



# 2023 RETIREE BENEFITS HANDBOOK

---

putting **yourself** first





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Please consider the environment before printing this guide.

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**Gwinnett**  
**Benefits**  
**on the**  
**GO**



**Receive benefits information  
right on your phone!**

- Text the word **Gwinnett** to **833.437.0978** OR scan the QR code
- Then reply with **Gwinnett Benefits**



# GC RETIREE WEBSITE

Gwinnett County's goal is to deliver information to retirees in an effective manner and thus provide a website designed exclusively for retirees called *GC Retiree*. This website contains information about issues and events that impact retirees, details about benefit options for 2023, and a direct link to login to *My GCHub* for benefits enrollment.

To access *GC Retiree*, go to **GwinnettCounty.com**, select Login in the upper right corner, and click on the *GC Retiree* logo shown below. Be sure to save *GC Retiree* in your browser favorites. Human Resources will continue to post information for retirees on this website year-round.

Pay Water Bill | Online Services | A-Z Index | FAQ | Site Map

# Gwinnett

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SPLOST

SPLOST: Commissioners approve study for future trail design  
— October 4, 2022  
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Click here to login your account

## Receive emails from Human Resources

Share your personal email address with Human Resources to get benefits information more quickly. If you choose to stop receiving emails from Gwinnett County, your email address will be removed. Please send your email address to **Benefits@GwinnettCounty.com**

# GWINNETT COUNTY BOARD OF COMMISSIONERS

## 2023 Retiree Benefits Plans

Welcome to the Retiree Benefits program. Gwinnett County provides a broad range of benefits designed to support all aspects of retiree health and well-being and to provide financial protection. This book provides details about the benefits options available to you and your eligible dependents. Also, you will find important eligibility and enrollment information. Both the retiree and the County contribute to the cost of benefits. Premiums are included in each section.

Find additional resources on *GC Retiree*, including the Annual Enrollment Video and Annual Enrollment Guide.

The *GC Retiree Website* also has Summary Plan Documents and details of the funding and eligibility rules as defined in the Other Post-Employment Benefits Policy.

The Gwinnett County Board of Commissioners reserves the right to revise benefits offered at any time and the right to charge appropriate premiums for these benefits. The benefits and premiums listed in this book are effective as of January 1, 2023, and are not guaranteed to remain the same in future years.

Please note: Fraudulent statements on benefits application forms or website (*My GCHub*, formerly known as ESS) enrollment will invalidate any payment or services and will be grounds for canceling the retiree's benefits coverage.



# 2023 BENEFIT ENHANCEMENTS

Each year we review our benefits plans and programs. The following is a list of the changes for your 2023 benefits.



Choose from three high deductible health plans. After you meet your deductible, the plan will pay a portion of covered services. You also have a traditional PPO option. Aetna is an open network, which means you can pick and choose your medical providers.



Aetna Back and Joint, powered by Hinge Health, is available to all Aetna members and their covered dependents. The Hinge Health app offers remote exercise therapy technology that goes above and beyond traditional physical therapy to help you conquer pain — all from the comfort of your own home. To learn more, call 855.902.2777 or apply at [HingeHealth.com/Gwinnett22](https://HingeHealth.com/Gwinnett22).



Aetna Second Opinion, powered by 2nd.MD, is a free benefit included with Aetna enrollment. 2nd.MD connects you with a board-certified specialist for a medical consultation via phone or video. In the event that you need a consultation, activate your account by visiting [2nd.MD/Aetna](https://2nd.MD/Aetna) or calling 1.866.410.8649.



Choose from two Kaiser HMO plans. These plans are based on a network of hospitals, doctors, and other healthcare providers that coordinate care within the network. You must stay within the Kaiser network when seeking care. Retirees choosing either of these plans must also live within Kaiser's zip code service area in order to be eligible to elect a plan.

## Humana.

Gwinnett offers the Humana Medicare Advantage plan for retirees and their family members who are 65 and older. You must be enrolled in Medicare Part A and Part B to sign up for this plan. If you have family members on your plan who are not yet Medicare eligible, you can enroll in a blended plan.



