working a minimum of 40 hours per week are automatically enrolled in Basic Life and AD&D.
Life Benefit Amount	4 times annual earnings up to a maximum of \$1,000,000.
AD&D Benefit Amount	4 times annual earnings up to a maximum of \$1,000,000.
Line of Duty Benefit	Available to Police and Fire personnel only. Pays 100% of the life amount not to exceed \$50,000.
Seat Belt Benefit	Lesser of \$10,000.
Air Bag Benefit	Lesser of \$5,000.
Conversion and Portability	Included within 31 days of termination.
Age Reduction	Benefit reduces to 50% at age 70 and 35% at age 75.
Accelerated Benefit	Pays 75% of the life amount.
Repatriation Benefit	10% of the life benefit, not to exceed \$5,000.

# THE STANDARD- VOLUNTARY LIFE

## Evidence of Insurability (EOI)

The Standard guarantees that new hires will be able to purchase life insurance coverage up to the Guarantee Issue amount (GI). To purchase life insurance above the GI amounts, the carrier requires Evidence on Insurability (EOI). This may include medical questions and a physical (at the carrier's request) before being approved for the higher amount. Employees wishing to add life insurance for the first time (not as a new hire) or increase the current amount of insurance, will need to complete the EOI process.

### Voluntary Life Insurance

Eligibility	Active, Full-Time Employees working a minimum of 40 hours per week, along with your legal spouse and dependent children. Spouse and children must not be full-time members of the armed forces. In order to elect spouse coverage, the Employee must be covered with Voluntary Life. Voluntary child coverage is available to all employees covered under the Basic Life coverage.
-------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Life Benefit Amount

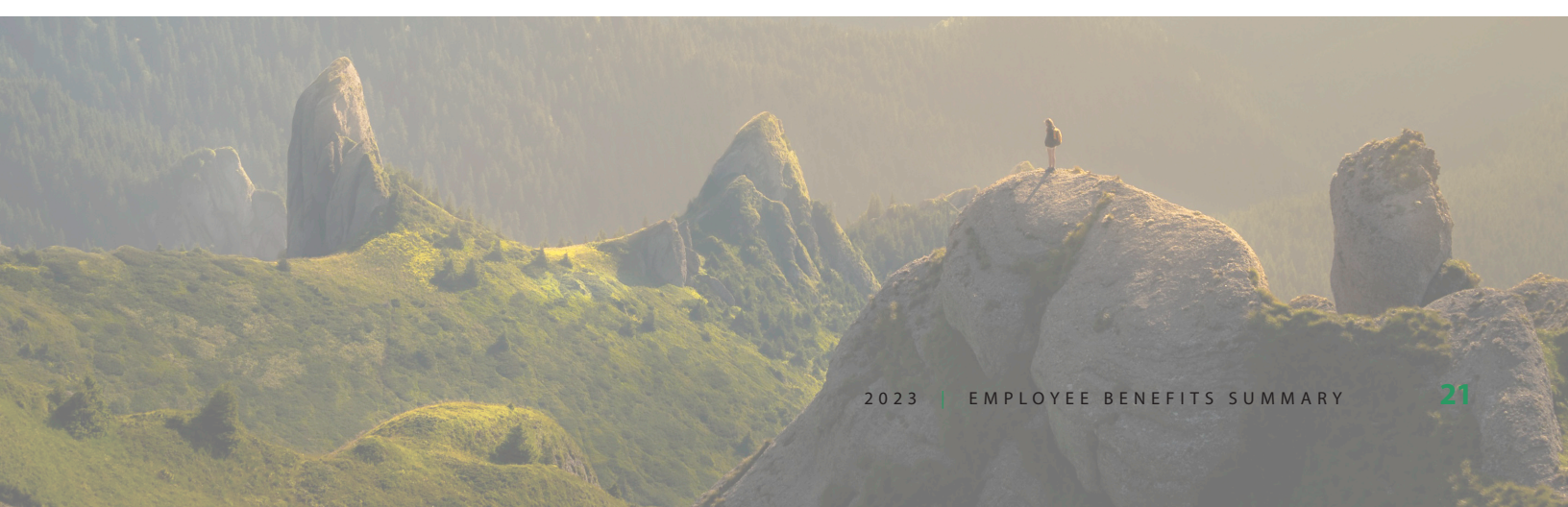
Employee	Maximum of \$300,000 (increments of \$10,000).
Spouse	100% of the Employee amount to a maximum of \$300,000 (increments of \$10,000).
Children	Elect child life coverage in the amount of either \$5,000 or \$10,000.

