



# City of Statesboro 2020 Enrollment Guide



Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the City of Statesboro. 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 continues 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 the board's leave policies and retirement plans. The plan year is in effect from January 1, 2020 to December 31, 2020.

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.**

**ShawHankins**  
Right Partner. Right Benefits.



## CLIENT EMPLOYEE ANNOUNCEMENT

ShawHankins Acquired by NFP

All Employees,

Our benefits broker, ShawHankins, was recently acquired by NFP. NFP is an insurance industry leader with more than 5,000 employees and 250+ offices across the United States. As one of the largest benefits brokers in the nation, NFP provides their clients with best-in-class products and services.

With this acquisition, the ShawHankins name officially changed to NFP in August 2019. You will see this new name and branding on your benefit materials.

While the company name will change, exceptional service remains the priority for the ShawHankins/NFP team. The service team, enrollment portal, contact numbers and office locations will not change. However, they will now have even greater ability to effectively serve you.

Please contact NFP with any questions. 800-994-7429



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This guide describes the benefit plans available to you as an eligible Employee of City of Statesboro. 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 City of Statesboro or NFP.

## New for You and Eligibility

### New for 2020

- The maximum for the Medical Flexible Spending Account is \$2750.
- Adding a Tier 4 to the drug plan.
- Sydney App for mobile Anthem access

### Eligibility

Active Full Time Employees of the City of Statesboro

Eligible dependents are classified as:

- Your legal spouse who resides in the United States
- Biological children, stepchild(ren) as long as the biological parent remains in the employee's household and foster child(ren) or adopted child(ren) up to age 26 on the Medical, Dental and Vision plans.

You may make benefit changes as a result of a life status change or family status change as allowed under Section 125 of the Internal Revenue Code.

### Making Changes to Your Benefits

- 1) Notify human resources or NFP within 30 days of the date of the qualifying event.
- 2) Provide proof of your status change event.
- 3) Submit the documentation regarding the event.

### The Most Common Status Changes:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual open enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child



## Before You Enroll – Things to Know

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

- Name
- Date of birth
- Social Security number

**HOW TO ENROLL**

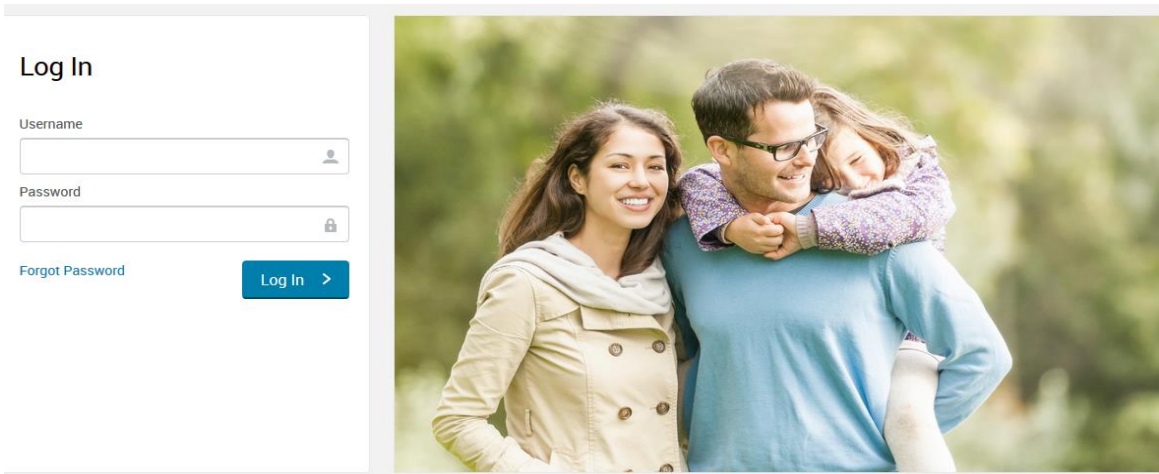
Go to [www.cityofstatesboro.bswift.com](http://www.cityofstatesboro.bswift.com).

