



# Paulding County Board of Commissioners

## Employee Benefits At A Glance 2025

### Medical – Anthem

	Anthem HRA Option 2	Anthem HRA Option 1	Anthem POS
Health Reimbursement Account	You have a first dollar Health Reimbursement Account (HRA) and receive funds based on the following plan entry dates: 1/1 to 3/31 4/1 to 6/30 7/1 to 9/30 10/1 to 12/31		N/A
Calendar Year Deductible			
• Single	\$4,000	\$3,200	\$2,500
• Family	\$8,000	\$6,400	\$5,000
Out-of-Pocket Maximum			
• Single	\$9,000	\$8,000	\$5,000
• Family	\$18,000	\$16,000	\$10,000
Coinsurance	80%	80%	80%
Preventive Care	100% (no copay)	100% (no copay)	100% (no copay)
Office Visit Copay			
• Primary	Deductible + Coinsurance	Deductible + Coinsurance	\$30
• Specialist	Deductible + Coinsurance	Deductible + Coinsurance	\$60
Hospital/Inpatient Services	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance	Deductible + Coinsurance	\$300 + 20% Coinsurance
Urgent Care	Deductible + Coinsurance	Deductible + Coinsurance	\$75
Pharmacy (retail 31 days)			
• Tier 1	\$15 copay	\$15 copay	\$15 copay
• Tier 2	\$40 copay	\$40 copay	\$40 copay
• Tier 3	\$60 copay	\$60 copay	\$60 copay
• Tier 4	20% up to \$150	20% up to \$150	20% up to \$150
Mail Order (90 days)			
• Tier 1	\$38 copay	\$38 copay	\$38 copay
• Tier 2	\$100 copay	\$100 copay	\$100 copay
• Tier 3	\$150 copay	\$150 copay	\$150 copay
• Tier 4	20% up to \$150	20% up to \$150	20% up to \$50

### Dental – Anthem

Calendar Year Deductible	
• Single	\$50
• Family Max	\$150
Annual Benefit Maximum	\$1,000 Calendar Year
Annual Max Rollover	A yearly chance to carry over part of your annual maximum from one year to the next, if your dental claims are less than the amount stated in your plan. You can earn a reward each year you qualify – up to the annual benefit maximum of your plan.
Diagnostic/Preventive Services	100% Coverage (no deductible)
Basic Treatment	80% Coverage (subject to deductible)
Major Treatment (now includes coverage on implants)	60% Coverage (subject to deductible)
Orthodontia Services (Child Only – up to age 26)	60% Coverage Annual Benefit Maximum: \$1,000

### Vision – Anthem

	In-Network	Non-Network
Vision Exam	\$10 copay	Up to \$30 allowance
Contacts Fitting	Member cost up to \$40 with 10% off retail price for premium.	Not Covered
• Standard		
• Premium		
Contact Lenses	Up to \$140 allowance; 15% off balance Covered in full	Up to \$112 allowance Up to \$200 allowance
• Elective		
• Medically Necessary		
Standard Plastic Lenses	Covered in full after a \$25 copay	Up to \$25 Up to \$40 Up to \$55
• Single Vision		
• Bifocal		
• Trifocal		
Frames	Up to \$140 allowance; 20% off additional cost	Up to \$70 allowance
Benefit Frequency		
• Exam	Once per plan year	
• Lenses	Once per plan year	
• Frames	Once every two plan years	

**Basic Life/AD&D – Anthem Life**

Paulding County Board of Commissioners provides all eligible employees with Basic Life & AD&D Insurance. The amount of your benefit to be paid to your designated beneficiary is based upon the following classification of your employment:

- Group I -- Elected Officials -- \$50,000
- Group II -- All other full-time employees -- 1 times salary to a maximum of \$100,000

The Amount of Basic Life Insurance will be reduced by 50% at age 70 and coverage terminates at retirement.

**For your enrolled dependents:**

- Your spouse will have life insurance of \$5,000.
- Each child older than 14 days will have life insurance of \$2,500.

**Supplemental Life/AD&D – Anthem Life**

Eligible employees have the option to purchase additional term life insurance. Employees can elect up to \$500,000, not to exceed 7 x their annual salary, in \$25,000 increments. New Hires will have a guaranteed issue amount of \$250,000. All amounts over the guaranteed issue amount will require an evidence of insurability form. If you elect coverage for yourself, you may also elect coverage for your eligible dependents as outlined below:

- Spouse – You may elect up to \$250,000, not to exceed 100% of the amount you elect on yourself. \$62,500 is Guarantee Issue if elected when first eligible.
- Child(ren) – Coverage is available for your child(ren) from birth up to 26 years: \$10,000 for each child.

If you elect at least \$25,000 when first eligible, you are eligible to increase your employee and/or spouse coverage by one increment, not to exceed the guaranteed issue amount.