### Guarantee Issue Amount (This applies to new hires only!)

Employee	\$100,000
Spouse	\$10,000
Children	\$10,000
Repatriation Benefit	10% of the life benefit, not to exceed \$5,000.
Age Reduction	Benefit reduces to 50% at age 70 and 35% at age 75.
Conversion & Portability	Included within 31 days of termination.

### Monthly Cost Per \$10,000 of Life Insurance

Age	Employee or Spouse	Age	Employee or Spouse
Under 30	\$.93	55-59	\$6.23
30-34	\$.94	60-64	\$9.41
35-39	\$1.30	65-69	\$15.99
40-44	\$1.87	70-74	\$28.42
45-49	\$2.98	75-79	\$107.76
50-54	\$4.69	Child Rate	\$.40



## Online Will Preparation

If creating a will has been on your radar, Online Will Preparation can help you get it done. Use this easy tool to help make important decisions for you and your family. Online Will Preparation is included in the Life Services Toolkit, an additional service with your Group Life Insurance from the Standard.

### Why Create a Will?:

A will is a legal document that describes how you want to divide up your assets after your death. If you don't have a will, state law will determine how your assets will be divided. A will can also be used to designate a guardian for minor children. Moreover, a will helps your family and friends understand your wishes.

### How It Works

Online Will Preparation is an easy-to-follow process. Just answer a series of questions -on your own time- and watch as the document is created. You can save and close the document at any time, then work on it later. After you've created the will, follow instructions to complete the process.

## Start Creating Your Will

- Go to [standard.com/mytoolkit](https://standard.com/mytoolkit)
- In the username field, enter "assurance"
- Locate Resource Center and Tools on the home page and click on "Create an Online Will"
- Click on the instructions and follow the steps to create a will.

## Travel Assistance

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You and your spouse are covered with Travel Assistance -and so are kids through age 25- with your group insurance from Standard Insurance Company.

### Security That Travels with You:

Travel assistance is available when you travel more than 100 miles from home or internationally from up to 180 days for business

- Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements.
- Emergency ticket, credit card and passport replacement, funds transfer and missing baggage
- 24/7/365 phone access to registered nurses for health and medication information, symptom decision support, and help understanding treatment options
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains
- Connection to medical care providers, interpreter services, a local attorney, consular office or bail bond services
- Return travel companion if travel is disrupted due to emergency transportation services or return dependent children if left unattended due to prolonged hospitalization
- Logistical arrangements for ground transportation, housing and/or evacuation in the event of political unrest and social instability; for more complex situations, assists with making arrangements with providers of specialized security services

**Contact Travel Assistance 800-527-0218 (United States, Canada, Puerto Rico, Virgin Islands and Bermuda) 1-410-453-6330 (everywhere else)**

**[Assistance@uhcglobal.com](mailto:Assistance@uhcglobal.com)**

**[www.standard.com/travel](https://www.standard.com/travel)**

# EMPOWER (FORMERLY MASS MUTUAL)- RETIREMENT

## Retirement Savings- 401(a) and 457(b)

Retirement planning is one of the most important financial decisions we make.

Full-time City employees receive a contribution of 12% of their annual salary into a 401(a) from the City of Sandy Springs beginning the first of the month following 90 days of employment.