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 the last four digits of your Social Security number (ex. jdoe0000).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a new password.



- Please go online and make your elections during the Open Enrollment or New Hire Orientation Deadline by the deadline provided.
- Please contact NFP at 800-994-7429 to speak with a Benefit Consultant if you need assistance with your enrollment.
- Or make an appointment with an enrollment specialist at <https://74s2c0r7nw.timetap.com> or by calling the service center to schedule an appointment. Enrollers will be on site November 18 – 20 at the City Hall from 8:30 until 4:30.

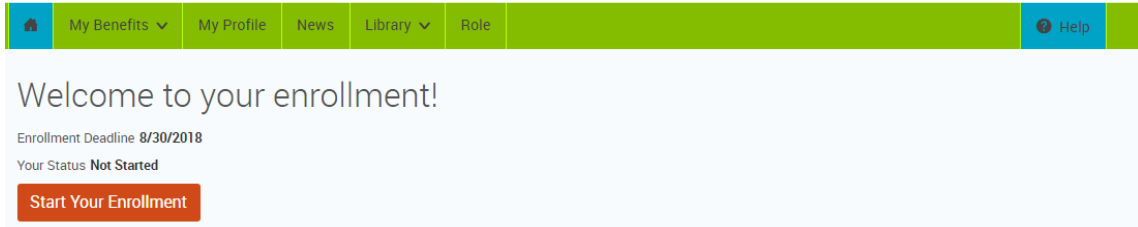
**Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.**

**OPEN ENROLLMENT DEADLINE FOR 2020 BENEFITS IS NOVEMBER 22, 2019**

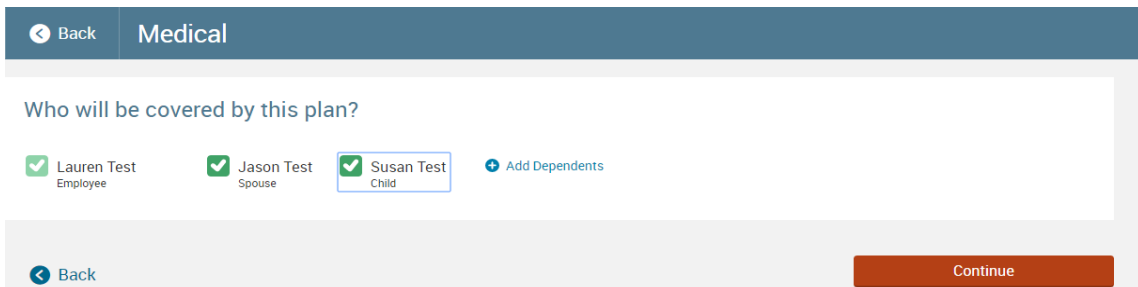
## How To Enroll

To Begin:

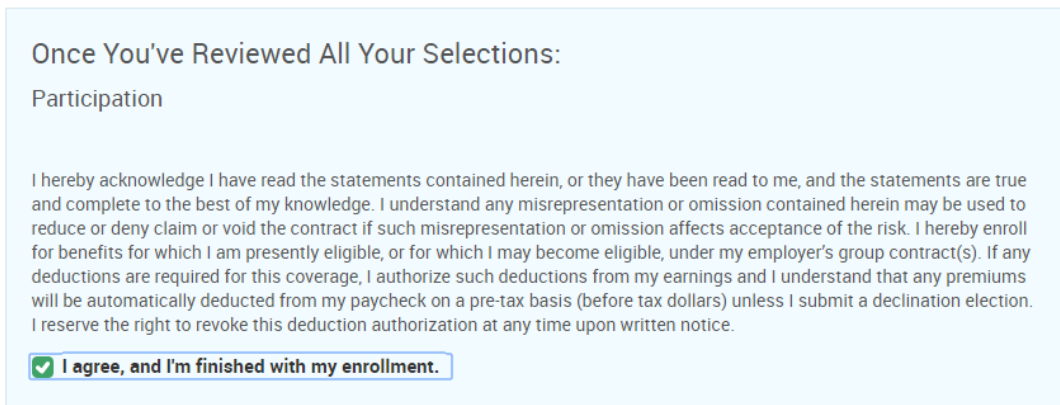
- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



- 4) 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”.



