PAULDING COUNTY
GEORGIA
EXPLORE · UNWIND · THRIVE

Paulding County Board of Commissioners
2025 - 2026 Benefits Enrollment Guide

Welcome to your 2025 Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Paulding County Board of Commissioners. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team will continue to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements Paulding County Board of Commissioners policies.

The plan year is in effect from May 1, 2025 to April 30, 2026. This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract), available from the plan carriers, for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in, or receive, benefits from any benefit plan.

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.

Table of Contents

This guide describes the benefit plans available to you as an eligible employee of Paulding County Board of Commissioners. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Paulding County Board of Commissioners and NFP.

What's New for 2025?

Below is a brief description of each benefit coverage that is being offered:

- **Medical:** Medical coverage will continue to be administered through Anthem. Employees will have the same three plan options to choose from with no changes to the plan benefits and no change to rates.
- **Dental:** The dental coverage will continue to be bundled with medical and administered through Anthem with child orthodontia now being offered up to age 26
- **Vision:** The vision coverage will continue to be administered through Anthem with no changes to plan details and rates.
- **Basic Life:** The basic life coverage will continue to be administered by Anthem Life, with benefit amounts remaining the same.
- **Voluntary Life:** The voluntary life for you and your dependents will continue being administered by Anthem Life. If you previously enrolled in coverage, you may increase coverage by one increment (not to exceed the guaranteed issue amount), for you and your spouse, without answering medical questions. Any new enrollment in coverage, increase of more than one increment, or increase over the Guaranteed Issue amount will require health questions to be answered.
- **Child Life:** The child life insurance benefit is now being offered to child from birth to age 26.
- **Short-Term and Long-Term Disability:** Your group short term and long-term disability will be offered through Anthem Life. Paulding County Board of Commissioners will continue to provide you with these benefits at no cost to you.
- **Medical/Dependent Care FSA:** Your FSA benefits will continue to be offered through Medcom, but there is now a Healthcare FSA maximum of $3,300. If you wish to enroll in Flexible Spending for the 2025-2026 plan year, **you must** make an active election in bswift. Unless you have experienced a qualifying life event, you may not enroll in this benefit until next open enrollment
- **Health Advocate:** This benefit will continue to be provided to you at no cost by Paulding County Board of Commissioners.
- **Employee Assistance Program (EAP):** This benefit is offered through ComPsych and is provided to all benefit eligible employees by Paulding County Board of Commissioners, at no cost.
- **Group Critical Illness, Group Hospital Indemnity, and Group Accident Coverage**: These benefits continue to be offered through AFLAC to all benefit eligible employees.
- **NEW – Voluntary Symetra Health powered by Ansel:** A supplemental health insurance plan that pays a lump-sum benefit if you are diagnosed with any of 13,000+ covered conditions.

Click here to view the 2025 open enrollment presentation!

Benefits Resource Center

NFP provides the Paulding County Board of Commissioners Employees a Benefit Resource Center website that gives you easy access to all the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains important documents such as, plan summaries, enrollment guide, claim forms, contacts, access to the bswift enrollment portal, and important links.

Please visit the Benefit Resource Center site at www.nfpsebenefits.net/pauldingcounty to view important benefit information. If you need assistance or have questions, please contact the **NFP** service center at **770-382-0951**.

Before You Enroll – Things to Know

You are REQUIRED to **provide the following information or documentation** for all dependents and beneficiaries:

- Name
- Date of birth
- Social Security number

Annual Enrollment period is Monday, March 31st, 2025 – Friday, April 11th, 2025

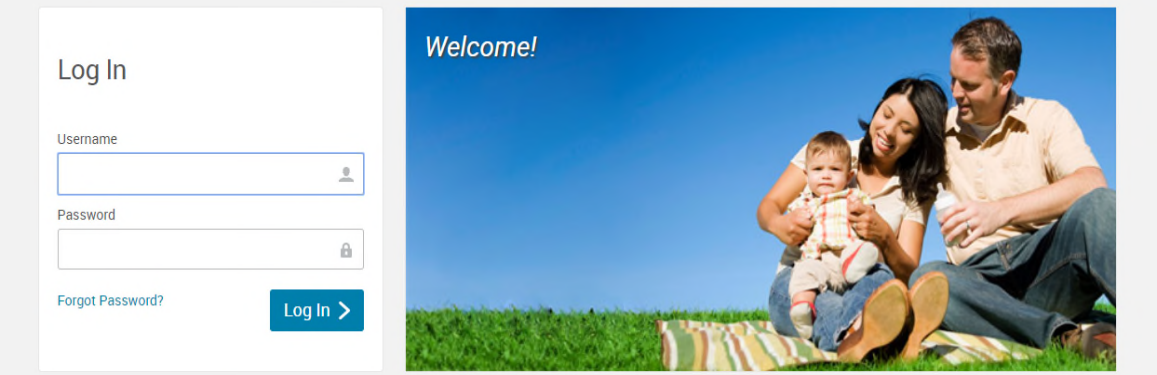
HOW TO ENROLL
Go to https://paulding.bswift.com/

At this time, make sure to disable your pop-up blocker.

At the enrollment website enter your Username and Password.

- **Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).**
- **Password is the last 4 digits of your Social Security number (ex. 4567).**

You will then be prompted to create a permanent password.



Please contact NFP at 678-535-6351 to speak with a benefit consultant if you need assistance with your enrollment.

