

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 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.
- Online Enrollment will enable you to complete the enrollment yourself. To enroll, go to [maconbibb.bswift.com](http://maconbibb.bswift.com). Your **Username** is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567). **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).
- Meet with an enroller onsite 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**

**All enrollment days will be 8:30 a.m. to 4:30 p.m. (Ends at 2:30 p.m. each Friday)**

### Basic Life/AD&D – MetLife

If you were hired prior to May 1, 2011 and are retired, Macon-Bibb provides you with a basic group life policy from MetLife. The basic life coverage is based on the benefits offered at the time of your retirement.

If you were hired after May 1, 2011 and are retired, no retiree life insurance benefits are provided.

### 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 the dental insurance for this year!

#### 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)

### Retiree Cost Per Month

Coverage Tier	Medical			Dental		Vision
	Value 70	Value 80	Premier 90	Low Option	High Option	
Employee	\$135.00	\$185.00	\$250.00	\$28.76	\$34.08	\$4.80
Employee + One	N/A	N/A	N/A	\$57.67	\$68.33	N/A
Employee + Spouse	\$325.00	\$390.00	\$485.00	N/A	N/A	\$8.44
Employee + Child(ren)	\$300.00	\$350.00	\$455.00	N/A	N/A	\$9.15
Employee + Family	\$450.00	\$525.00	\$650.00	\$94.04	\$111.45	\$13.95

Wellness Discount: Retirees can earn a discount of \$100.00 per month on your medical coverage.

Non-Tobacco Use Discount: You can earn an additional \$35.00 per month for retirees on your medical coverage if you do not use tobacco.