- 5) You will now be taken to the final confirmation page to either print or email.

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

**Medical – Anthem BCBS**

This plan is provided through Anthem Blue Cross and Blue Shield. Please call or go online to [www.anthem.com](http://www.anthem.com) to locate a provider in the network. Provider network is **Blue Open Access POS**.

Covered Benefits	In-Network	Out-of-Network
Calendar Year Deductible	\$1,000 Individual \$3,000 Family	\$1,250 Individual \$3,750 Family
Coinsurance	80%	60%
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum* (Includes Deductible)	\$4,000 Individual \$9,600 Family	\$10,250 Individual \$13,650 Family
Office Visits:	Primary Care - \$25 copay Specialist - \$35 copay	Plan pays 60% After Deductible
Preventive Care	Plan Pays 100%, Deductible Waived	Plan pays 60% After Deductible
Inpatient Hospital	Plan pays 80% After Deductible	Plan pays 60% After Deductible
Outpatient Hospital	Plan pays 80% After Deductible	Plan pays 60% After Deductible
Urgent Care	\$50 copay	\$50 copay then plan pays 80% After Deductible
Emergency Room	\$100 copay	\$100 copay
Outpatient X-rays at freestanding facility	Plan pays 80% After Deductible	Plan pays 60% After Deductible
Outpatient Advanced Diagnostic Imaging (MRI/CT/PT) at Freestanding facility or in office visit setting	Plan Pays 80%	Plan Pays 60% After Deductible
<b>Retail Pharmacy – Administered by Pharmavail</b>		
Prescriptions Deductible	None	None
• Tier 1-Retail	\$10 Copay	\$10 Copay
• Tier 2-Retail	\$20 Copay	\$20 Copay
• Tier 3-Retail	\$40 Copay + 20% Coinsurance	\$40 Copay + 20% Coinsurance
• Tier 4-Retail	25% to \$100 max per script	25% to \$100 max per script

Tier	Bi-weekly Payroll Deductions: Medical and Dental
Employee	\$100.39
Employee and Family	\$187.50

To find a provider visit [www.bcbsga.com/findadoctor](http://www.bcbsga.com/findadoctor)  
To access the Prescription Drug Formulary log in to <https://www.pharmavail.com>





# Say hi to Sydney

Anthem's new app is simple, smart – and all about you

With Sydney, you can find everything you need to know about your medical, pharmacy, dental, vision, life insurance, and disability insurance benefits all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

**Get started with Sydney  
Download the app today!**



## Simple

Ready for you to use quickly, easily, seamlessly – with one-click access to benefits info, Member Services, wellness resources and more.

## Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the interactive chat to get answers quickly.

## Personal

Get alerts, reminders and tips directly from Sydney. Get personalized doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

### With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our interactive chat feature
- View and use digital ID cards

### Already using our Anthem Anywhere app?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

Life and Disability products underwritten by Anthem Life Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado, Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut, Anthem Health Plans, Inc. In Georgia, Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana, Anthem Insurance Companies, Inc. In Kentucky, Anthem Health Plans of Kentucky, Inc. In Maine, Anthem Health Plans of Maine, Inc. In Missouri, including 30 counties in the Kansas City area: HighChoice<sup>SM</sup> Managed Care, Inc. (RTO), HealthyAdvance<sup>SM</sup> Life Insurance Company (HAI), and HMO Missouri, Inc. RTO and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada, Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Also HMO Nevada. In New Hampshire, Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Hawthorn Thornton Health Plan, Inc. In Ohio, Community Insurance Company. In Virginia, Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the town of Vienna, and the area east of State Route 123. In Wisconsin, Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority, HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

### Dental – Anthem BCBS (included with Medical)

This plan is provided through Anthem Blue Cross and Blue Shield in conjunction with the Medical Plan. The dental plan is not eligible to be purchased without the Medical. The premiums are included with the medical premium. Please call or go online to [www.anthem.com/find-doctor](http://www.anthem.com/find-doctor) to locate a provider in the network. Provider network is **Blue Open Access POS**.