Now offering the WellnessPlus<sup>®</sup> Progressive Maximum Benefit. Routine dental care is important to your overall health. Starting in 2023, when you or your family members receive any preventive care services in one plan year, the annual dollar maximum will increase by \$100 the following plan year. Continue to receive preventive care services and continue to receive the annual dollar maximum increase until it reaches \$1,300 for the mid-option plan and \$1,800 for the high-option plan.



Choose between two plans, Basic and Premier. VSP members have access to exclusive discounts. Login to your account at [VSP.com](https://www.vsp.com) for more information.

## TruHearing

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP<sup>®</sup> Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too. To learn more visit, [TruHearing.com/VSP](https://www.truhearing.com/VSP) or call 877.396.7194.



Introducing Brightline for Aetna member dependents 18 and younger. Brightline helps get you through all moments – big and small – through personalized resources and an expert care team. It's all virtual, so you can get support when and where you need it. Visit [HelloBrightline.com/Gwinnett](https://www.hellobrightline.com/Gwinnett) to sign up.



Kaiser members have access to the Ginger app. Kaiser has collaborated with Ginger to help you cope with some of life's most common challenges – from anxiety and stress to relationships and career. Use Ginger for 90 days per year at no cost. To sign up, log into your [KP.org/Gwinnett](https://www.kp.org/Gwinnett) account.





Get help with all of life's questions, issues, and concerns with our new LifeWorks EAP, which has replaced Humana EAP. Any time, 365 days a year, LifeWorks offers confidential support with mental, financial, physical, and emotional well-being.

## Log in with LifeWorks today

Go to **Gwinnett-County.LifeWorks.com** or download the mobile app.

**Username:**

*gwinnett*

**Password:**

*gwinnett*

Call us toll-free, 24/7

**1.855.330.2962**



# HEALTH PLAN ELIGIBILITY INFORMATION

## Medical levels of coverage

- Retiree only: No dependent coverage
- Retiree + spouse: No dependent children
- Retiree + child(ren): Employee + one or more children, no spouse
- Family: Retiree, spouse, and child(ren)

## Coverage for the retiree

This document describes the benefits an eligible retiree may receive through health plans (medical, dental, vision, and EAP) offered by Gwinnett County. Employees approved for a medical disability while employed by Gwinnett County are eligible to continue health, dental, and/or vision benefits at retiree rates for a maximum of two years. Benefits can continue past two years if the disability is total and permanent, as defined by the Social Security Administration, and if the employee is receiving approved disability benefits provided by Gwinnett County. Refer to CA OPEB Policy for additional details concerning continued benefit eligibility.

## Coverage for the retiree's dependents

If the retiree is covered by Gwinnett County health plans, eligible dependents of the retiree may also enroll. Only dependents who were eligible for benefits on the participant's retirement date can be covered by any of the Gwinnett County benefits plans.

If the retiree is covered, eligible dependents can enroll in any plan that offers dependent coverage. Eligible dependents are:

- Legal spouse
- Eligible children, who include:
  - Natural children
  - Stepchildren
  - Legally adopted children (or children proposed for adoption)
  - Foster children
  - Appointed legal guardianship of a child

Retirees adding dependents during Annual Enrollment, or adding dependents as a result of a qualified life status change, will be required to prove the eligibility of all dependents being enrolled in Gwinnett County medical, dental, and/or vision benefits. Gwinnett County's eligibility requirements are included in this book. If documentation for a dependent(s) is not received and validated by the date specified, the level of coverage for elected benefits will be "retiree only" as of their effective date. The Gwinnett County Department of Human Resources will verify all retiree and dependent eligibility. For a list of documentation required for each potentially benefit-eligible dependent (spouse, child, or stepchild), please refer to the Gwinnett County Summary Plan Document located on the *GC Retiree* website.

