

Employee Benefits Guide

2024 – 2025



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 questions, please contact the carrier, Finance Benefits Division or Alliant Insurance Services.



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Benefits Made For You!

At City of Alpharetta, we are only as strong and healthy as our employees. You are our most valuable resource. That’s why we design benefits focused on your health and well-being.

If you have claims questions or problems, please contact the insurance carrier’s customer service department. If the carrier does not resolve your problem, please call Benefits Specialist, Leslie Russell, at 678.297.6042

Medicare Part D Notice. If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the legal notices in the back of this guide for more details.

Welcome to Your Benefits!



2 Park Plaza

Alpharetta, GA 30009

Phone: 678.297.6000

www.alpharetta.ga.us

Fellow Employees:

Thank you for allowing me the opportunity to be a part of our world class team in Alpharetta. Each of you is a dedicated professional who shares a passion for serving this community and improving the lives of others. That truly is at the core of serving the public every day. Each of you and the work that you do are a big part of what makes Alpharetta an awesome community, and the Mayor, City Council, and I value and appreciate you and this team,

We are pleased to present this guide to our 2024 – 2025 health and wellness benefits program. We are even more pleased to let you know that, after tough negotiations again, the City of Alpharetta is renewing our insurance benefits through Cigna with a small increase to your monthly premiums.

In addition, we will continue the premium discounts offered for tobacco-free families and for participation in our wellness program. Healthy lifestyles benefit you and your family, and we are happy to be able to continue this program to encourage you to enjoy activities and programs that improve your health and wellbeing. You will also continue to have access to a variety of tools through Cigna for accessing online medical information, confidentially storing and following your personal health information, and finding the best healthcare providers at the best prices.

I hope that you will take the time to become familiar with our benefits program and learn how to get the most out of it for you and your family. The Benefits Division of our Finance Department is committed to helping you understand and use your benefits, so please do not hesitate to contact them with questions or assistance.

My best wishes for your good health and happiness!

A handwritten signature in blue ink, appearing to read "Chris Lagerbloom".

Chris Lagerbloom
City Administrator

MAYOR
JIM GILVIN

MAYOR PRO TEM
DAN MERKEL

COUNCIL MEMBERS
FERGAL M. BRADY
DOUGLAS J. DERITO
JOHN HIPES
DONALD F. MITCHELL
BRIAN WILL

CITY ADMINISTRATOR
CHRIS LAGERBLOOM



Eligibility and Enrollment

BENEFITS ELIGIBILITY

The City of Alpharetta provides a comprehensive employee benefit program to all full-time employees working 30 hours or more per week. Employees are eligible for coverage on the first day of the month following 30 days of full-time employment.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed legal guardian.

You may enroll the following dependents in our benefit plans:

- Your legal spouse.
- Dependent children under age 26.
- Children of any age if incapable of self-sustaining employment by reason of intellectual disability or physical disability (as determined by the health insurance carrier) and chiefly dependent upon the policyholder for support and maintenance (documentation must be provided)

Many employees have other dependent living with them who are not eligible for our benefit plans. Dependents NOT eligible to be added to our benefit plans:

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

Making Changes to Your Benefits

Most benefit deductions are withheld from your paycheck on a pre-tax basis (medical, dental, vision, and flexible or health spending accounts); and therefore, 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 Event. Open Enrollment generally occurs in May with plan changes effective July 1st through June 30th of the following year; during this period, employees can add or change their available benefits.

The Most Common Qualifying Events

- Marriage, divorce, legal separation; birth or adoption
- Receipt of a Qualified Medical Child Support Order/other court order
- Change in eligibility for you or a dependent for Medicaid or Medicare
- 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

To make benefit changes as a result of a Qualifying Event, as allowed under Section 125 of the IRS Code:

- Notify Finance Benefits Division within 30 days of the date of the qualifying event.
- Provide proof of your life status event (ex. new insurance card, marriage license, birth certificate).
- Complete and submit your enrollment form.



Important Terms

Health care can be difficult to navigate, and all of the jargon can complicate things. Here's a break down to help you better understand your benefits, bills and coverage.

Deductible

The amount you have to pay out-of-pocket for medical expenses before the insurance company will cover any benefit costs for the year. If your deductible is \$5,000, your insurance plan will begin to help with payments once you've reached that amount. Review your plan to see which expenses count toward your deductible. Remember, in-network preventive care visits are always 100 percent covered.

Out-of-Pocket Maximum

The most you would possibly pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, your plan covers all eligible expenses. Some plans have separate out-of-pocket maximums for medical and prescription drugs.

Premium

Like your 12-month gym membership, this is the base amount you pay every month for health care coverage, whether or not you use it.

Copay

A flat fee paid to your provider at the time of service, kind of like the ticket price you pay to see your favorite team play. You may spend more once you're in there, for nachos, peanuts and soda (or in this case, additional tests, labs, etc.) but regardless, you still have to pay the flat fee. You might also pay copays for prescription drugs. Some plans don't have copays, like high deductible health plans.

Claim

A medical IOU. When you visit providers, they will submit claims to your insurance company for the services you received (remember the tests and labs mentioned above?). Once your insurance pays their share, you'll receive a bill for the rest.

Coinsurance

The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100 percent. For example, if the plan pays 90 percent, you are responsible for paying the remaining 10 percent of the cost.