Covered Benefits	In-Network
Calendar Year Deductible	\$50 Individual \$150 Family
Annual Benefit Maximum	\$1,000 Calendar Year
Diagnostic/Preventive Services	100% Coverage (no deductible)
Basic Treatment	80% Coverage (subject to deductible)
Major Treatment	50% Coverage (subject to deductible)
Orthodontics (dependent children up to age 19)	50% Coverage (no deductible)
Orthodontics Lifetime maximum	\$1,000
Waiting Period	None

### Vision – Eyemed (Insight Network)

	In-Network	Out-of-Network Reimbursement
Vision Copays (Exam/Materials)	\$10 copay/\$25 Copay	Up to \$40
Contacts Fitting <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium</li> </ul>	\$40 10% off retail	Not Covered
Contact Lenses <ul style="list-style-type: none"> <li>• Elective</li> <li>• Medically Necessary</li> </ul>	\$130 Allowance Covered in full	Up to \$130 Up to \$210
Standard Plastic Lenses <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> </ul>	\$25	Up to \$30 Up to \$50 Up to \$70
Frames	\$130 allowance	Up to \$91
Benefit Frequency <ul style="list-style-type: none"> <li>• Exam</li> <li>• Lenses</li> <li>• Frames</li> </ul>		Once every 12 months Once every 12 months Once every 24 months
Bi-weekly Rates <ul style="list-style-type: none"> <li>• Employee</li> <li>• EE + Spouse</li> <li>• EE + Child(ren)</li> <li>• Family</li> </ul>		\$3.36 \$6.38 \$6.72 \$9.87

## Flexible Spending – TASC

Participating in the Flexible Spending Account (FSA) available through your Employer can increase your take-home pay by reducing your taxable income. It allows you to potentially save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars vs. post-tax dollars to pay for those expenses.

We recommend that, prior to making an election, you consider and derive a conservative estimate of how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year. For example, you may want to consider your estimated cost for prescription drugs, medical and dental office visit copays and/or deductibles, as well as vision related needs including exams and prescription glasses/lenses.

Most FSAs require you use the funds you contribute within the plan year or you lose them. However, beginning with the 2016 Plan Year you will be able to roll-over up to \$500 of unused contributions in your Healthcare Reimbursement FSA only, not dependent care.

**You MUST re-enroll each year. Your FSA election does NOT automatically continue from year to year.**

### Highlights

**Healthcare Reimbursement FSA:**  
Maximum Employee Contribution: \$2,750 Annually

**Dependent Day Care FSA:**  
Maximum Employee Contribution: \$5,000 if married filing jointly or filing head of household or \$2,500 if married filing separately.

### Pre-Tax Savings Example

	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
<b>Pre-Tax Contributions</b>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
<b>TOTAL:</b>	<b>\$0</b>	<b>-\$600</b>
<b>Taxable Monthly Income</b>	<b>\$3,500</b>	<b>\$2,900</b>
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
<b>Monthly Take-home Pay:</b>	<b>\$1,932</b>	<b>\$2,098</b>

**Net Increase in Take-Home Pay = \$166/mo!**

For illustration only. Actual dollar amounts may vary.



### Benefits on the Go!

TASC Mobile offers fast and easy account access from anywhere at any time! MyTASC Mobile App and MyTASC Text Messaging make it easy for FlexSystem Participants to access their accounts from their mobile device. Users appreciate these flexible wireless options to securely manage their accounts and request reimbursements while on the go. These mobile features (and much more) are all-inclusive when FlexSystem is part of an employee benefits program!