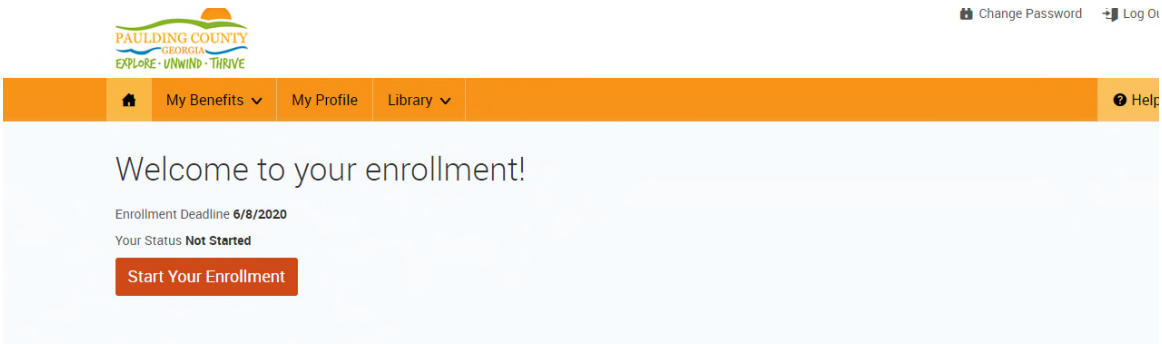
Open Enrollment is your opportunity to make changes to plans, tiers, coverage amounts, etc. Unless you experience a qualifying life event, you will be unable to make changes until open enrollment next year.

How To Enroll

To Begin:

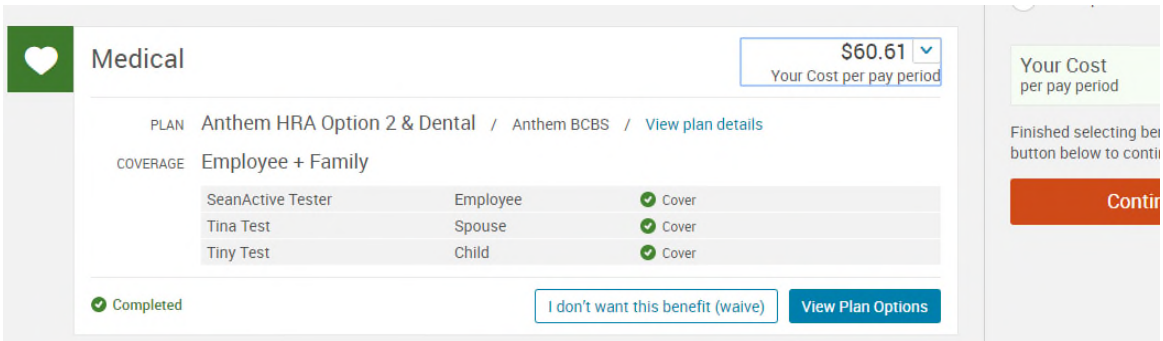
1) From the "Home Page" click on the "Start Your Enrollment" button, to begin the election process.

2) You will be asked to verify your demographic information, and then you will be asked to verify your dependent information. If you wish to add dependents to coverage, please add them on the Family Information page.

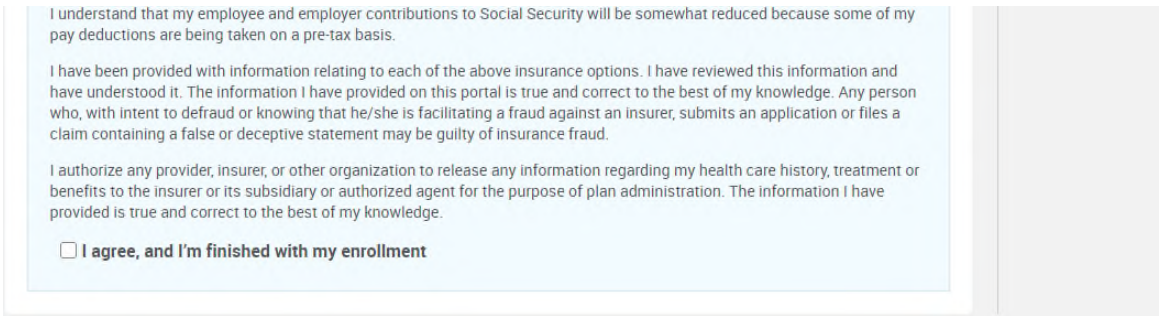


3) Under the benefit selection section, you are able to View Plan Options, choose the dependents you wish to cover, compare plans and make a plan selection. If you wish to waive coverage, simply click the "I don't want this benefit (waive)" button.

4) Select your beneficiaries for Basic Life and Voluntary Life (if applicable).



5) Once you have reviewed and completed your enrollment, click on "I Agree and I am finished with my enrollment", then click on "Save My Enrollment".



6) You will now be taken to the enrollment complete page where you can either view, print or email your confirmation statement.

Note: The enrollment images within this guide are for illustrative purposes only.

Medical Plan Options – Anthem

Paulding County Board of Commissioners Medical Plans will be administered by Anthem for the 2025-2026 plan year. The chart below includes the most utilized coverages. To locate a participating provider, go to www.anthem.com and select Find Care. Your Network is: Blue Open Access POS.

Benefit	HRA 2	HRA 1	POS
Deductible	$4,000 Individual $8,000 Family	$3,200 Individual $6,400 Family	$2,500 Individual $5,000 Family
Coinsurance	80% plan/20% member	80% plan/20% member	80% plan/20% member
Maximum Annual Out of Pocket Limit	$9,000 Individual $18,000 Family	$8,000 Individual $16,000 Family	$5,000 Individual $10,000 Family
Routine Preventative Care	Member pays 0%	Member pays 0%	Member pays 0%
Office Visits (PCP/Specialist)	Member pays 20% after deductible	Member pays 20% after deductible	$30 / $60 copay
Maternity Physician Services	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 20% after deductible
Physical, Occupational, and Speech Therapy – 20 limit per year Chiropractic Care – 20 limit per year	Member pays 20% after deductible	Member pays 20% after deductible	$30 copay
Diagnostic Imaging (MRI, MRA, CT and PET Scans)	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 20% after deductible
Urgent Care Center	Member pays 20% after deductible	Member pays 20% after deductible	$75 copay
Emergency Room	Member pays 20% after deductible	Member pays 20% after deductible	$300 copay + 20%
Hospital/Inpatient Facility Services	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 20% after deductible
Outpatient Surgery at Hospital or Free-Standing Facility	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 20% after deductible
Durable Medical Equipment	Member pays 20% after deductible	Member pays 20% after deducible	Member pays 20% after deductible
Prescription Drugs Tier 1 Retail/ Preferred Generic Tier 2 Retail/ Preferred Brand Tier 3 Retail/ Non-Preferred Tier 4 Retail/ Specialty	 $15 copay $40 copay $60 copay $20% to $150	 $15 copay $40 copay $60 copay $20% to $150	 $15 copay $40 copay $60 copay 20% to $150

Each medical plan will be bundled with dental coverage.
Dental plan details are on page 18 along with the bundled rates.

