

Please see reverse side for important information concerning this year's Benefits Enrollment

Medical – Anthem (In-Network Benefits with Blue Open Access POS network)			
	Value 70	Value 80	Premier 90
Calendar Year Deductible			
• Single	\$2,000	\$1,500	\$500
• Family Maximum	\$6,000	\$4,500	\$1,500
Out-of-Pocket Maximum			
• Single	\$7,350	\$6,000	\$5,000
• Family Maximum	\$14,700	\$12,000	\$10,000
Coinsurance	70%	80%	90%
Preventive Care	100% (no copay)	100% (no copay)	100% (no copay)
Office Visit Copay			
• Primary	\$40 copay	\$35 copay	\$25 copay
• Specialist	\$80 copay	\$70 copay	\$50 copay
LiveHealth Online Medical Visit	\$0 copay	\$0 copay	\$0 copay
Maternity Physician Services	\$300 copay	\$300 copay	\$300 copay
Physical, Occupational, and Speech Therapy – 40 visit limit per year. Chiropractic Care – 30 visit limit per year.	\$80 copay	\$70 copay	\$50 copay
Hospital/Inpatient Services	Member pays 30% after deductible	Member pays 20% after deductible	Member pay 10% after deductible
Outpatient Surgery at Hospital	Member pays 30% after deductible	Member pays 20% after deductible	Member pay 10% after deductible
Outpatient Surgery at Free Standing Surgical Center	Member pays 30% after deductible	Member pays 20% after deductible	Member pay 10% after deductible
Emergency Room	\$350 copay + 30% coinsurance Waived if admitted to Hospital	\$250 copay + 20% coinsurance Waived if admitted to Hospital	\$150 copay + 10% coinsurance Waived if admitted to Hospital
Urgent Care	\$60 copay	\$50 copay	\$35 copay
Pharmacy (retail 30 days) Deductible	None	None	None
• Tier 1	\$15 copay	\$12 copay	\$10 copay
• Tier 2	\$55 copay	\$45 copay	\$30 copay
• Tier 3	\$70 copay	\$65 copay	\$50 copay
• Tier 4	20% up to a \$300 max	20% up to a \$250 max	20% up to a \$200 max

Dental – MetLife		
	Low Option Plan	High Option Plan
Calendar Year Deductible		
• Single	\$50	\$50
• Family Max	\$150	\$150
Annual Benefit Maximum	\$1,500 Calendar Year	\$2,000 Calendar Year
Diagnostic/Preventive Services	100% Coverage (no deductible)	100% Coverage (no deductible)
Basic Treatment	80% Coverage (subject to deductible)	90% Coverage (subject to deductible)
Major Treatment	50% Coverage (subject to deductible)	60% Coverage (subject to deductible)
Orthodontia	50% Coverage - \$1,500 Lifetime Max	50% Coverage - \$1,500 Lifetime Max
Waiting Period	None	None

Vision – Anthem (Network – Blue View)		
	In-Network	Non-Network
Vision Exam	\$10 copay	Up to 60%
Contacts Fitting		
• Standard	Up to \$55	Not Covered
• Premium	10% off retail price	
Contact Lenses		
• Elective	Up to \$130 allowance	Up to \$130 allowance
• Medically Necessary	Covered in full	Up to \$210 allowance
Standard Plastic Lenses		Reimbursement
• Single Vision	\$20 copay	Up to 60%
• Bifocal	\$20 copay	Up to 60%
• Trifocal	\$20 copay	Up to 60%
Frames	Up to \$130 allowance; 20% off additional cost	Up to \$130 reimbursement
Benefit Frequency		
• Exam	Once every calendar year	
• Lenses	Once every calendar year	
• Frames	Once every calendar year	

**OPEN ENROLLMENT**  
**October 14 – October 25, 2024**

Macon-Bibb County is pleased to announce there will only be a slight increase to the cost of your dental insurance for this year! You may have an increase in your life and disability cost if you have had an increase in salary, if you increase your voluntary life coverage, or if you enter the next five-year age increment.

**Benefit/Enrollment Questions**  
NFP  
1-833-783-6388  
[NFPseCustomerService@NFP.com](mailto:NFPseCustomerService@NFP.com)