### Additional Management Tools

In addition to TASC Mobile, we provide multiple methods for participant/employee account access and management:

- MyTASC Website [www.tasconline.com/mytasc](http://www.tasconline.com/mytasc)
- IVR Phone System
- Toll-Free Customer Care Center (Monday-Friday)
- Fax or Mail Requests for Reimbursement
- [Mobile Help](#)

## Life Insurance – One America

### Basic Term Life

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. The City of Statesboro is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of one times your base annual income, rounded to the next \$1,000 (not to exceed \$100,000) at no cost to you. They also provide \$5,000 for your spouse and \$1,000 on all of your eligible children.

### Voluntary Term Life

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family. The City of Statesboro is pleased to offer additional Life Insurance coverage options as a solution. This coverage is not permanent – please see reduction schedule below.

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 to a maximum of \$250,000 or 5 x salary.</p> <p>New Hires: You will have a guarantee issue (GI) amount of \$150,000 (not to exceed 5 times your annual salary). Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$125,000 (not to exceed 50% of employee's coverage).</p> <p>New Hires: You will have a guarantee issue amount of \$50,000.</p>
Child(ren) Voluntary Life	<p>Age 15 days and up you can purchase up to \$10,000 in \$2,500 increments.</p> <p>New Hires: You will have a guarantee issue amount of \$10,000.</p> <p>Some employees are grandfathered in as having \$15,000 on their children. The ones who have it can keep it but that amount is no longer offered.</p>
Annual Enrollment	<p>Current employees are allowed a one increment increase to their current coverage amount provided your amount does not exceed the guarantee issue amount. Spouses have to complete an evidence of insurability in order to increase. Children can be increase without evidence of insurability up to \$10,000.</p>
Reduction Schedule	<p>Benefits will reduce to 65% at age 65, 45% at age 70, 30% at age 75 and 20% at age 80. .</p>

## Disability – One America

Disability is designed to help you replace lost wages in the untimely event that you should have to miss work due to an accident or illness. Short term disability is available for you to purchase should you feel the need. You can purchase the plan even if you have pre-existing conditions; however, a waiting period does apply. The charts below briefly show the differences in the short term and the long term disability.

One America Short Term Disability	
Benefit	66.67% of Salary
Maximum Weekly Benefit	\$1,500
Elimination Period	
• Accident	7 Days
• Sickness	7 Days
Duration of Benefits	12 Weeks
Pre-Existing Condition Limitation	3/12*
Annual Open Enrollment	Yes

The City of Statesboro will provide Long Term Disability to all full-time employees at no charge to you. For all full-time employees working thirty or more hours per week, long term disability will pay 50% of your salary up to a maximum of \$5,000 per month starting after ninety days and paying until you are Social Security Normal Retirement Age.

One America Long Term Disability	
Benefit	50% of Salary
Maximum Monthly Benefit	\$5,000
Pre-Existing Condition Limitations	3/12*
Mental & Nervous limitation Alcohol & Drug limitation Specified Conditions limitation	24 Months Lifetime Benefit
Residual Disability Survivor Benefit	Included

PRE-EXISTING CONDITION means any condition for which a Person would have done any of the following at any time during the 3 months immediately prior to a Person's Individual Effective Date of Insurance, whether or not that condition was diagnosed at all or was misdiagnosed:

- 1) received medical treatment or consultation;
- 2) taken or were prescribed drugs or medicine; or
- 3) received care or services including diagnostic measures.

## Group Voluntary Accident Plan – Aflac

Accident coverage is provided through Aflac. This policy can provide financial protection if you suffer a covered injury and need treatment. It pays the benefit directly to you, to offset the cost of copays, deductibles and other expenses your medical insurance may not cover.