Health Reimbursement Arrangement – Anthem

If you choose to enroll in the Anthem HRA Option 1 or Anthem HRA Option 2 plan, then you will be able to have some of your deductible expenses funded by Paulding County Board of Commissioners, as described below:

You have a first dollar Health Reimbursement Account (HRA) and receive funds based on the following plan entry dates.	
1/1 to 3/31	$1,000 for individual or $2,000 for family
4/1 to 6/30	$750 for individual or $1,500 for family
7/1 to 9/30	$500 for individual or $1,000 for family
10/1 to 12/31	$250 for individual or $500 for family

Mechanics of the HRA

1. First, Anthem will process the medical claim according to the medical benefit plan – to determine whether or not the claim is covered.
2. Then, if you have funds in your Health Reimbursement Account (HRA) to cover you portion of the expense:
   - For In Network providers: Anthem will pay your portion directly to your In Network provider,
   - For Out of Network providers: Anthem will send your portion to you, and you will make payment to the Out of Network provider.

Once the claim is processed by Anthem, you will receive an explanation of benefits (EOB) for the HRA with your balance. You may also check your balance by logging in at www.anthem.com or by calling Anthem customer service at (the number on your ID card).

Note: If the claim is In Network and due to preventive/wellness, Anthem pays the provider directly for the covered service portion of the claim and does not reduce the HRA balance.

3. If there are not sufficient funds in the HRA, you may be billed by your provider.
4. If provider asks you to pay for services before the claim is submitted, ask them to please file the claim as normal with Anthem. It is important that Anthem follows the 3 steps above.

If you do make a payment to your provider at the time of service and your HRA has funds, you will need to contact your provider to be reimbursed once the claim is processed.

For medical claims (prescription drug claims are handled outside of the HRA), the HRA will pay your portion of the expense from your Health Reimbursement Account:

- directly to In Network providers, and
- to you for Out of Network providers.

If you visit a provider and do not authorize the provider to submit claims on your behalf, you will need to submit the claim to the claim address on the back of your ID card.

Please note: Any funds remaining in your HRA at the end of the plan year (April 30, 2026) will be rolled over.

Get more from your health plan

Your health reimbursement account (HRA) will help you pay for healthcare costs

How your HRA works

1. Your employer funds your HRA.
The amount depends on which plan you choose:

- $1000.00- Employee
- $2000.00 - Employee +1
- $2000.00 - Employee + Child(ren)
- $2000.00 - Family

3. Unused funds in your HRA roll over to the next plan year.

As long as you stay enrolled in your HRA plan, you can roll over up to $1000.00 for individual coverage and $2000.00 for family coverage in unused funds each year. Your HRA balance will roll over on April 1, 2025, for the 2025 plan year. During this time, your rollover dollars can help pay for services received in 2024 and 2025 plan years.

2. Show your Anthem ID card when you visit the doctor.

Eligible services are paid directly from your HRA so there is no further action needed from you.

4. Manage your account online.

Log in to **anthem.com** or the Sydney℠ Health app to:

- See your HRA balance and claims.
- Find a doctor in your plan's network.
- Check costs before you receive care.
- Set your preferences to receive important information electronically.
- Submit claims for reimbursement.

Preventive Care Coverage

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you[1]. When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive vs. Diagnostic Care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, let's say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, if you have symptoms and your doctor suggests a colonoscopy to see what's causing them, that's diagnostic care.

Child Preventive Care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24, with fair skin, about ways to lower their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening[2] when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This is not a contract or policy with Anthem. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

Preventive Care Coverage (Cont'd)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met[3]
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)[4,5]
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening[5]
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV[5]
- Pelvic exam and Pap test, including screening for cervical cancer

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Depression screening
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision[2]
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years[6]
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

Preventive Care Coverage (Cont'd)

A word about pharmacy items:
For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not "need" a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate:
- Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 6-12 months

Adult preventive drugs and other pharmacy items — age appropriate:
- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older
- Vitamin D for men and women over 65

Women's preventive drugs and other pharmacy items — age appropriate:
- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides[5,7]
- Low dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women 55 years old or younger
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)[6]

1. The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Customer Service number on your ID card.
2. Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.
3. Check your medical policy for details.
4. Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.
5. This benefit also applies to those younger than 19.
6. You may be required to get prior authorization for these services.
7. A cost share may apply for other prescription contraceptives, based on your drug benefits.

Anthem

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney℠ Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar **espanol.anthem.com**.

Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.

Scan the QR code to download the Sydney Health app.

You can also set up an account at **anthem.com/register** to access most of the same features from your computer.

Anthem

Expanding your virtual care options

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our Sydney℠ Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find no- or low-cost care through our app:

1 Chat with a doctor 24/7 without an appointment

- Urgent care support for health issues, such as allergies, a cold, or the flu.
- New prescriptions for concerns such as a cough or a sinus infection.