**Short-Term Disability – Anthem Life**

Eligible employees receive Short Term Disability at no cost. If deemed disabled, you will receive 60% of your weekly pre-disability salary, to a maximum of \$830. Benefits begin on the 15<sup>th</sup> day of disability for non-occupational injury and the 15<sup>th</sup> day for non-occupational sickness or pregnancy. Benefits are payable up to 24 weeks.

**Long-Term Disability – Anthem Life**

Eligible employees receive Long Term Disability at no cost. You will receive 60% of your pre-disability monthly salary, to a maximum of \$7,500 less deductible sources of income and disability earnings. Benefits will begin on the 181<sup>st</sup> day of disability and could continue until up to your Social Security Retirement Age if you are disabled before age 60. If disabled after age 60, benefits are payable according to an age-based schedule.

**Flexible Spending Accounts – Medcom**

Employees everyday set aside pre-tax dollars into a Healthcare Flexible Spending account to be used for eligible healthcare, dental, or vision expenses. The maximum contribution amount for 2024 is \$3,300. Up to \$660 of unused funds can be rolled over each year. Employees also everyday set aside pre-tax dollars into a Dependent Care Flexible Spending account to be used for eligible dependent care expenses. The amount you may set aside depends on when you are eligible for benefits. If you are eligible for benefits on May 1, the maximum you may set aside is \$5,000 if single or married filing jointly, or \$2,500 if married filing separately, and the maximum is then prorated each month following. Employees will receive a debit card from Medcom as a way of accessing funds for either account.

**Employee Assistance Program (EAP) – ComPsych**

As a valued employee, you and your family have access to the EAP, at no cost to you. The EAP provides you with four free face-to-face visits with a counselor, unlimited free telephonic counselors available 24 hours a day, 7 days a week, 24-Hour Crisis Line, unlimited telephonic access to financial experts, a website featuring information on health and wellness, family, relationships, career, education, personal finances, laws and regulations, and more.

**Health Advocate**

Available to those who enroll in the Medical/Rx plan package and includes Medical Bill Saver and MedChoice Support. Medical Bill Saver can help negotiate medical and dental bills to result in significant savings and will also provide you with easy-to-read, personal Savings Result Statement, summaries outcome and payment terms. You, your spouse, dependent children, parents, and parents-in-law can all use the service. MedChoice Support is an online, self-directed, resource that provides you access to independently developed and widely accepted medical information to help you share in the decision-making process with your healthcare provider.

**Accident:** Employees can purchase an Accident policy that provides employees with financial compensation for covered services based on a schedule of benefits.

**Critical Illness:** Employees can purchase a Critical Illness policy that pays out a lump sum amount upon diagnosis of a covered critical illness. Employees can election amounts up to \$30,000 for employees and \$15,000 for spouses (not to exceed 50% of Employee amount). Children are automatically covered at 50% of the employee benefit amount.

**Hospital Indemnity:** Employees can purchase a Hospital Indemnity policy that provides employees with financial compensation for hospital confinement based on the schedule of benefits.

**\*NEW\* Symetra Health (Powered by Ansel):** Employees can elect this supplementary health plan to help pay for over 13,000 conditions that could transpire in everyday life.

**Payroll deductions displayed are bi-weekly.**

**Benefit/Enrollment Questions**

NFP

770-382-0951

[www.nfpsebenefits.net/pauldingcounty](http://www.nfpsebenefits.net/pauldingcounty)**Medical Benefits**

Anthem

1-800-331-1476

[www.anthem.com](http://www.anthem.com)**Dental Benefits**

Anthem

1-800-331-1476

[www.anthem.com](http://www.anthem.com)**Vision Benefits**

Anthem

1-800-331-1476

[www.anthem.com](http://www.anthem.com)**Life and A&D Benefits**

Anthem Life

1-800-552-2137

[www.anthem.com](http://www.anthem.com)**Short Term Disability**

Anthem Life

1-800-232-0113

[www.anthem.com](http://www.anthem.com)**Long Term Disability**

Anthem Life

1-800-232-0113

[www.anthem.com](http://www.anthem.com)**Flexible Spending Accounts**

Medcom

1-800-523-7542, Option 1

[www.medcombenefits.com](http://www.medcombenefits.com)**Health Advocate**

1-866-695-8622

answers@healthadvocate.com

[www.healthadvocate.com/paulding](http://www.healthadvocate.com/paulding)**Aflac**

1-800-433-3036

[www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com)**Employee Assistance Program (EAP)**

ComPsych

1-312-595-4000

[www.guidanceresources.com](http://www.guidanceresources.com)

Coverage Tier	Anthem HRA Option 2 (includes enrollment in Anthem dental plan)	Anthem HRA Option 1 (includes enrollment in Anthem dental plan)	Anthem POS (includes enrollment in Anthem dental plan)	Anthem Vision
Employee	\$2.54	\$12.10	\$60.50	\$2.58
Employee + Family	\$73.01	\$103.26	\$181.91	\$6.16