### **Important information about eligibility for Medicare: retirees and covered dependents**

**Important Notice:** Once Medicare eligible, retirees must be enrolled in Medicare Part A and Part B to remain eligible for coverage under Gwinnett County health plans. Failure to enroll in Medicare Part A and Part B will result in termination of your medical coverage with Gwinnett County. If you have questions about Medicare enrollment and pricing, contact your local Social Security Administration. The Gwinnett County health plan option for retirees and eligible dependent(s) who are Medicare-eligible is the Humana Medicare Advantage Plan.

### **Retiree procedures for submission of documentation**

Upon final completion of the website enrollment process, print and review a confirmation statement to ensure accuracy of the enrollment. Supporting documentation must be received by the Department of Human Resources, Benefits Division, by the date specified. Clear photocopies of the documents will be adequate. The documents submitted will not be returned.

Enrollment must be completed within 30 days of retirement. Documents must be received in the Department of Human Resources within 30 calendar days of retirement or life status change for the benefits to become effective for the retiree and any eligible dependents.

### **Document review procedures**

Documents will be reviewed by the Department of Human Resources staff. If the documentation is found to be adequate, no further action will be necessary. If documentation is deemed inadequate, a Department of Human Resources staff member will request additional documentation or clarification from the retiree. If the documentation does not support dependent eligibility for benefits, enrollment of the dependent will be denied. Medical, dental, and/or vision coverage for dependents ruled ineligible will be rescinded unless an appeal of this decision is processed and approved.

Immediately upon denial of a dependent's eligibility, the employee will be contacted by Human Resources.

### **Consider this**

If there is a non-Medicare participant and a Medicare eligible participant on the same coverage, the non-Medicare participant will be linked to a non-Medicare plan of choice as provided by Gwinnett County. The Gwinnett County health plan option for retirees and eligible dependent(s) who are Medicare-eligible is the Humana Medicare Advantage Plan.

# 2023 BENEFITS PLAN(S) CHANGES

## Life status change

At any time other than the annual enrollment period, retirees are unable to add or delete coverage for themselves or their dependents unless the retiree experiences a life status change, as defined by the IRS.

For details of life status change, refer to the Gwinnett County Summary Plan Document located on the *GC Retiree* website.

Important information: If a retiree experiences a qualified life status change that results in a request to add a dependent to any of his/her benefits plans, the request will be considered only if the dependent was eligible for benefits at the time of retirement. Only dependents who were eligible for benefits on the retiree's retirement date can be covered by any of the Gwinnett County benefits plans at that time or in the future (see CA OPEB policy).

The Department of Human Resources must be notified – in writing, with required documentation – within 30 calendar days of a qualified life status change if the retiree wants to apply for a change in coverage as a result of the change in status. If approved, the requested change will be effective on the date of the qualifying event.

Section B: Qualified Event	Required Documentation of Proof
Divorce or legal separation	<ul style="list-style-type: none"><li>• Divorce Decree or Legal Separation Agreement</li><li>• Completed Life Status Change Form</li><li>• Failure to notify Human Resources in writing within 30 days of a divorce or legal separation can result in reimbursement to Gwinnett County for any employer-paid premiums for any ineligible dependents left on the plan</li></ul>
Death of a spouse	<ul style="list-style-type: none"><li>• Death Certificate</li><li>• Completed Life Status Change Form</li></ul>
You, your spouse, or your eligible dependent has a loss of qualified coverage	<ul style="list-style-type: none"><li>• Proof of coverage lost</li><li>• Marriage Certificate and financial documentation if covering spouse</li><li>• Birth Certificate for eligible dependents</li><li>• Completed Life Status Change Form</li></ul>
Other	<ul style="list-style-type: none"><li>• This is not an exclusive list. Please contact Human Resources if you think you may have a qualified life status change</li></ul>

## Opting out of benefits offered by Gwinnett County

Retirees are given the opportunity to elect whether or not they continue receiving group health benefits at the time of retirement.