In addition, you can defer up to 100% of your salary into the 457(b) plan (some exceptions apply). Deferrals may not exceed the maximum of \$22,500 for employees under the age of 50 and \$30,000 for those over age 50. Contributing to this plan lowers your annual taxable income.

The City will match the first 5% of the amount you defer into this plan. City contributions will be made to your 401(a).

### Automatic Enrollment & Automatic Deferral Increase.

- All new, eligible employees will be automatically enrolled in The City of Sandy Springs 457(b) plan at a contribution amount of 5%.
- Enrolled employees will be automatically enrolled on the corresponding Target Date fund based on retirement age of 65 and changes can be made at anytime.
- After you are enrolled in your retirement plan, your contributions will be automatically increased each year on April 15th by 1% up to a maximum contribution of 10% of your pay.
  - Please note: you may opt out of automatic deferral increases or change your contribution amount at any time by logging into [www.retiresmart.com](http://www.retiresmart.com) or by calling our Participant information center at 1-800-743-5274.

### Your Retirement Savings

<p><b>401(a)</b>                  City Contributions                  12% + Matching Contributions (up to 5%)                  Dollar for Dollar up to 5% or 100% of contribution until 5%</p>	<p><b>457(b)</b>                  Your pre-tax Contributions                  Up to the maximum allowed by the IRS                  Age 50+ -Catch-up</p>
<p>Automatic Enrollment                  Vesting Schedule: (as of 10/22/2018*)</p> <ul style="list-style-type: none"> <li>• 20% vested after 1 year of service</li> <li>• 40% vested after 2 years of service</li> <li>• 60% vested after 3 years of service</li> <li>• 80% vested after 4 years of service</li> <li>• 100% vested after 5 years of service</li> </ul>	<p>Automatic Enrollment (5%)                  Immediate Vesting                  Annual automatic Deferral Increase                  Roth deferral option (post-tax)</p>
<p>*Does not apply to eligible employees hired before 10/22/2018.</p>	





# AFLAC- SUPPLEMENTAL INSURANCE POLICIES

The City provides employees with the opportunity to purchase supplemental insurance policies through Aflac, which can be paid through payroll deductions. The current policies are the Cancer Plan, the Accident Plan, the Hospital Plan and the Critical Care Plan.

These policies pay a cash benefit directly to you. You can use these benefits to help pay out-of-pocket medical expenses, the rent, mortgage, groceries, or utility bills - the choice is yours!

Cancer Plan (\$100 Wellness)				
Age Bracket	Individual	One Parent	Employee / Spouse	Two Parent Family
18-70	\$24.61	\$24.61	\$43.80	\$43.80

Accident Plan (\$60 Wellness)				
Age Bracket	Individual	One Parent	Employee / Spouse	Two Parent Family
18-70	\$14.28	\$22.14	\$19.02	\$27.90

Hospital Plan (\$2,000 payout / HSA compatible)				
Age Bracket	Individual	One Parent	Employee / Spouse	Two Parent Family
18-49	\$26.10	\$30.54	\$39.36	\$40.14
50-59	\$26.34	\$30.78	\$43.98	\$44.22
60-75	\$30.18	\$31.02	\$51.06	\$51.30

Critical Care Plus Rider (\$5,000 payout / HSA compatible)				
Age Bracket	Individual	One Parent	Employee / Spouse	Two Parent Family
18-29	\$1.44	\$2.88	\$2.70	\$3.48
30-39	\$2.04	\$3.12	\$4.02	\$4.50
40-49	\$3.48	\$4.20	\$6.60	\$6.78
50-70	\$5.94	\$6.12	\$11.34	\$11.40

TransElite Universal Permanent Life Insurance with Long Term Care Benefits*	
Employee	Face amount up to 5x salary or \$500,000. Guarantee issue up to \$150,000. Premium is based on age.
Spouse	Face amount up to \$150,000. Guarantee issue up to \$15,000. Premium is based on age.
Children	10,000 / 20,000 Term Life coverage available. \$25,000 of Universal Life coverage available. Available to children up to age 26.