Medical – HRA Plan

Medical coverage, through Cigna, provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

HRA PLAN		
City of Alpharetta's Health Fund Contribution	\$750 employee \$1,250 employee + spouse, employee + child(ren) \$1,500 family	
	In-Network	Out-of-Network
One-Way Accumulation: Anything you meet in-network does <i>not</i> count towards your out-of-network deductible.		
Collective Family Deductible: Must be met in full before Cigna pays.		
Plan Year Deductible (prescription drugs costs do not apply towards deductible)	\$2,500 employee \$5,000 family collective	\$5,000 employee \$10,000 family collective
Out-of-Pocket Maximum (includes deductible) (prescription drugs costs apply)	\$3,000 employee \$6,000 family	\$7,500 employee \$22,500 family
Member Coinsurance (applies to all expenses unless otherwise stated)	90%	60%
Lifetime Maximum	Unlimited	Unlimited
Routine Preventive Care	Cigna pays...	Cigna pays...
• Adult Physical Exams and Immunizations	100%, no deductible	70% after deductible
• Well-Child Exams/Immunizations (periodic visits, depending on age)	100%, no deductible	70%, no deductible
• Gynecology Examination	100%, no deductible	70% after deductible
• Mammograms	100%, no deductible	70% after deductible
• Digital Rectal Exam/Prostate Antigen Test (covered for males over 50)	100%, no deductible	70% after deductible
• Colorectal Cancer Screening (for all members over age 50)	100%, no deductible	70% after deductible
Physician Services	Cigna pays...	Cigna pays...
• Non-Specialist Visit (non-surgical)	90% after deductible	60% after deductible
• Specialist Office Visit (non-surgical)	90% after deductible	60% after deductible
• Cigna Virtual Care	90% after deductible	N/A
• Office Visit for Surgery	90% after deductible	60% after deductible
• Allergy Injections (coverage for allergy testing is based on the type of service performed and where it is rendered)	90% after deductible	60% after deductible
Diagnostic Lab and X-ray	90% after deductible	60% after deductible
Emergency Medical Care	Cigna pays...	Cigna pays...
• Urgent Care Provider	90% after deductible	90% after deductible
• Emergency Room	90% after deductible	90% after deductible
• Ambulance	90% after deductible	90% after deductible
Hospital Care		
• Inpatient	90% after deductible	60% after deductible
• Inpatient Maternity	90% after deductible	60% after deductible
• Outpatient Hospital Expenses	90% after deductible	60% after deductible



Medical – HRA Plan

HRA PLAN (CONTINUED)		
	In-Network	Out-of-Network
Mental Health Services	Cigna pays...	Cigna pays...
• Inpatient	90% after deductible	60% after deductible
• Outpatient	90% after deductible	60% after deductible
Alcohol/Drug Abuse		
• Inpatient	90% after deductible	60% after deductible
• Outpatient	90% after deductible	60% after deductible
Other Services	Cigna pays...	Cigna pays...
• Convalescent Services	90% after deductible	60% after deductible
• Home Health Care/Private Duty Nursing (limited to 120 days per plan year)	90% after deductible	60% after deductible
• Hospice Care - Inpatient	90% after deductible	60% after deductible
• Hospice Care - Outpatient	90% after deductible	60% after deductible
• Outpatient Short-Term Rehabilitation (limited to 60 days per plan year)	90% after deductible	60% after deductible
• Spinal Manipulation Therapy (limited to 20 days per plan year)	90% after deductible	60% after deductible
• Durable Medical Equipment (unlimited)	90% after deductible	60% after deductible
• Transplants (travel benefits available if using in-network LifeSource provider)	90% after deductible	70% after deductible

MyCigna

Learn more about medical plans or search the provider directory using Cigna.com. For better results, members should log into myCigna.com.

To search for participating doctors, specialists, pharmacies, hospitals, and facilities closest to home and work, use Cigna.com:

- Go to the “home” page and click “Find a Doctor”
- Choose a Directory that applies to you
- Select the type of health care professional or facility you are looking for, or you can search by location and distance
- Select your plan and the type of doctor you need
 - Your search results will include a complete provider profile including the doctor’s education, languages spoken and hospital affiliations. You will also get a detailed map with directions



Health Reimbursement Account

How It Works

A health reimbursement account (HRA) is provided to you if you enroll in the HRA Plan. This employer-funded account is managed by Cigna, in which funds are used to pay medical expenses subject to the plan deductible. The City of Alpharetta's health fund contribution pays first for any claims that count towards your deductible. Once you have used up your health fund balance, any remaining claims that go towards your deductible will be your responsibility.

Company contributions. Participants in the HRA Plan receive an HRA contribution from City of Alpharetta of either \$750 (employee only) or \$1,250 (employee + spouse, employee + child(ren)) or \$1,500 (family) for expenses subject to the plan deductible. Unlike the HSA Plan, you may not make additional pre-tax contributions to the HRA.

Use your funds. The money in your account will automatically be used to pay for qualified medical and pharmacy expenses – including expenses for covered dependents. For a full list of qualified expenses, visit www.irs.gov. If your qualified expenses are not automatically paid through your HRA, you can file a paper claim for reimbursement.

Don't lose your funds. Funds left in your HRA rollover to a maximum amount equal to the plan deductible. These funds are not portable if you leave the City of Alpharetta.



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Medical – HSA Plan

HSA PLAN (CONTINUED)

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To search for participating doctors, specialists, pharmacies, hospitals, and facilities closest to home and work, use [Cigna.com](https://www.cigna.com):

- Go to the “home” page and click “Find a Doctor”
- Choose a Directory that applies to you
- Select the type of health care professional or facility you are looking for, or you can search by location and distance
- Select your plan and the type of doctor you need
 - Your search results will include a complete provider profile including the doctor’s education, languages spoken and hospital affiliations. You will also get a detailed map with directions



Health Savings Account

How It Works

If you enroll in the HSA Plan, you'll have access to a health savings account (HSA). Contributions, earnings and withdrawals that are used for qualifying expenses are tax-free. Here's how the account works:

Make contributions. You can set aside pre-tax money through payroll deductions up to IRS limits (\$4,150 for employee-only and \$8,300 for all other coverage), plus \$1,000 annual catch up contribution for those 55+. Participants in the HSA Plan receive an HSA contribution from the City of Alpharetta of either \$1,000 (employee only) or \$1,750 (employee + spouse, employee + child(ren)), or \$2,000 (family).