- Flexible—Freedom to choose any provider without deductibles or copayments
- Portable—Take your plan with you even if you leave your job (with certain stipulations)
- Protective—Covered routine medical exams for early detection and prevention

Sample Coverages	
Inpatient Hospital Confinement	\$1,000
Daily Hospital Confinement	\$200 per day up to 365 days
Intensive Care	\$400 per day up to 30 days max per injury
Emergency Room Treatment	\$200
Fractures (Open, Closed, Chip)	Up to \$8,000
Accident Treatment & Urgent Care Rider	
• Ground Ambulance	\$200
• Air Ambulance	\$1,000
• Accident Physicians Treatment	\$100
• X-ray	Up to \$200
• Follow-Up Doctor Visit	\$30
3 <sup>rd</sup> Degree Burns	Up to \$20,000
Lacerations	Up to \$400
Surgery	Up to \$500 Per Day

Group Accident Rates	Bi-Weekly
Employee	\$5.98
Employee + Spouse	\$10.12
Employee + Child(ren)	\$13.81
Family	\$17.95

## Group Voluntary Critical Illness – Aflac

Chances are you know someone who's been diagnosed with a critical illness such as cancer, a heart attack (myocardial infarction), or stroke. You can't help but notice the strain it's placed on the person's life – both physically and emotionally. What's not so obvious is the impact on that person's personal finances. While the person is busy getting well, the bills may continue to pile up.

WOULD YOU HAVE THE MONEY TO COVER THE OUT-OF-POCKET EXPENSES SUCH AS

- Transportation to a distant medical facility.
- Specialized treatment costs.
- Living expenses like rent, mortgage, and utility bills.

IT'S INSURANCE FOR DAILY LIVING: The Aflac Critical Illness policy pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with medical costs or ongoing living expenses.

Pays a lump sum benefit for a covered critical illness: Cancer, Non-invasive Cancer (25%), Skin Cancer (\$250/yr), Heart Attack, Coronary Artery Bypass Surgery (25%), Stroke, End Stage Renal (Kidney) Failure, Major Organ Transplant, Bone Marrow/Stem Cell Transplant, Sudden Cardiac Arrest, Coma, Severe Burns, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing, Advanced Alzheimer's (25%), Advanced Parkinson's (25%), Benign Brain Tumor

Premiums are based on attained age.

Benefits	
Lump Sum Benefit Amount	
• Employee	\$30,000
• Spouse	Up to 50% of Employee
• Child(ren)	Up to 50% of Employee
Guarantee Issue Amount	\$30,000
• Employee	\$15,000
• Spouse	
Recurrence Benefit	Included
Separation Period for Additional Diagnosis	6 consecutive months or 12 months for cancer
Wellness Benefit	\$50 per year for Employee and Spouse

## Hospital Indemnity - Aflac

Aflac Hospital Indemnity Insurance provides hospital confinement and indemnity hospital admission benefits to help alleviate the costs of a hospital stay. Your medical plan requires you to pay the deductible and coinsurance if you are admitted to the hospital. Hospital Indemnity Insurance can help pay for these additional out-of-pocket medical expenses. This coverage pays a benefit directly to you regardless of any other coverage you have or the actual cost of treatment.

Benefits	
Hospital Confinement	\$1,500 – Once per accident/sickness per calendar year
Daily Hospital Confinement	\$100 per day – 31 days per sickness/illness
Hospital Intensive Care	\$250 per day – 10 days per sickness/illness
Wellness	\$60 per year
Pre-Existing Condition Exclusions	None
Waiting Period	None
Age Reduction	None but the plan terminates at age 70

Bi-Weekly Rates	
Employee	\$9.50
Employee + Spouse	\$19.20
Employee + Child(ren)	\$15.19
Family	\$24.90



## Disclosure Notice-Prescription Drug and Medicare Notice

### Important Notice from the City of Statesboro 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 City of Statesboro 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 City of Statesboro has determined that the prescription drug coverage offered by Blue Cross and Blue Shield plans are, 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.**

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#### 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 City of Statesboro 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 **City of Statesboro** benefit plan during an open enrollment period under the City of Statesboro 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 City of Statesboro 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 City of Statesboro 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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

From: January 1, 2020 through December 31, 2020

Name of Entity/Sender: City of Statesboro

Contact Person: Tarez Brown

## Disclosure Notice - CHIP

### 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](http://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](http://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](http://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 July 31, 2019. Contact your State for more information on eligibility.