2 Schedule a virtual primary care appointment

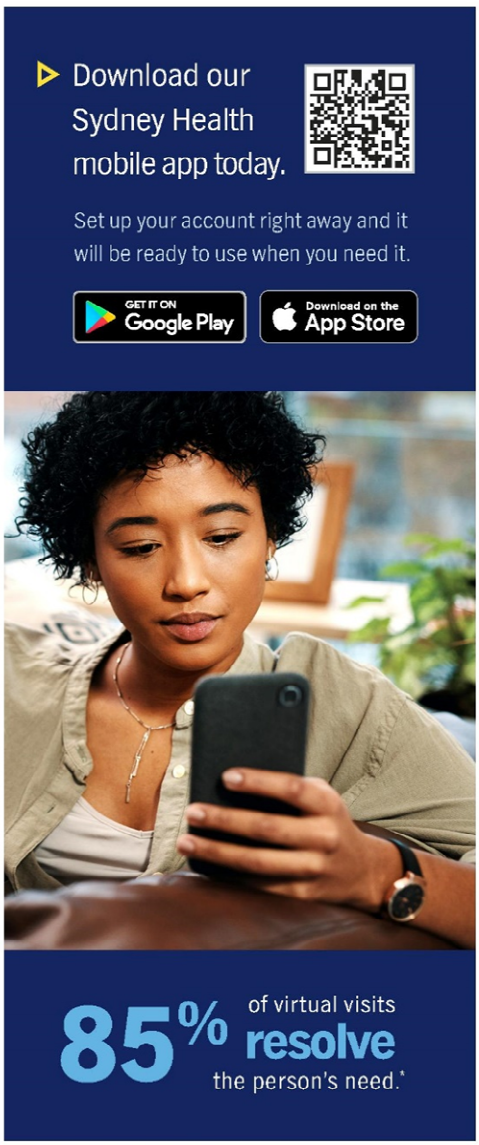
- Routine care, including wellness check-ins and prescription refills.
- Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at no or low cost.



Health Advocate

Health Advocate is provided to you, at no cost, by Paulding County Board of Commissioners.

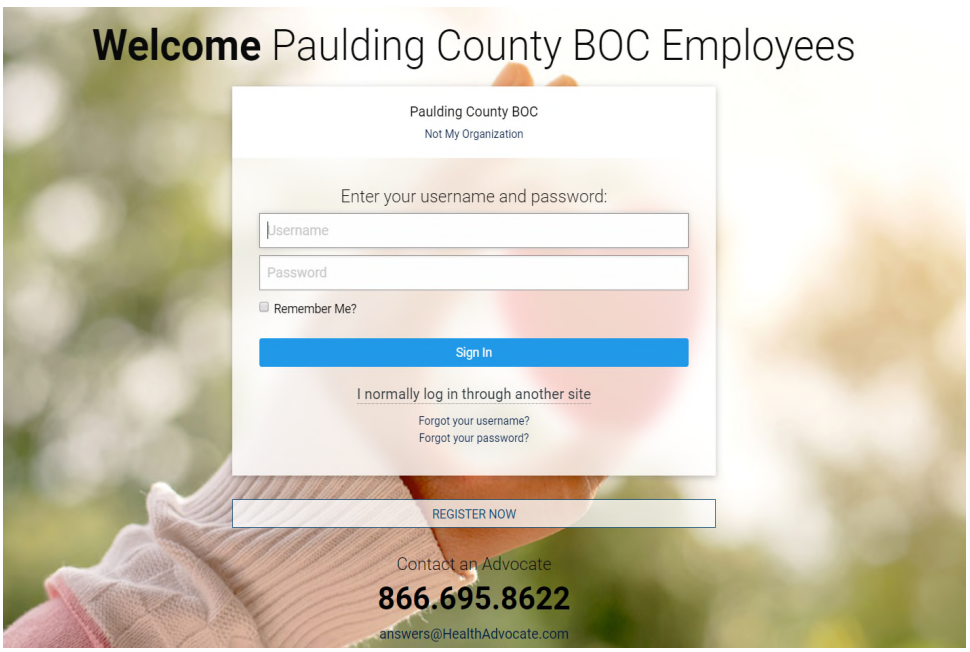
Call Health Advocate at 866-695-8622 if you have any of these needs:

- Help understanding your Medical/Rx plan options
- Help finding an In-Network doctor, specialist, dentist, or vision provider
- Questions about a health condition
- Help with eldercare issues for a parent or parent-in-law such Medicare or healthcare-related issues
- Help transferring medical records
- Help with a billing or claims payment issue
- Questions about a medical test or recommended treatments

Visit Health Advocate at www.HealthAdvocate.com/Paulding to:

- Learn about services Health Advocate can provide
- Watch a video about your Health Advocate benefit
- Print the HIPAA Authorization form that allows Health Advocate to work on your behalf with providers and insurance companies

* Register for the site by clicking “Register” and then entering your first name, last name, date of birth and home zip code.



HealthAdvocate™

Let us advocate for you

Your Health Advocate services give you access to Personal Health Advocates who can support you in handling a wide range of healthcare-related and insurance issues **to save you time, money and worry.**

Find doctors and arrange second opinions
We can help locate in-network doctors and specialists, as well as coordinate the transfer of medical records and all aspects related to your care.

Resolve claims and billing issues
We'll research the claim or bill, and work on your behalf to sort out the issue with your insurance company and healthcare provider.

Clarify health conditions
We answer questions about diagnoses, test results, treatment options, medications, and more to help you make informed decisions.

Help you understand your insurance
We will answer questions about your coverage, including medical, prescription, dental and vision.

Explain costs for services you may need
This includes the deductibles you have to meet, as well as the copays/coinsurance for doctor and medical appointments.

Support for the whole family|
We can help you, your spouse, dependent children, parents and parents-in-law.

Help when you need it most
Quickly reach us by phone, email, live chat online or through our mobile app.

866-695-8622
Email: answers@HealthAdvocate.com
Web: HealthAdvocate.com/members

We'll work on your behalf to get to the heart of your issue, no matter how complex.