Use your funds. You can use your funds to pay for eligible medical, dental and vision costs now or in the future. View a full list of eligible expense at www.irs.gov. You can pay for eligible expenses out-of-pocket and reimburse yourself from your HSA savings at a later date or, you can pay with an HSA debit card.

Save your funds. You can also use your account as a savings account. The account is yours, even if you leave the City of Alpharetta, and your funds will roll over each year accruing interest tax-free.

Are you eligible?

You are eligible to contribute to an HSA if:

- You are enrolled in the HSA medical plan
- You are not covered by your spouse's health plan or flexible spending account (FSA)
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare, TRICARE, TRICARE for life or received Veterans Administration Benefits

Wondering how much to save?

What you save in your HSA is up to you and your budget. Here are a few strategies:

- **To see the biggest tax advantage**, max out your contributions up to the 2024 federal IRS limits.
- **To be prepared for a rainy day**, set aside enough each month to fund the annual deductible or out-of-pocket maximum. That way, you have funds available should you be faced with big medical bills.
- **To simplify your savings**, set aside \$10 per paycheck per enrolled family member. For a family of four, that will give you about \$1,000 set aside each year to help you cover the cost of an unexpected doctor's visit or a monthly generic medication.





Health Savings Account

Free In-Network Preventive Care

The plan pays 100 percent of covered preventive services (no deductible), including preventive drugs, so you pay nothing.

HEALTH SAVINGS ACCOUNT

Your pre-tax contributions

Unused money rolls over

Out-of-Pocket Maximum

Once your eligible expenses reach the out-of-pocket maximum, the plan pays 100 percent of eligible expenses for the year.

You can use your HSA to help pay your deductible, coinsurance and other qualifying expenses.

OR

You can save your HSA dollars for the future.

Deductible

You pay 100 percent of eligible expenses until you meet the deductible.

Coinsurance

After you satisfy the in-network deductible, the plan pays 90 percent and you pay 10 percent in-network.

Other Qualifying Expenses

Use to pay qualified expenses, including those not covered by medical insurance like Lasik.

Balance Rolls Over Each Year

The HSA balance rolls over each year, accruing interest tax-free, like a retirement account for health expenses.

After Age 65

After age 65, use funds penalty-free for other expenses (you'll pay tax for non-health care use).



Cigna Helpful Resources

Cigna OneGuide can help you make smarter, informed choices and get the most from your medical plan. The Cigna OneGuide team can help you:

- Understand your coverage and maximize your benefits
- Find in-network doctors, labs or urgent care centers so you save on healthcare
- Get cost estimates and service comparisons to avoid surprise bills
- Get answers to all your health care or plan questions
- Connect to health coaches, pharmacists and more
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations
- Get pre-certified for treatments and procedures so you know your care is covered

Contact Cigna OneGuide by calling **888.806.5042** or use the “Click to Chat” option in your MyCigna mobile app.

Use Cigna’s Virtual Care services through MDLive to have live appointments with board-certified doctors and pediatricians via video or phone who can diagnose and prescribe, when appropriate.

- Employees and covered dependents enrolled in one of the City of Alpharetta’s Cigna medical plans are eligible to use this program
- Designed to handle minor, non-emergency medical issues. You should NOT use Virtual Care if you are experiencing a medical emergency.
- Participants can choose the time and day that works best for them, with medical Virtual Care services available 24/7/365
 - Through [myCigna.com](https://mycigna.com), select “Find Care & Cost”, and then select “Talk to a doctor or nurse 24/7”
 - Call **888.726-3171**



Prescription Drugs

Prescription drug coverage, through Cigna, provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans. For more information, visit [Cigna.com/Rx90network](https://www.cigna.com/Rx90network) or call 800.285.4812.

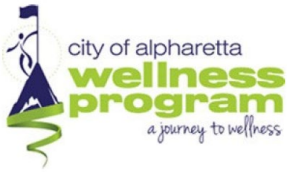
Cigna	
In-Network	Out-of-Network

Prescription Drug – For the HSA Plan, the full plan deductible must be met *before* prescription coinsurance/cap is applied. For the HRA Plan, deductible does not apply. Once you meet your out-of-pocket maximum, prescription drugs will be covered at 100%.

• Select Preventive Generics	Free from any in-network participating retail pharmacy or Cigna Home Delivery!
• Retail - up to a 30-day supply (same for in- and out-of-network)	Member pays 30% coinsurance up to \$15 for generic drugs Member pays 40% coinsurance up to \$60 for preferred brand name drugs Member pays 40% coinsurance up to \$90 for non-preferred brand drugs
• Mail Order/Rx90 Now – up to a 90-day supply (same for in- and out-of-network)	Member pays 20% coinsurance up to \$30 for generic drugs Member pays 30% coinsurance up to \$120 for preferred brand name drugs Member pays 40% coinsurance up to \$180 for non-preferred brand name drugs from Cigna Tel-Drug Mail order Drug Program



Ask your physician if there is a generic they can prescribe instead of a name brand drug. Generic medications are FDA approved and have the same active ingredients, strength and testing standards at a lower cost.



Wellness – Engagement Health Group (EHG)

A healthy lifestyle can prevent up to 80% of chronic illness or disease. EHG’s customized wellness program for City of Alpharetta is here to help you and your family improve your overall well-being through personalized coaching, fun educational events and inspirational wellness challenges.

Engagement Health Group Wellness Program includes:

- Easy-to-understand health summary
- Opportunity to meet with Health Coaches onsite
- Advocacy support to help navigate other benefits and resources provided by the City of Alpharetta
- A variety of health promotion activities
- Schedules, alerts and health information to guide you to better health
- Personal Health Platform to track your health progress, participate in challenges and have access to other health resources

Employees (spouses no longer required to participate) who choose to participate in the Wellness Program, will enjoy a \$50 per pay period medical premium discount for the 2024 – 2025 plan year.