ALABAMA – Medicaid Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	FLORIDA – Medicaid Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	GEORGIA – Medicaid Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a>  - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>  Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	IOWA – Medicaid Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562
KANSAS – Medicaid Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	NEW HAMPSHIRE – Medicaid Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
KENTUCKY – Medicaid Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	NEW JERSEY – Medicaid and CHIP Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/Medicaid">http://www.state.nj.us/humanservices/dmahs/clients/Medicaid</a> Medicaid Phone: 609-631-239 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710

LOUISIANA – Medicaid Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	NEW YORK – Medicaid Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MAINE – Medicaid Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	NORTH CAROLINA – Medicaid Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120	NORTH DAKOTA – Medicaid Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
MINNESOTA – Medicaid Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	OKLAHOMA – Medicaid and CHIP Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
MISSOURI – Medicaid Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	OREGON – Medicaid Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
MONTANA – Medicaid Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	PENNSYLVANIA – Medicaid Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
NEBRASKA – Medicaid Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	RHODE ISLAND – Medicaid Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
NEVADA – Medicaid Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	SOUTH CAROLINA – Medicaid Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	WASHINGTON – Medicaid Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493	WEST VIRGINIA – Medicaid Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
VERMONT – Medicaid Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	WYOMING – Medicaid Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2020)

## Disclosure Notices

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

### **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.

**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: [www.cityofStatesboro.bswift.com](http://www.cityofStatesboro.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. 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: [www.cityofStatesboro.bswift.com](http://www.cityofStatesboro.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health 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.

**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 [www.meriwether.bswift.com](http://www.meriwether.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. 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 [www.cityofStatesboro.bswift.com](http://www.cityofStatesboro.bswift.com). A paper copy is also available, free of charge, by calling your Employer.

**PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):** The Patient Protection and Affordable Care Act (PPACA) generally requires group health plans and health insurance issuers offering group health coverage to prepare and distribute to plan participants and beneficiaries a brief, standard summary of the plan’s benefits and coverage. Please see your BSwift enrollment site for the summary of benefits and coverage (SBC), also commonly known as the “four-page summary.”

## Why Would I Contact the 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 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 you 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.*

**1-800-994-7429**

[NFPseCustomerService@NFP.com](mailto:NFPseCustomerService@NFP.com)

## Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	NFP	<a href="mailto:NFPseCustomerService@NFP.com">NFPseCustomerService@NFP.com</a>	(800) 994-7429
Human Resources	Main Number	<a href="mailto:hr@statesboroga.gov">hr@statesboroga.gov</a>	(912) 764-0683
Enrollment Portal	Bswift	<a href="http://www.cityofstatesboro.bswift.com">www.cityofstatesboro.bswift.com</a>	(800) 994-7429
Medical	Anthem BCBS	<a href="http://www.anthem.com">www.anthem.com</a>	(855) 397-9269
Dental	Anthem BCBS	<a href="http://www.bcbsga.com">www.bcbsga.com</a>	(855) 397-9269
Prescriptions	PharmAvail	<a href="http://www.pharmavail.com">www.pharmavail.com</a>	(800) 933-3734
Vision	EyeMed	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>	(866) 939-3633
Life	One America	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	(800) 553-5318
Disability	One America	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	(800) 553-5318
Flexible Spending Account	TASC	<a href="http://www.tasconline.com">www.tasconline.com</a>	(800) 422-4661
Critical Illness	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	1-800-433-3036
Accident	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	1-800-433-3036
Hospital Indemnity	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	1-800-433-3036



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