Dental Plan & Rates – Anthem

The Paulding County Board of Commissioners will offer Dental coverage through Anthem. Keep in mind that you will pay less if you use an in-network dentist. For full details on your benefits refer to the Summary Plan Description. To locate participating providers, go to www.anthem.com, select Find Care. Your network is: Dental Complete.

Benefit	In-Network (PPO)
Annual Deductible: Applies to Type B and C Services	$50 per Individual/ $150 per Family
Type A : Preventive Services Cleaning; 2 per 12 months	100% No Deductible
Type B: Basic Services/Restorative Benefits	80% Subject to Deductible
Type C: Major Services: Crowns & Cast/Bridges/Dentures/Implants	60% Subject to Deductible
Type D: Orthodontia – **Includes children up to age 26**	60% Lifetime max: $1,000
Maximum Benefit per Enrollee All services (including preventive) are included in the annual maximum	$1,000
Out of Network	90th UCR

Items in green indicate change from last year

	Per Pay Period Deductions		
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)**
Employee	$2.54	$12.10	$60.50
Employee + Family	$73.01	$103.26	$181.91

Employees enrolled in family coverage for medical and dental also receive a Basic Dependent Life policy in the amount of $5,000 for spouses and $2,500 for each eligible child. Cost of coverage is included in the deduction above.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

A dental visit can help improve your overall health

Good dental health is important — and not just for your teeth. Routine dental visits include teeth cleanings and checking for cavities, but they can also be vital for your overall health. That's because they can help find early signs of certain health conditions[1] when they are easier to treat.

A good dental plan is great for your health

Your Anthem dental plan provides:

- 100% coverage for most preventive and diagnostic services, including regular cleanings and X-rays.
- Coverage for additional services such as extra periodontal cleanings for gum health if you're enrolled in certain care management programs.
- Discounts through SpecialOffers for products and services that promote better health and well-being.

Using dentists in your plan's network can help you save

You can save time and money in three ways:

1. We negotiate rates with dentists in your plan's network, so they usually charge less.
2. You can't be billed for the difference if a dentist in your plan's network charges more than what we pay.
3. Dentists in your plan's network will file claims for you.

Anthem

Vision Plan – Anthem

Paulding County Board of Commissioners Vision Coverage is administered by Anthem for the 2025 plan year. Keep in mind that you will pay less if you use an in-network provider. For full details on your benefits refer to the Summary Plan Description. To locate a participating provider, visit www.anthem.com, select Find Care. Your Network is: Blue View Vision Insight.

Benefits	In-Network	Out-of-Network (Reimbursement)	Frequency
Vision Exam	$10 Copay	$30 Reimbursed	Once per plan year
Contact Lenses* Conventional / Disposable Medical Necessary	$140 Allowance; 15% discount after allowance Covered in Full	Up to $112 Up to $200	Once per plan year
Standard Plastic or Glass Lenses Single Bifocal Trifocal	 $25 Copay $25 Copay $25 Copay	 $25 Reimbursed $40 Reimbursed $55 Reimbursed	Once per plan year
Frames	$140 Allowance; 20% discount after allowance	$70 Reimbursed	Once every two plan years
LASIK Discount	Save 15% off retail or 5% off promotional price	N/A	Once per lifetime

***Note:** The plan covers either contact lenses or lenses for your glasses once every plan year. The discounts available on the balance for lenses and frames may not apply at certain locations, please see summary plan description for further details.

Per Pay Period Deductions	
Tier	**Cost**
Employee	$2.58
Family	$6.16

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Basic Life and AD&D – Anthem

Term Life Insurance provides valuable financial protection for your family. Paulding County Board of Commissioners is pleased to provide Basic Life and AD&D Insurance at no cost to you. Enrollment is automatic, but you must select beneficiaries.

The amount of coverage for Elected Officials: $50,000
The amount of coverage for active employees: 1 x Annual Salary to a maximum of $100,000

Additional Service and Features are available with your coverage: (full description of these services and features are listed on the Benefit Resource Center).

Grief Counseling: To help you, your dependents, and your beneficiaries cope with loss. You can access these services by calling 1-888-209-7840 or visit www.ResourceAdvisor.Anthem.com.

Beneficiary Companion Service: Help close accounts and settle important estate matters with one phone call.

Travel Assistance: Provides you support while traveling, including emergency medical services, language assistance, legal assistance and much more.

Financial Planning: You can call to set up one-on-one financial counseling with a certified professional financial planner. They can help with issues like retirement planning, saving for a child's education, and more.

Legal Services: You can get a consultation with an attorney over the phone at no charge. If you want to meet with an attorney in person, the legal consultant can set up an appointment at a discounted fee.

Identity Theft Recovery and Monitoring: Resource Advisor has fraud resolution specialists who can help if your identity is stolen. They can work with creditors, collection agencies, law firms and credit reporting agencies for you for up to one year. You can sign up for ID monitoring, get credit report reviews and place fraud alerts on credit reports no matter how many times your identity is compromised.

Online Tools To Help With Life Issues: The Resource Advisor website has tools to help with many of life's challenges, such as creating a will, parenting, aging, healthy living, household support, referrals, funeral planning and more.

Waiver of Premium: If you become totally disabled you may be eligible for waiver of your basic and supplemental term life premium.

Conversion or Portability: If you leave your employer, you have the option of carrying your coverage with you. You must apply and pay the premium within 31 days of the termination of your life insurance. Portability applies to Voluntary Term Life Insurance only.

Accelerated Death Benefit: If you are diagnosed as terminally ill (life expectancy of 12 months or less) you may elect to receive an accelerated payment of a portion of the group term life insurance benefit. The benefit is equal to 75% of the member's group term life insurance amount, subject to a maximum of $250,000.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Voluntary Life and AD&D – Anthem

Paulding County Board of Commissioners offers Voluntary Life Coverage for employees and their dependents through Anthem Life.

This additional life insurance is available for you, your spouse and your children. This coverage can provide financial protection for you and your family. Details of the available coverage are listed in the chart below.