To receive the medical premium discount per pay period, employees must maintain compliance with the following requirements and deadlines:

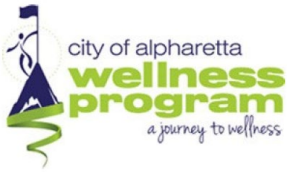
• **July 1, 2024 to September 1, 2024: Complete all Enrollment Steps in the EHG Wellness Program**

- Register on MyWellSite for first time users OR log-in if you are a returning user
- Complete the health questionnaire on MyWellSite - www.mywellsite.com/chp/Alpharetta
- Upload proof of your annual physical
 - Admissible documents: Health Data & Proof of Physical Form OR EOB from Cigna
- Upload your blood work results
 - Admissible documents: Health Data & Proof of Physical Form OR upload lab results from your lab or medical provider (often found on the lab or medical provider’s patient portal)
- Blood work results and proof of annual physical accepted from August 2, 2023 – August 31, 2024

If ALL Enrollment steps are not completed by September 1, 2024, then you will be removed from the Wellness Program & retro charged the Non-Wellness medical premium back to July 1, 2024

• **December 1, 2024: Complete a Results Coaching Session**

If a Results Coaching Session is not completed by December 1, 2024, then you will be removed from the Wellness Program & retro charged the Non-Wellness medical premium back to September 1, 2024



Wellness – Engagement Health Group (EHG)

- **March 1, 2025: Complete the Required Number of Follow-up Coaching Based on Your Risk**
 - High / Moderate: at least one (1) session
 - Low: no follow-up coaching required

If the required number of Follow-up Coaching Sessions are not completed by March 1, 2025, then you will be removed from the Wellness Program and retro charged the Non-Wellness medical premium back to September 1, 2024

- **June 15, 2025: Complete the Required Number of Follow-up Coaching and Healthy Credits Based on Your Risk**
 - High / Moderate: remaining two (2) coaching sessions for the program year and two (2) healthy credits
 - Low: two (2) healthy credits

If the required number of Follow-up Coaching Sessions an/or two Wellness Activities are not completed by June 15, 2025, then you will be retro charged the Non-Wellness medical premium back to January 1, 2025

- **July 1, 2024 – June 30, 2025: Proof of annual physical completed (employees and spouses (who participate))**

Reasonable Alternative: If medical conditions prevent you from participating in the stated program, alternative means will be available. Learn more by visiting www.mywellsite.com/chp/Alpharetta



Tobacco Cessation – Engagement Health Group (EHG)

Non-tobacco Users Pay Less – City of Alpharetta rewards employees who don't use tobacco products with lower health insurance premiums.

- If you and/or your covered dependents quit using tobacco **prior to July 1, 2024** or are fully engaged in a program centered around quitting, you can pay less too!
 - For the Employee = Attend six (6) of the 8-week Live Better Feel Better Tobacco Cessation classes taught by EHG
 - For the Covered Dependent = Attend six (6) of the 8-week Live Better Feel Better Tobacco Cessation classes taught by EHG OR enroll and successfully complete a tobacco cessation program approved by EHG
- **Be sure to turn in your affidavit prior to July 1st, 2024, to avoid paying the higher premium!**

Cigna Quit Today – a program that helps plan members develop a personal quit plan to become and remain tobacco free. You can choose from two (2) options, a telephone program or an online program – or use both! You also have access to one (1) free course of over-the-counter nicotine replacement therapy per individual per calendar year. Visit myCigna.com or call 866.417.7848 to enroll.

Resource List

Your Physician

Cigna Lifestyle Management
Tobacco Cessation Program

Georgia Tobacco Quitline
877.270.7867

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

Smoke Free Support
www.smokefree.gov

Northside Hospital
www.northside.com/smoking-and-tobacco-resources
404.780.7653

E-Cigarettes
<https://e-cigarettes.surgeongeneral.gov/>



Know Where to Go

Take control of your health care spending by using the best resources for your health concern or condition. Know when to see your primary care physician, visit an urgent care, or when to head to the emergency room. Make sure you're getting the most for your money and time when it comes to your health care.

Telemedicine

For a minor illness, such as a sore throat, cold, or sinus infection

Your Cost

Highest

Moderate

Lowest



Call 24 hours/ 7 days a week/ 365 days a year

15+ Mins

No appointment needed A virtual visit can take 15 minutes or more.

Primary Care Physician

For a free annual check-up, ongoing medical conditions, immunizations

Your Cost

Highest

Moderate

Lowest



Hours vary by location, usually open weekdays

20+ Mins

Appointment needed. A visit can take 20 minutes or more.

Urgent Care

For an illness or injury that is non life-threatening but important to manage quickly, such as a stomach virus, cold, flu, fever, sinus infection, minor fracture or sprain

Your Cost

Highest

Moderate

Lowest



Hours vary by location, usually open 7 days

20+ Mins

No appointment needed. A visit can take 20 minutes to an hour.

Emergency

For a serious or life threatening illness or injury, such as a heart attack, stroke, major bleeding, broken bone, severe burn or difficulty breathing

Your Cost

Highest

Moderate

Lowest



Open 24 hours/ 7 days a week

4+ Hours

No appointment needed. Wait 4 hours or more depending on the urgency



Alliant Medicare Solutions

Medicare Enrollment Help for You, Family, and Friends Nearing Age 65

Medicare can look like a complicated maze of choices, between Medicare Parts A–D, Medicare Advantage plans, and Medicare Supplement (Medigap) policies. That’s why we are introducing a resource to help you understand the different parts of Medicare, what is and isn’t covered, how Medicare works with employer coverage, and how to choose the best coverage for your situation.