\* 4% of the face value of the life insurance as a monthly living benefit for up to 50 months for long term care.

# NOTICES

## Important Notice from City of Sandy Springs About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about our company's group health plan prescription drug coverage, and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

Our company's group health plan is, on average for all plan participants, expected to pay as much as the standard Medicare prescription drug coverage will pay, and is considered "creditable coverage."

Because our plan is considered creditable coverage, you can enroll and/or stay enrolled in our plan, and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Individuals (employees and/or their dependents) may enroll in a Medicare prescription drug plan when they first become eligible for Medicare, and each year from October 15th through December 7th, the annual Medicare Open Enrollment Period, with coverage effective on January 1st. Individuals leaving a group health plan during other times of the year may be eligible for a special enrollment period to sign up for a Medicare prescription drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your employer's group health plan prescription drug coverage, be aware that you may not be able to get this coverage back. See below for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with your employer's group health plan and do not enroll in Medicare prescription drug coverage within 63 days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may always be at least 19% higher than the regular premium. You will have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following Medicare Open Enrollment Period to enroll.

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call (800) 633-4227. TTY users should call (877) 486-2048
- For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at (800) 772-1213; TTY (800) 325-0778).

Remember: Keep this notice. If you enroll in one of the plans approved by Medicare that offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you have maintained creditable coverage, and are not required to pay a higher premium amount (a penalty).

Date: **January 1, 2023**  
Name of Entity/Sender: **Nelson Saldana**  
Contact--Position/Office: **HR Manager / City of Sandy Springs**  
Address: **1 Galambos Way  
Sandy Springs, GA 30328**  
Phone Number: **770-730-5600**

# NOTICES

## Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility -

**ALABAMA—Medicaid**  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

**ALASKA—Medicaid**  
The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

**ARKANSAS —Medicaid**  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA—Medicaid**  
Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

**COLORADO—Health First Colorado**  
(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>  
HIBI Customer Service: 1-855-692-6442

**FLORIDA—Medicaid**  
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

**GEORGIA—Medicaid**  
A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: (678) 564-1162, Press 2  
**INDIANA—Medicaid**

**Healthy Indiana Plan for low-income adults 19-64 Website:** <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid Website: <https://www.in.gov/medicaid/>  
Phone 1-800-457-4584

**IOWA—Medicaid and CHIP (Hawki)**  
Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

**KANSAS—Medicaid**  
Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884

**KENTUCKY—Medicaid**  
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov>

**LOUISIANA—Medicaid**  
Website: [www.medicicaid.la.gov](http://www.medicicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**MAINE—Medicaid**  
Enrollment Website: <https://www.maine.gov/dhhs/of/applications-forms>  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/of/applications-forms>  
Phone: -800-977-6740. TTY: Maine relay 711

**MASSACHUSETTS—Medicaid and CHIP**  
Website: <https://www.mass.gov/masshealth/pa> Phone: 1-800-862-4840

**MINNESOTA—Medicaid**  
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

**MISSOURI—Medicaid**  
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA—Medicaid**  
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

**NEBRASKA—Medicaid**  
Website: <http://www.ACCESSNebraska.ne.gov> Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

**NEVADA—Medicaid**  
Medicaid Website: <http://dhcfp.nv.gov> Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE—Medicaid**  
Website: <https://www.dhhs.nh.gov/oii/hipp.htm>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

**NEW JERSEY—Medicaid and CHIP**  
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html> CHIP Phone: 1-800-701-0710

**NEW YORK—Medicaid**  
Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA—Medicaid**  
Website: <https://medicaid.ncdhhs.gov/> Phone: 919-855-4100