# 2023 BENEFITS PLANS

- Kaiser Permanente Gold and Silver HMO Plans
- Aetna Traditional PPO Plan
- Aetna Maximum Choice HSA Gold, Silver, and Bronze Plans
- Humana Medicare Advantage Plan
- Cigna Dental Plans
- VSP Vision Plans
- Employee Assistance Program (EAP)



# KAISER HMO

Choose from two Health Maintenance Organizations (HMOs). You must use an in-network provider – there is no out-of-network coverage except in an emergency.



What's Covered	Cost to You	
	Silver HMO In-Network	Gold HMO In-Network
<b>Annual Deductible</b>	\$2,150 per person \$4,300 per family	\$1,200 per person \$2,400 per family
<b>Out-of-Pocket Maximum</b> Deductible, coinsurance, and copay accumulate toward the out-of-pocket maximum	\$6,100 per person \$12,200 per family	\$3,700 per person \$7,400 per family
<b>Primary Care Office Visit</b>	\$65 copay	\$35 copay
<b>Preventive Care</b> Affordable Care Act (ACA) Guidelines Non-ACA Services	No cost Varies, based on type and place of service	No cost Varies, based on type and place of service
<b>Specialty Care Office Visit</b>	\$85 copay	\$55 copay
<b>Emergency Care</b> Urgent Care Facility Ambulance Hospital Emergency Room	\$70 copay \$100 copay per trip 30% coinsurance after deductible	\$50 copay \$100 copay per trip 20% coinsurance after deductible
<b>Inpatient Hospital</b> Including Mental Health and Chemical Dependency	30% coinsurance after deductible	20% coinsurance after deductible
<b>Inpatient/Outpatient Surgery</b>	30% coinsurance after deductible	20% coinsurance after deductible
<b>Lab and Imaging</b> Inpatient and Outpatient: Lab, Diagnostic Clinic, or Facility	No cost with office visit; 30% coinsurance after deductible	No cost with office visit; 20% coinsurance after deductible
<b>Outpatient Visit</b> Mental Health and Chemical Dependency	\$65 copay	\$35 copay

# KAISER HMO

Choose from two Health Maintenance Organizations (HMOs). You must use an in-network provider – there is no out-of-network coverage except in an emergency.



What's Covered	Cost to You	
	Silver HMO In-Network	Gold HMO In-Network
<b>Rehabilitation</b> Physical Therapy Occupational Therapy (PT and OT: combined 20 visit limit per calendar year) Speech Therapy (20 visit limit per calendar year)	30% coinsurance after deductible	20% coinsurance after deductible
<b>Chiropractic Visit</b> (30 visit limit per calendar year)	\$85 copay	\$50 copay
<b>Maternity Services</b> Specialty Office Visit Pre and Post Maternity Care Delivery and Hospital Care	\$85 copay 30% coinsurance after deductible	\$50 copay 20% coinsurance after deductible
<b>Family Planning</b> Specialty Office Visit Diagnostic Infertility Services (to diagnose condition) (Artificial Insemination and In-Vitro Fertilization are not covered)	\$85 copay 30% coinsurance after deductible	\$55 copay 20% coinsurance after deductible
<b>Skilled Nursing Facility</b> (60-day limit per calendar year)	30% coinsurance after deductible	20% coinsurance after deductible
<b>Home Health Care</b> (120-day limit per calendar year)	30% coinsurance after deductible	20% coinsurance after deductible
<b>Hospice Care</b>	0% coinsurance, no deductible	0% coinsurance, no deductible
<b>Vision Exam</b> (no optical hardware benefit)	\$85 copay	\$55 copay
<b>Hearing Aids</b> (every 3 years)	\$1,000 maximum benefit	\$1,000 maximum benefit

# KAISER HMO

Choose from two Health Maintenance Organizations (HMOs). You must use an in-network provider – there is no out-of-network coverage except in an emergency.