Employees with Current Coverage can increase coverage on themselves and their spouse by one increment (employees increment $25,000 and spouse increment $12,500), not to exceed the Guaranteed Issue Amount, without health questions. If you are increasing by more than one increment, you will be subject to health questions and will need to fill out an Evidence of Insurability (EOI) form that is satisfactory to the insurance carrier before the coverage can become effective.

Late Entrants: If you do not elect coverage when initially eligible and later elect coverage, you will be considered a late entrant. Late entrants will be required to complete an Evidence of Insurability (EOI) form that is satisfactory to the insurance carrier before the coverage can become effective. Additionally, coverage amounts elected over the Guarantee Issue Amounts will require EOI that is satisfactory to the insurance carrier before the excess can become effective.

Benefit	Coverage
Employee Voluntary Life	You can purchase coverage in increments of $25,000 increments up to the lesser of $500,000 or 7 times your annual salary. You must elect at coverage on yourself to be eligible for coverage on your spouse and/or children. New Hires: Newly eligible employees are able to elect up to $250,000 or 7 times your annual salary with no health questions asked. Elections above these amounts will require evidence of insurability.
Spouse Voluntary Life	You can purchase coverage in increments of $12,500 to a maximum of $250,000, not to exceed 100% of the employee voluntary life amount. New Hires: Newly eligible employees are able to elect coverage on their spouse up to $62,500 with no health questions asked. Elections above these amounts will require evidence of insurability.
Child(ren) Voluntary Life	You can purchase coverage of $10,000 for eligible child(ren). **Child(ren) are covered at birth to age 26**.
Open Enrollment Increases	During open enrollment, employees with existing employee or spouse coverage may increase their coverage amount by one increment (not to exceed the guaranteed issue amount), without EOI.

Items in green indicate change from last year

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Voluntary Life - Anthem

Monthly Rate per $1,000		
Age	EE Rate	Spouse Rate
<20	$0.060	$0.060
20-24	$0.060	$0.060
25-29	$0.060	$0.060
30-34	$0.070	$0.070
35-39	$0.090	$0.090
40-44	$0.160	$0.160
45-49	$0.300	$0.300
50-54	$0.460	$0.460
55-59	$0.770	$0.770
60-64	$1.090	$1.090
65-69	$2.090	$2.090
70 +	$2.820	$2.820

Child Life monthly cost is $1.60 for $10,000 coverage and covers all children under the age of 26.

Reduction of Coverage: The Voluntary Life benefits will reduce for employees and their spouses when they have attained a certain age as outlined in the below table. Coverage terminates at retirement.

Percentage Reduced To	Age
65%	65
40%	70
20%	75

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Short-Term Disability – Anthem

Paulding County Board of Commissioners provides each full-time, benefit eligible employee with Short-Term Disability through Anthem.

Short-Term Disability is an insurance program that provides you with weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Coverage
Percentage of Income	60%
Maximum Weekly Benefit	$830
Elimination Period	14 days – Accident/Sickness
Maximum Benefit Duration	24 weeks
Pre-Existing Conditions	None

Elimination Period: The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

Exclusions: Benefits will not be payable for any disability caused by an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury occurring out of or in the course of work for wage or profit. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

Deductible Sources of Income: Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as: sick pay; benefits under worker's compensation; disability benefits from any other group insurance or under your employer's retirement plan; benefits under any state disability income benefit law; earnings from work activity while you are disabled, amounts due from third party because of your disability, whether by judgment, settlement or other method.

You must be under the regular care of a physician in order to be considered disabled.
Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Long-Term Disability – Anthem

Paulding County Board of Commissioners provides all full-time, benefits eligible, employees with Long-Term Disability Coverage through Anthem.

Long-Term Disability is an insurance program that provides you with monthly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Coverage
Percentage of Income	60%
Maximum Monthly Benefit	**$7,500**
Elimination Period	180 days
Maximum Benefit Duration	SSNRA
Pre-Existing Conditions	3 / 12

Items in green indicate change from last year

Pre-Existing Condition Exclusions: Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (12 months) following the coverage effective date.

Limitations: Mental/Nervous Illness is limited to a benefit period of 24 months.

Exclusions: Benefits will not be payable for any disability caused by an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; a pre-existing condition unless you have been covered under the policy for at least 12 months. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

Deductible Sources of Income: Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as: sick pay; benefits under worker's compensation; social security disability or retirement benefits; disability benefits from any other group insurance or under your employer's retirement plan; benefits under any state disability income benefit law; earnings from work activity while you are disabled, amounts due from third party because of your disability, whether by judgment, settlement or other method.

You must be under the regular care of a physician in order to be considered disabled.

Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Group Critical Illness – Aflac

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

Benefits		
COVERED CRITICAL ILLNESSES:[1]	CANCER (Internal or Invasive) 100% HEART ATTACK (Myocardial Infarction) 100% STROKE (Apoplexy or Cerebral Vascular Accident) 100% MAJOR ORGAN TRANSPLANT 100%	RENAL FAILURE (End-Stage) 100% CARCINOMA IN SITU[2] 25% CORONARY ARTERY BYPASS SURGERY[2] 25%
FIRST-OCCURRENCE BENEFIT	After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from $5,000 to $30,000. Spouse coverage is also available in benefit amounts up to $15,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.	
ADDITIONAL OCCURRENCE BENEFIT	If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.	
RE-OCCURRENCE BENEFIT	If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.	
CHILD COVERAGE AT NO ADDITIONAL COST	Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.	
$50 HEALTH SCREENING BENEFIT (Employee and Spouse only)	After the waiting period (30 days), an insured may receive a maximum of $50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.	
COVERED HEALTH SCREENING TESTS INCLUDE:	• Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing• CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • CEA (blood test for colon cancer)	• Flexible sigmoidoscopy • Hemocult stool analysis • Serum protein electrophoresis (blood test for myeloma) • Thermography • Fasting blood glucose test • Serum cholesterol test to determine level of HDL and LDL

Group Hospital Indemnity – Aflac

Having the Aflac group Hospital Indemnity plan means that you could have added financial resources to help with medical costs or ongoing living expenses.