**NORTH DAKOTA—Medicaid**  
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

**OKLAHOMA—Medicaid and CHIP**  
Website: <http://www.insureoklahoma.org> Phone: 1-888-365-3742

**OREGON—Medicaid**  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

**PENNSYLVANIA—Medicaid**  
Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
Phone: 1-800-692-7462

**RHODE ISLAND—Medicaid and CHIP**  
Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

**SOUTH CAROLINA—Medicaid**  
Website: <https://www.scdhhs.gov> Phone: 1-888-549-0820

**SOUTH DAKOTA—Medicaid**  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS—Medicaid**  
Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

**UTAH—Medicaid and CHIP**  
Medicaid Website: <https://medicaid.utah.gov/> CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT—Medicaid**  
Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

**VIRGINIA—Medicaid and CHIP**  
Website: <https://www.coverva.org/en/famis-select>  
<https://www.coverva.org/en/hipp>  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-800-432-5924

**WASHINGTON—Medicaid**  
Website: <https://www.hca.wa.gov/> P hone: 1-800-562-3022

**WEST VIRGINIA—Medicaid and CHIP**  
Website: <https://dhhr.wv.gov/bms/>  
<http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN—Medicaid and CHIP**  
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING—Medicaid**  
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-nd-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact City of Sandy Springs HR: Nelson at 770-206-4437.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



# NOTICES

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>City of Sandy Springs</b>		4. Employer Identification Number (EIN) <b>20-3767748</b>	
5. Employer address <b>1 Galambos Way</b>		6. Employer phone number <b>770-730-5600</b>	
7. City <b>Sandy Springs</b>		8. State <b>GA</b>	9. ZIP code <b>30328</b>
10. Who can we contact about employee health coverage at this job? <b>Human Resources Dept.</b>			
11. Phone number (if different from above)		12. Email address <b>nsaldana@sandyspringsga.gov</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

**Full time Employees who work a minimum of 40 hours per week.**

- With respect to dependents:

We do offer coverage. Eligible dependents are:

**Spouse, Children (biological/step/court ordered) domiciled in your home, under your care.**

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



# IMPORTANT CONTACT INFORMATION

## Medical Plans

- Cigna  
Policy #:614899  
www.mycigna.com  
1-866-494-2111

## Health Savings Account

- HSA Bank  
www.hsabank.com  
1-800-357-6246  
(For lost or stolen debit cards call, 1-800-523-4175)

## Dental Plans

- Cigna  
Policy #:614899  
www.mycigna.com  
1-866-494-2111

## Vision Care Plan

- EyeMed  
Policy #:9893868  
www.eyemed.com  
1-866-723-0513

## Life and Disability Insurance

- Standard Life Insurance  
Policy #:140881  
www.standard.com  
1-800-348-3226

## Flexible Spending Account

- Medcom  
www.mywealthcareonline.com/medcom  
1-800-523-7542

## Employee Assistance Program

- OneSource  
http://onlineonesource.com  
770-683-1327
- Standard  
www.eapbda.com  
1-888-293-6948

## Retirement Savings Plan

- Empower (formerly Mass Mutual)  
www.retiresmart.com  
1-800-743-5274

## Wayne Brown

**Aflac**  
Aflac and Transamerica Agent  
803-413-9229  
lancasterregion@gmail.com

## Jennifer Emery

**City of Sandy Springs**  
Human Resources Director  
770-206-1466  
jemery@sandyspringsga.gov

## Nelson Saldana

**City of Sandy Springs**  
Human Resources Manager  
770-206-4437  
nsaldana@sandyspringsga.gov

## Beverly Webb

**City of Sandy Springs**  
Human Resources Generalist  
770-206-2535  
BWebb@SandySpringsga.gov

## Michelle Ford

**Relation Insurance Services**  
Senior Account Manager  
678-740-0223  
michelle.ford@relationinsurance.com

## Karen Bryant

**Relation Insurance Services**  
Claims Specialist  
678-740-0247  
karen.bryant@relationinsurance.com

## Todd Bryant

**Relation Insurance Services**  
President  
678-740-0220  
todd.bryant@relationinsurance.com