**Medical Benefits**  
Anthem  
1-855-397-9269  
[www.anthem.com](http://www.anthem.com)

**Dental Benefits**  
MetLife  
1-800-438-6388  
[www.metlife.com](http://www.metlife.com)

**Vision Benefits**  
Anthem  
1-866-723-0515  
[www.anthem.com](http://www.anthem.com)

**Life and A&D Benefits**  
MetLife  
1-800-275-4638  
[www.metlife.com](http://www.metlife.com)

**Short/Long Term Disability**  
The Standard  
1-800-368-1135  
[www.standard.com](http://www.standard.com)

**Flexible Spending Accounts**  
Medcom  
1-800-523-7542  
[www.medcombenefits.com](http://www.medcombenefits.com)

**Aflac**  
1-800-433-3036  
[www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com)

**Legal Services**  
ARAG  
1-800-247-4184  
[www.araglegal.com](http://www.araglegal.com)

**Identity Theft Protection**  
Allstate  
1-800-789-2720  
[www.allstate.com/aip](http://www.allstate.com/aip)

**Open Enrollment for 2025 will offer three options (listed below) to complete your enrollment. It will not be mandatory.**

- The NFP Service Center can offer you the convenience of calling between the hours of 8:30 a.m. to 5:00 p.m. Monday through Friday and speak with an enroller to complete your enrollment.
- Meet with an enroller on-site at the specified days and times. Meetings will be conducted in the Macon-Bibb County Government Center **Multipurpose Room** (1<sup>st</sup> floor, lower level) located at 700 Popular Street, Macon, GA 31201.

**Enrollment Dates will be October 14<sup>th</sup> to October 25<sup>th</sup>, 2024**  
**Monday through Friday, 8:30 a.m. to 4:30 p.m. (Ends at 2:30 p.m. each Friday)**

- Online Enrollment will enable you to complete the enrollment yourself. To enroll, go to [maconbibb.bswift.com](http://maconbibb.bswift.com). **Username** is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jd0e4567). **Passwords** will be reset prior to the start of open enrollment and will be the last 4 digits of your Social Security number (ex. 4567).

**Basic Life/AD&D – MetLife**

Macon-Bibb provides Basic Life & AD&D Insurance to all eligible employees. Amounts vary based on when you were hired.

**Optional Voluntary Life and AD&D – MetLife**

Voluntary life will be offered through MetLife for 2025. You can now elect coverage up to \$1,000,000 but no more than 10x salary in increments of \$10,000. Any increase in coverage will require an evidence of insurability (EOI) that must be approved by MetLife.

**Dependent Optional Voluntary Life and AD&D – MetLife**

Dependent voluntary life will be offered through MetLife for 2025. You can now elect up to \$500,000 in \$10,000 increments on your spouse. For your child(ren), you can select either \$10,000 or \$20,000 of coverage. You must have at least the minimum amount on yourself. Any increase in coverage will require an evidence of insurability (EOI) and must be approved by MetLife (does not apply to children). Accidental Death & Dismemberment coverage can be elected on dependents.

**Short Term Disability – The Standard**

Short-term disability will be offered through The Standard for 2025 to help replace your income in the event of an illness or off job accident. You will receive 60% of your salary up to \$1,000 weekly max for up to 90 days after a 14-day elimination period. This means from the date the doctor places you out of work or the date of accident, you must be out of work for 14 calendar days and then your disability benefits will begin on the 15<sup>th</sup> day. Future enrollments will have a 60-day benefit waiting period for late enrollees in the event of sickness or pregnancy. No health questions are required for late entrants, but there will be late entrant penalties. See enrollment guide for additional information on late penalties.

**Long Term Disability – The Standard**

Long-term disability will be offered through The Standard for 2025; however, pre-existing condition exclusions will apply. This coverage helps replace your income in the event of an illness or off the job accident. You will receive up to 60% of your salary up to a maximum of \$5,000 per month. You have the option to choose from two plans. Plan 1 will take affect after a 180-day elimination period for up to a maximum benefit duration of two years. Plan 2 will take affect after a 90-day elimination period for up to a maximum benefit duration to your Social Security Normal Retirement Age. If you receive short-term disability benefits, long-term disability benefits will automatically begin upon conclusion of your short-term disability benefit. Health question are required for late entrants.

**Flexible Spending Accounts – Medcom**

You can set aside pre-tax dollars into a Healthcare Flexible Spending Account to be used for eligible healthcare, dental, and/or vision expenses. The maximum contribution amount for 2025 is \$3,200. If you participate, you will receive a debit card from Medcom as a way of accessing funds. You can also set aside pre-tax dollars into a Dependent Care Flexible Spending Account to be used for eligible dependent care expenses.

**Additional Coverage Offerings:**

Aflac Offerings – Accident, Critical Illness, Hospital Indemnity, and Whole Life

Legal Services – ARAG

Identity Theft Protection – Allstate

**Cost of Benefits**

An Employees benefit guide will be provided to all employees and will be emailed at a later date. The cost of each benefit is listed in the guide. In addition, cost of benefits will be listed online (bswift) as you walk through the open enrollment process.

Wellness Discount: Active employees can earn a discount of \$50.00 per pay period on their medical coverage.

Non-Tobacco Use Discount: You can earn an additional \$17.50 discount per pay period for active employees on your medical coverage if you do not use tobacco.