Benefits	
HOSPITAL CONFINEMENT BENEFIT (up to 31 days per confinement) - This benefit is paid when a covered person is confined to a hospital as a resident bed patient because of a covered sickness or as the result of injuries received in a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be confined to a hospital within six months of the date of the covered accident. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.	**$1,000** (per accident/sickness per year) **$100** per day
HOSPITAL INTENSIVE CARE BENEFIT (10-day max for any one period of confinement) - This benefit is paid when a covered person is confined in a hospital intensive care unit because of a covered sickness or due to an injury received from a covered accident. To receive this benefit for injuries received in a covered accident, the covered person must be admitted to a hospital intensive care unit within six months of the date of the covered accident. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness. If we pay benefits for confinement in a hospital intensive care unit and a covered person becomes confined to a hospital intensive care unit again within six months because of the same or a related condition, we will treat this confinement as the same period of confinement.	**$100** per day
SURGICAL AND ANESTHESIA BENEFITS - These benefits are paid when a covered person has outpatient surgery performed by a physician due to an injury received in a covered accident or because of a covered sickness. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided. Surgical and Anesthesia Benefits are available subject to plan definitions and the Surgical Schedule. (The Anesthesia Benefit will be 25 percent of the Surgical Benefit paid.)	**$250** per day (no max)
MAJOR DIAGNOSTIC EXAM (MEDICAL FEES BENEFIT)- Once per covered sickness or accident per calendar year	$100

	Monthly	Per Pay Period
EMPLOYEE	$17.84	$8.23
EMPLOYEE & SPOUSE	$36.12	$16.67
EMPLOYEE & DEPENDENT CHILDREN	$25.94	$11.97
FAMILY	$44.22	$20.41

Accident Coverage - Aflac

The group Accident Advantage Plus plan from Aflac means that your family has access to added financial resources to help with the cost of follow-up care as well.

The Aflac group Accident plan benefits:

- Transportation and Lodging benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental Death Benefit
- A Dismemberment Benefit

Features:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four business days.

	Monthly	Per Pay Period
EMPLOYEE	$11.06	$5.10
EMPLOYEE & SPOUSE	$17.71	$8.17
EMPLOYEE & DEPENDENT CHILDREN	$21.28	$9.82
FAMILY	$27.93	$12.89

Voluntary Symetra Health powered by Ansel

Enhance your health coverage with Voluntary Symetra Health powered by Ansel. Symetra Health is a supplemental health insurance plan that pays a lump-sum benefit if you are diagnosed with any of 13,000+ covered conditions. It pays a cash benefits to health with health care expenses not covered by your major medical insurance – or anything else you may need on your road to recovery.

How it works

Symetra Health benefits are based solely on diagnoses. After your physician documents a diagnosis for your injury or illness, you may file a Symetra Health claim online or via the app by answering just four questions.

If your claim is approved, you'll get a benefit payment within 72 hours to your bank account, PayPal or Venmo.

There's no coordination with other coverage, so benefits will be paid regardless of any other insurance you have. And you can use these dollars to help with unexpected costs or any other way you choose.

Even more reasons to enroll in Symetra Health

- Coverage for your spouse and/or dependents.
- Personalized customer support.
- No medical questions to answer before enrolling.
- No preexisting condition exclusions.

Examples of covered conditions

- **Moderate conditions:** pneumonia, kidney stones, concussions, simple fractures
- **Severe conditions:** appendicitis, torn ACL, chronic tonsillitis, acute respiratory failure
- **Catastrophic conditions:** heart attack, stroke, cancer, multiple sclerosis

Voluntary Symetra Health powered by Ansel Coverage and Cost

Symetra Health Highlights:

If you do not enroll during the open enrollment period, you may enroll later {ADD ENROLLMENT LINK}, but your coverage will be subject to a 60-day benefit waiting period. No benefits are payable during the benefit waiting period.

Please note that Symetra Health is not a substitute for a major medical plan. However, Symetra Health coverage is available to you (and your eligible dependents) even if you are not enrolled in one of the three Anthem medical plans.

How may times will the policy pay?

Moderate Condition Benefit: Only payable once per insured person in a 14-day period. There is no limit to the number of times an insured person may receive a Moderate Condition Benefit.

Severe Condition Benefit: Only payable once per insured person in a 30-day period. There is no limit to the number of times an insured person may receive a Server Condition Benefit.

Catastrophic Condition Benefit: Only payable once per insured person in a 90-day period. An insured person may only receive this benefit up to three times for the same or related condition during the insureds person's lifetime.

Note – benefit amounts in each category will be reduces by 50% for all insured on your plan once you attain age 70.

Symetra Health Cost (Monthly)

Base Plan

Moderate: $200
Severe: $500
Catastrophic: $1,000

Employee Only	$22.62
Employee + Spouse	$45.24
Employee + Children	$40.72
Employee + Family	$67.86

Classic Plan

Moderate: $300
Severe: $1,000
Catastrophic: $2,000

Employee Only	$42.10
Employee + Spouse	$84.20
Employee + Children	$75.78
Employee + Family	$126.30

Premier Plan

Moderate: $500
Severe: $1,500
Catastrophic: $3,000

Employee Only	$64.72
Employee + Spouse	$129.44
Employee + Children	$116.50
Employee + Family	$194.16

Medcom FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (6) allows you to **save up to 30%** on eligible healthcare and/or dependent care expenses every year by using **pretax dollars.**

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- Prescription drugs/Medications
- Medical/Dental office visit co-pays
- Eye Exams and prescription glasses/lenses
- Vaccinations
- Daycare tuition

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising costs for these items, ***every penny counts!***

By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you ***increase your take home pay!*** See the example. -->>

How does FSA work?
Healthcare FSA is offered through your employer and is administered by Medcom. When you choose to enroll in Healthcare FSA and/or Dependent Care FSA, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your Contributions will be deducted in equal amounts from each paycheck, **pre-tax,** throughout the Plan Year. ***The more you contribute to these accounts, the more you save by paying less in taxes!***

Maximum Annual Election
Healthcare: $3,300
Dependent Day Care $5,000

Reimbursements and the FSA debit card:
As you incur eligible expenses, simply submit a request for reimbursement to Medcom to receive reimbursement from your FSA account, up to the amount of your annual contribution.