Alliant Medicare Solutions is a free resource for you, or any family members and friends who are nearing age 65. Alliant Medicare Solutions’ Licensed Insurance Agents can help you navigate the Medicare maze to find a plan that is right for you. Agents are contracted and certified in all 50 states to provide Medicare advice and an “A-rated” or better insurance carrier at competitive rates.

Why Is This Important?

There is a seven-month window to enroll in Medicare for the first time. This Initial Enrollment Period starts three months before you turn age 65 and ends three months after your birthday month.

This enrollment period is your first opportunity to sign up for Medicare Part A and/or Part B. This is also your first chance to enroll in a Medicare Advantage plan (Part C) or Part D Prescription Drug plan. **If you don’t enroll in Medicare during your initial enrollment period or do not provide proof of insurance under another eligible plan, you may pay more for Medicare later on when you do enroll.**

How Does It Work?

Call Alliant Medicare Solutions at **(888) 525-0644** to speak to a Licensed Insurance Agent (*Alliant Medicare Solutions is managed by Insuractive*)





Flexible Spending Account

How It Works

Flexible spending accounts (FSAs) enable you to set aside some of your pay, on a pre-tax basis, into an account to pay for eligible health or dependent care expenses. By setting aside money pre-tax, which you would normally be spending post-tax, you save between 25 percent and 40 percent on your everyday expenses.

There are two types of FSAs.

- The health care FSA (HCFSA) covers copays, deductibles, coinsurance, prescriptions, dental care, eye exams and other eligible health care expenses.
- The dependent care FSA (DCFSA) covers childcare expense while you are at work for children under age 13 or other dependents who are incapable of self-care.

Make contributions. You set aside pre-tax money through payroll deductions up to IRS limits. For a health care FSA, the annual maximum contribution is \$3,200. For a dependent care FSA, the annual maximum contribution is \$5,000. Please note, if you are married and file a separate income tax return, the maximum you can contribute is \$2,500.

Use your funds. For both HCFSA and DCFSA, the deadline to incur claims for this plan year is June 30, 2025, and the deadline to submit claims is September 30, 2025.

Don't lose your funds. HCFSAs can rollover up to \$550. However, DCFSAs are subject to the USE IT OR LOSE IT provision.

Important Considerations

- Your elections cannot be changed during the plan year, unless you experience a qualifying life event.
- If you have an open HSA, you are not eligible for a HCFSA.
- You need to keep your receipts as proof that your expenses were eligible for IRS purposes.





Regular visits to your dentists can protect more than your smile; they can help protect your overall health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

	Cigna	
	In-Network	Out-of-Network
Calendar Year Deductible	None	None
Reimbursement Levels	Based on reduced contracted fees	90 th percentile of reasonable and customary (R&C) allowances
Preventative Services (Frequency and age limitations apply) Oral exams, dental cleanings, x-rays, and Fluoride treatments for children	100%	100% of R&C
Basic Services Root canal therapy, scaling, amalgam fillings, composite fillings (anterior and posterior teeth), uncomplicated extractions, denture repairs and crown lengthening	80%	80% of R&C
Major Services Inlays, onlays, crowns, crown build ups, stainless steel crowns full or partial dentures and bridges	50%	50% of R&C
Orthodontia (appliance must be placed prior to age 20) Lifetime maximum \$1,250	50%	50% of R&C
Maximum Annual Benefit* (per individual per calendar year) The dental plan runs on a calendar year, January – December	\$1,250	\$1,250

- **Progressive Maximum:** Members that utilize Preventive Services can increase their annual maximum in the following year by \$100, up to four consecutive years.
 - Year 1: \$1,250 / Year 2: \$1,350 / Year 3: \$1,450 / Year 4: \$1,550

Brushing and flossing regularly is great, but there's more to good oral hygiene. It's also important to regularly go to the dentist.





Vision

Whether it's a routine eye exam, glasses or contact lenses, the vision plan has you covered.

Routine eye exams are important. Your eyes provide a unique look into your health and can reveal other health concerns such as stress, high cholesterol, diabetes, liver problems, and more.

	EyeMed	
	In-Network	Out-of-Network
Vision Care Service		
Exam (once every 12 months)	\$10 copay	Up to \$35
Retinal Imaging	Up to \$39	N/A
Contact Lens - Fit and Follow Up		
Standard	Up to \$55	No coverage
Premium	10% off retail	No coverage
Frames (once every 24 months)	\$100 allowance, 20% of balance over \$100 (no copay)	Up to \$45
Standard Plastic Lenses (once every 12 months)		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lens Options (paid by member and added to the base price of the lens)		
UV Coating		No coverage
Tint (Solid and Gradient)	\$15	No coverage
Standard Scratch Resistance	\$15	No coverage
Standard Polycarbonate	\$15	No coverage
Standard Anti- Reflective	\$40	No coverage
Standard Progressive	\$45	No coverage
Other	\$75	No coverage
	20% off retail	No coverage
Contact Lenses (once every 12 months, allowance covers materials only)		
Conventional	\$115 allowance, 15% off balance over \$115 (no copay)	Up to \$92
Disposable	\$115 allowance, (no copay)	Up to \$92
Medically Necessary	Paid in full, no copay	Up to \$200
LASIK or PRK Vision Correction Procedures	15% off retail price or 5% off promotional pricing	No coverage



Life Insurance and AD&D

If you have loved ones who depend on your income for support, having life and accidental death and dismemberment (AD&D) insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

City of Alpharetta Paid Life and AD&D Insurance

The City of Alpharetta provides all full-time employees working 30 hours per week or more with a life insurance benefit equal to 3.5 times salary, rounded to the next highest \$1,000, up to a maximum of \$750,000. The City of Alpharetta also provides Accidental Death and Dismemberment which pays an additional benefit equal to the basic life benefit if a death is due to an accident. As an additional benefit, the City of Alpharetta provides a \$5,000 spousal life insurance policy and a \$2,500 dependent child(ren) life benefit at NO COST to employees.

Voluntary Life and AD&D Coverage


In addition to the life insurance provided at no cost by the City of Alpharetta, you can purchase additional life insurance in increments of \$10,000 up to \$500,000 for yourself, and up to 100% of the employee benefit for your spouse in increments up to \$250,000. The child(ren) benefit amount is \$500 from 14 days to 6 months and \$10,000 from 6 months to age 26. You must purchase employee coverage to be able to purchase coverage for your spouse or child(ren).

Optional Accidental Death and Dismemberment (AD&D) insurance is available to you and your dependents. Optional AD&D insurance may only be elected if a member is already enrolled or enrolling in Optional Life Insurance.

Evidence of Insurability (EOI)

New York Life requires Evidence of Insurability (EOI) for employees who wish to increase their insurance amount. Evidence of Insurability requires you to complete a medical questionnaire, obtain a physical (at the carrier's request), and receive carrier approval before your insurance takes effect.

- **New Hires:** New hires in their initial enrollment period can elect up to \$100,000 employee coverage and \$30,000 spouse coverage with no medical EOI.
- **Marriage, Adoption or Birth:** If you are already enrolled in employee life, you can enroll new dependents if you follow normal event deadlines. If you wish to increase your employee life amount, you must complete the EOI form and submit within the normal life event deadlines.
- **Open Enrollment Period:** If you currently have life insurance coverage, you can continue your existing coverage. If you are requesting more coverage than you presently have, EOI is required. For employees who waived coverage as a new hire and are enrolling for the first time now, EOI is required for any amount.



Remember to add beneficiaries to your policy!



Disability Insurance

Disability plans, offered through New York Life, are intended to replace a portion of your income if an illness or injury leaves you unable to work. Disability benefits are subject to applicable taxes and are offset by any other income or disability benefits you receive (or are eligible to receive), such as Social Security and workers' compensation.

The City of Alpharetta pays the full cost of both STD and LTD benefits for all full-time employees!

Short-Term Disability

Short-Term Disability (STD) coverage pays you a benefit if you temporarily can't work because of an injury, illness or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition.

- Weekly Benefit: Equal to 66.67% of your basic salary to a maximum of \$2,500 per week
- Benefits begin: After the 15th day of disability
- Maximum Payment Period: 24 weeks

Long-Term Disability

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long period of time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

- Monthly Benefit: Equal to 60% of your monthly salary up to \$10,000 per month, after 6 months of a continuous disability
- Benefits begin: Begins on the 181st day of disability
- Maximum Payment Period: To age 65 or the Social Security Normal Retirement Age





Additional Benefits – Aflac

Accident Insurance

Accident coverage is designed to help meet the out-of-pocket expenses and extra bills that can follow an accidental injury. Indemnity lump sum benefits through Aflac are paid directly to you based on the amount of coverage listed in the schedule of benefits.

Cancer Care Insurance

Many people are concerned about the financial impact of a cancer diagnosis. Cancer Insurance through Aflac provides tax-free benefits for many of the costs associated with cancer treatment such as radiation, chemo, surgery, diagnostic tests and physician charges.

Critical Illness

Critical Illness insurance, available through Aflac, is designed to help you offset the financial effects of a catastrophic illness with a lump sum benefit if you or a covered dependent are diagnosed with a covered critical illness.

Dental

Benefits for periodic checkups and cleanings, x-rays, fillings, crowns, and much more. Aflac doesn't use a network of dentists, so you can go to any dentist you choose. There is no annual deductible and the policy maximum is \$1,400

Hospital Indemnity

Hospital Indemnity coverage, available through Aflac, pays a benefit when you are admitted to the hospital for a covered stay. This coverage can compliment your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds which can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.



To learn more about this benefit and obtain the rate sheet, please contact our Aflac representative Bart Irby.

404.932.2643

Barton_irby@us.aflac.com



Additional Benefits – Cincinnati Life

Voluntary Life Insurance

Life insurance is a way to help provide financial security for your family. This voluntary program through Cincinnati Life gives you the opportunity to purchase personally-owned life insurance for yourself, spouse, dependents and grandchildren.

Guaranteed Issue

No medical examination will be required for new hires. There is also a guaranteed issue for spouses of new hires 60 and under. All existing employees electing this plan for the first time will need to fill out an Evidence of Insurability (EOI) form.

Portable

You and your family members can keep your policies even if your employment ends or you retire.

Convenience

Premiums will be automatically deducted from your paycheck on a post-tax basis.

Two products to choose from:

- **Whole Life Insurance** provides you with coverage for your entire life. Unlike term, whole life is permanent. It provides coverage with guaranteed level premiums and death benefit that are guaranteed to be there as long as the premiums are paid.
- **Term Life Insurance** provides you with coverage for a specific period of time. Term life insurance offers great coverage when you have a temporary need or limited funds to purchase the amount of coverage needed.



To learn more about this benefit and rates, please contact our Cincinnati Life Insurance Company representatives Haley Gustavel and Jordan Gustavel

770.536.2218



Additional Benefits

Employee Assistance Program

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling and dependent care resources. Best of all, it's free!

Help is available 24/7, 365 days a year by telephone at 770.683.1327 or by emailing docnancyw@gmail.com or www.onesourcecounseling.com

In-person counseling may also be available, depending on the type of help you need.

Legal and Identity Theft Insurance

Identity theft is serious. Victims can spend hundreds, even thousands of dollars, and weeks of their own time to repair the damage done to their good names and credit records. ID Theft Insurance through LegalShield offers protection of your personal information through proactive monitoring, reactive identity restoration and resolution for an affordable monthly premium.