For additional convenience, you will be issued a debit card to directly access your FSA funds when paying for eligible medical and/or dependent care expenses at the point of purchase, which eliminates the need for requesting a reimbursement. The annual amount you select will be loaded on the card and made available to you once the first initial deduction has been received. This card can be used toward deductibles, copays, dental, and vision expenses to name a few.

Carryover
The Paulding County Board of Commissioners Flexible Spending plans allow up to $660 of rollover for Healthcare FSA and no rollover for Dependent Care FSA accounts.

Pre-Tax Savings Example	Without FSA	With FSA
Gross Monthly Pay:	$3,500	$3,500
Medical Expenses (FSA)	$0	-$200
Dependent Care Expenses	$0	-$400
TOTAL:	$0	-$600
Taxable Monthly Income	$3,500	$2,900
Taxes (federal, state, FICA):	-$968	-$802
Out-of-pocket Expenses:	-$600	$0
Monthly Take-home Pay:	$1,932	$2,098
Net Increase in Take-Home Pay = $166/month For illustration only. Actual dollar amounts may vary.		

Confidential Counseling
Life can be stressful. Your EAP is designed to provide short-term counseling services for you and your dependents to help you handle concerns constructively, before they become major issues. Call anytime about concerns such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance abuse. You and your family members are allowed four free face-to-face visits each plan year.

Work-Life Solutions
Too much to do, and too little time to get it all done? The work-life specialists at ComPsych® can do the research for you and provide qualified referrals and customized resources for child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

Legal Support
With your GuidanceResources® program, you have an attorney "on call" whenever you have questions about legal matters. Speak with on-staff licensed attorneys about legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord/tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a free 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Information
Everyone has financial questions. With your GuidanceResources® benefit, you can get answers about budgeting, debt management, tax issues and other money concerns from on-staff CPAs, Certified Financial Planners® and other financial experts, simply by calling your toll-free number.

GuidanceResources® Online
Go online to access timely, expert information on thousands of topics, including relationships, work, school, children, wellness, legal, financial and free time. You can search for qualified child and elder care, attorneys and financial planners, as well as ask questions, take self-assessments and more.

GuidanceResources® is available to you 24 hours a day, 7 days a week.
There are two ways to access your GuidanceResources® benefits:

- Call your toll-free number. You'll speak to a counseling professional who can listen to your concerns and guide you to the appropriate services you require.
- Visit GuidanceResources® Online at www.guidanceresources.com and enter your company ID. Remember, your GuidanceResources® benefits are strictly confidential. To view the ComPsych® HIPAA privacy notice, please go to www.guidanceresources.com/privacy.

Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from the Paulding County Board of Commissioners 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 your current prescription drug coverage with the Paulding County Board of Commissioners and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. 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 or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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.

2. The Paulding County Board of Commissioners has determined that the prescription drug coverage offered by the Anthem POS Plan, Anthem HRA 1 plan, and the Anthem HRA 2 plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Paulding County Board of Commissioners coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Paulding County Board of Commissioners benefit plan during an open enrollment period under the Paulding County Board of Commissioners benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Paulding County Board of Commissioners and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may 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 October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Paulding County Board of Commissioners changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: May 1, 2025 – April 30, 2026

Name of Entity/Sender: Paulding County Board of Commissioners

Contact Person: Tara Palmer

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA Medicaid	ALASKA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS Medicaid	**CALIFORNIA Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA Medicaid	INDIANA Medicaid
GA 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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA Medicaid and CHIP (Hawki)	**KANSAS Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Disclosure Notices (Cont'd)

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 678-535-6351.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:
Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:
A change in marital status, or
A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
A change in employment status for myself or my spouse, or
Open enrollment elections for my spouse, or
A change in dependents eligibility, or
A change in residence or worksite.
Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:
The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:
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 issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at:https://paulding.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6351. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS*:* On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer, you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: https://paulding.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6351. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at https://paulding.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6351. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at https://paulding.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

Why Would I Contact the NFP Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our service center can help you locate in-network providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short-term and long-term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that your give proper documentation of the event.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The service center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your service center representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The service center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox, and your call will be returned the next business day.

678-535-6351
NFPsecustomerservice@NFP.com

Contact Information

Benefit / Enrollment Questions	NFP	www.nfpsebenefits.net/pauldingcounty	770-382-0951 NFPseCustomerService@nfp.com
Medical	Anthem	www.anthem.com	800-331-1476
Dental	Anthem	www.anthem.com	800-331-1476
Vision	Anthem	www.anthem.com	800-331-1476
Basic/Voluntary Life	Anthem	www.anthem.com	800-552-2137
Disability	Anthem	www.anthem.com	800-232-0113
Accident, Critical Illness, Hospital Indemnity	Aflac	www.aflacgroupinsurance.com	800-992-3522
Voluntary Supplemental Health	Symetra Health/Ansel	www.symetrahealth.joinansel.com/member/login	1-888-384-3479 symetrahealthsupport@joinansel.com
FSA	Medcom	www.medcombenefits.com	800-523-7542
Health Advocate	Health Advocate	www.healthadvocate.com/paulding	866-695-8622
EAP	ComPsych	www.guidanceresources.com	312-595-4000

Notes


NFP