Help is available by calling 800.654.7757 or emailing memberservices@legalshield.com





Cost of Coverage

BI-WEEKLY MEDICAL BENEFIT COSTS								
Medical	HSA PLAN				HRA PLAN			
	EE Only	EE + SP	EE + CH(N)	Family	EE Only	EE + SP	EE + CH(N)	Family
Non-Wellness Rate (Tobacco User)	\$ 111.87	\$ 154.25	\$ 147.50	\$ 182.73	\$ 134.39	\$ 204.89	\$ 196.69	\$ 259.57
Non-Wellness Rate (Non-Tobacco User)	\$ 66.87	\$ 109.25	\$ 102.50	\$ 137.73	\$ 89.39	\$ 159.89	\$ 151.69	\$ 214.57
Wellness Rate (Tobacco User)	\$ 61.87	\$ 104.25	\$ 97.50	\$ 132.73	\$ 84.39	\$ 154.89	\$ 146.69	\$ 209.57
Wellness Rate (Non-Tobacco User)	\$ 16.87	\$ 59.25	\$ 52.50	\$ 87.73	\$ 39.39	\$ 109.89	\$ 101.69	\$ 164.57

BI-WEEKLY DENTAL BENEFIT COSTS			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$ 2.67	\$ 5.98	\$ 6.00	\$ 7.18

BI-WEEKLY VISION BENEFIT COSTS			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$ 1.00	\$ 1.50	\$ 1.50	\$ 3.00





Important Contacts

BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
Medical	Cigna	800.244.6224	www.myCigna.com
Health Savings Accounts	HSA Bank	800.357.6246	www.hsabank.com
Dental	Cigna	800.244.6224	www.myCigna.com
Vision	EyeMed	866.723.0514	www.eyemed.com
Life Insurance / AD&D	New York Life	800.362.4462	www.nyl.com
Disability	New York Life	888.842.4462	www.myNYLGBS.com
Flexible Spending Accounts	Admin America	770.992.5959	www.adminamerica.com claims@adminamerica.com customerservice@adminamerica.com
Supplemental Insurance	Aflac	404.932.2643	Barton_irby@us.aflac.com
Supplemental Insurance	Cincinnati Life	770.536.2218	lanierlandinsuranceagency@gmail.com
Retirement	Transamerica	800.755.5801	www.transamerica.com
Prepaid Legal Plan and Identity Theft	Legal Shield	800.654.7757	memberservices@legalshield.com
Employee Assistance Program	OneSource Counseling and Employee Assistance Services	770.683.1327	docnancyw@gmail.com www.onesourcecounseling.com

City of Alpharetta
Benefits Specialist
678.297.6042
Lrussell@alpharetta.ga.us

Alliant Insurance Services
Benefits Broker, Vice President
Todd.Bryant@alliant.com

Account Manager
Jay.Heller@alliant.com

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIPRA)

If you or your children are eligible for Medicaid or CHIPRA 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 CHIPRA programs. If you or your children aren't eligible for Medicaid or CHIPRA, 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 healthcare.gov.

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

If you/your dependents are NOT currently enrolled in Medicaid or CHIPRA, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIPRA office or dial 877-KIDS NOW or 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/your dependents are eligible for premium assistance under Medicaid or CHIPRA, 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. For questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866-444-EBSA (3272).

ALABAMA – Medicaid

Website: <http://myalhipp.com/>; Phone: 855-692-5447

ALASKA – Medicaid

The AK HIPP Program Website: <http://myakhipp.com/>

Phone: 866-251-4861;

Email: CustomerServiceatMyAKHIPP.com

Medicaid: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>; Phone: 855-692-7447

CALIFORNIA – Medicaid

HIPP Program Website: <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322; Fax: 916-440-5676;

Email: HIPAAtdhcs.ca.gov

COLORADO- Health First Colorado (Medicaid) & Child Health Plan Plus (CHP+)

Health First Colorado Website: www.healthfirstcolorado.com/

Health First Colorado Center: 800-221-3943/ State Relay 711

CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus

CHP+ Customer Service: 800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): www.colorado.gov/pacific/hcpf/health-insurance-buy-program;

Phone: 855-692-6442

FLORIDA – Medicaid

Website: www.flmedicaidprecovery.com/hipp/index.html;

Phone: 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: www.in.gov/fssa/hip/; Phone: 877-438-4479

Medicaid Website: www.in.gov/medicaid/;

Phone 800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>;

Phone: 800-257-8563

HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp

HIPP Phone: 888-346-9562

KANSAS – Medicaid

Website: www.kancare.ks.gov/; Phone: 800-792-4884

KENTUCKY – Medicaid

KI-HIPP Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>;

Phone: 855-459-6328;

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

KCHIP Phone: 877-524-4718; Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 888-342-6207 (Medicaid) or 855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: www.maine.gov/dhhs/ofi/applications-forms

Phone: 800-442-6003, TTY: Maine relay 711

Private Health Insurance Premium Webpage: www.maine.gov/dhhs/ofi/applications-forms;

Phone: 1-800-977-6740 TTY: Maine relay 711

Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: www.mass.gov/info-details/mashealth-premium-assistance-pa;

Phone: 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: 800-657-3739

MISSOURI – Medicaid

Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov;

Phone: 855-632-7633

Lincoln: 402-473-7000; Omaha: 402-595-1178

NEVADA – Medicaid

Website: <http://dhcfp.nv.gov>; Phone: 800-992-0900

NEW HAMPSHIRE – Medicaid

Website: www.dhhs.nh.gov/oii/hipp.htm

Phone: 603-271-5218

Toll free number for the HIPP program: 800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/;

Medicaid Phone: 609-631-2392

CHIP Website: www.njfamilycare.org/index.html

CHIP Phone: 800-701-0710

NEW YORK – Medicaid

Website: www.health.ny.gov/health_care/medicaid/

Phone: 800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>; Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: www.nd.gov/dhs/services/medicalserv/medicaid/

Phone: 844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: www.insureoklahoma.org; Phone: 888-365-3742

OREGON – Medicaid

Websites: <http://healthcare.oregon.gov/Pages/index.aspx>;

www.oregonhealthcare.gov/index-es.html;

Phone: 800-699-9075

PENNSYLVANIA – Medicaid

Website: [www.dhs.pa.gov/Services/Assistance/Pages/HIPP-](http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx)

Program.aspx; Phone: 800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: www.eohhs.ri.gov/

Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: www.scdhhs.gov; Phone: 888-549-0820

SOUTH DAKOTA- Medicaid

Website: <http://dss.sd.gov>; Phone: 888-828-0059

TEXAS – Medicaid

Website: <http://gethiptexas.com/>; Phone: 800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>;

Phone: 877-543-7669

VERMONT– Medicaid

Website: www.greenmountaincare.org/; Phone: 800-250-8427

VIRGINIA – Medicaid and CHIP

Websites: www.coverva.org/en/famis-select;

www.coverva.org/en/hipp; Medicaid Phone: 800-432-5924

CHIP Phone: 800-432-5924

WASHINGTON – Medicaid

Website: www.hca.wa.gov/; Phone: 800-562-3022

WEST VIRGINIA – Medicaid

Websites: <https://dhhr.wv.gov/bms/>

<http://mywvhipp.com/>

Medicaid Phone: 304-558-1700; CHIP Phone: 855-699- 8447

WISCONSIN – Medicaid and CHIP

Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm

Phone: 800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>; Phone: 800-251-1269

To see if other states have added a premium assistance program since 1/31/2022, or for more information on special enrollment rights, contact:

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

Website: www.cms.hhs.gov;

Phone: 877-267-2323, Option 4, Ext. 61565

U.S. Department of Labor

Employee Benefits Security Administration

Website: www.dol.gov/agencies/ebsa;

Phone: 866-444-EBSA (3272)

WOMEN'S HEALTH AND CANCER RIGHTS ACT

This law requires group health plans providing coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. The law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will also receive coverage for:

- surgery and reconstruction of the other breast to produce a symmetrical appearance
- treatment of physical complications of all stages of mastectomy, including lymphedema
- reconstruction of the breast on which the mastectomy has been performed
- prostheses

This coverage will be provided in consultation with the attending physician and the patient and is subject to the same annual deductibles and coinsurance provisions applicable to the mastectomy. For questions about coverage of mastectomies and reconstructive surgery, please contact the Member Services number on the back of your medical ID card.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Your employer would like to communicate the availability of its Notice of Privacy Practices. At any time, a copy of the current Notice of Privacy Practices may be obtained by contacting your HR Department.

HIPAA SPECIAL ENROLLMENT RIGHT

Loss of Other Coverage: If you have declined or will be declining enrollment for yourself and/or your dependents because of other in-force health plan coverage, you may be able to enroll yourself and/or your dependents in this plan in the future. If you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards other group health plan coverage, it may trigger a special enrollment right.

You must request enrollment in this plan within 30 days after the other coverage ends. You will be required to submit proof of prior coverage, such as a coverage termination letter from an insurance company or employer.

New Dependent: If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependents. This triggers a special enrollment right. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. You will be required to submit proof of a newly eligible dependent, such as a marriage certificate or birth certificate.

Termination of Medicaid or CHIPRA Coverage: If you and/or your dependents are covered under a Medicaid plan or a state child health insurance plan (CHIPRA), and coverage under such a plan is terminated as a result of loss of eligibility, you may be able to enroll yourself and/or your dependents in this plan, as it may trigger a special enrollment right. To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date Medicaid or state-sponsored CHIPRA coverage ends.

Eligibility for Premium Assistance Under Medicaid or CHIPRA: If you and/or your dependents become eligible for premium assistance under Medicaid or a state CHIPRA, including under any waiver or demonstration project conducted under or in relation to such a plan, you may be able to enroll yourself and/or your dependents in this plan, as it may trigger a special enrollment right. This is usually a program where the state provides employed individuals with premium payment assistance for their employer's group health plan, rather than direct enrollment in a state Medicaid program. To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date you and/or your dependents become eligible for premium assistance under Medicaid or a state CHIPRA.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

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 2024 for coverage starting as early as January 1, 2025.

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 9.12% 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*.

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: Janice Collins, HR Director.

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

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

IMPORTANT NOTICE 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
- 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, 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:	July 1, 2024
Name of Entity/Sender:	Leslie Russell
Contact--Position/Office:	Benefits Specialist / City of Alpharetta
Address:	2 Park Plaza, Alpharetta, GA 30009
Phone Number:	678.297.6042

NOTICE REGARDING WELLNESS PROGRAM

The City of Alpharetta's wellness activities and offerings are voluntary and available to all employees. The activities are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. As part of wellness program activities, you may be asked to complete a voluntary health assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete an annual physical. You are not required to complete the health assessment or to participate in other medical examinations.

Small incentives may be available for employees who participate in certain wellness-related activities [wellness challenges, educational events, etc.]. If you are unable to participate in any of the wellness activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

The information from your Health Assessment and the results from any health screenings will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as health coaching or other relevant programming. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. The City of Alpharetta may use aggregate information it collects to design a program based on identified health risks in the workplace. Wellness program vendors will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are medical professionals to provide you with services under the wellness program.

In addition, all medical information obtained through wellness activities will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness activities, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in wellness activities, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

FEDERAL LEGISLATION KNOWN AS MICHELLE'S LAW

Michelle's Law generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year. See your plan documents for additional details or contact your Human Resource Department for assistance.