What's Covered	Cost to You	
	Silver HMO In-Network	Gold HMO In-Network
<b>Durable Medical Equipment</b>	30% coinsurance after deductible	20% coinsurance after deductible
<b>Prescription Drugs – Kaiser Network</b> Pharmacy Deductible Retail (up to 30 days) Generic Brand  Mail Order (up to 90 days) Generic Brand <i>Drug must be on Kaiser formulary to be covered unless medical exception is approved. View Kaiser formulary at KP.org.</i>	None  \$30 copay \$70 copay  \$60 copay \$140 copay	None  \$10 copay \$40 copay  \$20 copay \$80 copay
<b>Outpatient Visit</b> Mental Health and Chemical Dependency	\$65 copay	\$35 copay
<b>Monthly Pre-Medicare Retiree Premium</b>	<b>Kaiser Silver HMO Plan</b>	<b>Kaiser Gold HMO Plan</b>
Retiree	\$256.66	\$436.16
Retiree + Spouse	\$529.03	\$919.47
Retiree + Child(ren)	\$496.47	\$882.15
Retiree + Family	\$753.14	\$1,175.01
<b>Monthly Blended Retiree Premium (Pre-Medicare and Medicare Retiree)</b>	<b>Kaiser Silver HMO Plan</b>	<b>Kaiser Gold HMO Plan</b>
Retiree + Spouse (1 Medicare)	\$392.35	\$591.35
Retiree + Child(ren) (1 Medicare)	\$313.37	\$485.92
Retiree + Family (2 Medicare)	\$287.94	\$297.41
Retiree + Family (1 Medicare)	\$419.39	\$635.67



# AETNA TRADITIONAL PPO



What's Covered	Traditional PPO Aetna Network: (Aetna Choice POS II) (Open Access)	
	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$1,600 per person \$3,200 per family	\$3,200 per person \$6,400 per family
<b>Out-of-Pocket Maximum</b> Deductible, coinsurance, and copay accumulate toward the out-of-pocket maximum	\$4,200 per person \$8,400 per family	\$8,400 per person \$16,800 per family
<b>Primary Care Office Visit</b>	\$50 copay	50% coinsurance after deductible
<b>Preventive Care</b> Affordable Care Act Guidelines Non-ACA Services	No cost Varies based on type/place of service	50% coinsurance after deductible
<b>Specialty Care Office Visit</b>	\$75 copay	50% coinsurance after deductible
<b>Emergency Care</b>		
Urgent Care Facility	\$75 copay	50% coinsurance after deductible
Ambulance	30% coinsurance after deductible	50% coinsurance after deductible
Hospital Emergency Room	30% coinsurance after deductible	30% coinsurance after deductible
<b>Inpatient Hospital</b> Including Mental Health and Chemical Dependency	30% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient/Outpatient Surgery</b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Lab and Imaging</b> Inpatient and Outpatient Lab, Diagnostic Clinic, or Facility	30% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient Visit</b> Mental Health and Chemical Dependency	\$75 copay	50% coinsurance after deductible

# AETNA TRADITIONAL PPO



What's Covered	Traditional PPO Aetna Network: (Aetna Choice POS II) (Open Access)	
	In-Network	Out-of-Network
<b>Therapy Services</b> (Calendar year maximums are combined between in-network and out-of-network)		
Speech Therapy, Physical Therapy, Occupational Therapy Chiropractic Services	\$75 copay 60-visit combined maximum per year for speech, physical, occupational, and chiropractic visits	50% after deductible; 60 visits combined per year maximum for speech, physical, occupational, and chiropractic visits
<b>Behavioral Health Services</b> (Services must be authorized by calling 1.800.292.2879)		
Inpatient (Facility fee)	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient (Physician fee)	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient Substance Abuse Detoxification (Facility fee)	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient Substance Abuse Detoxification (Physician fee)	30% coinsurance after deductible	50% coinsurance after deductible
<b>Other Services</b> (Calendar year maximums are combined between in-network and out-of-network)		
<b>Urgent Care Center</b>	\$75 co-payment	50% coinsurance after deductible
<b>Skilled Nursing Facility</b> Annual Maximum: 30 days (Maximum = combined in-network and out-of-net- work days)	30% coinsurance after deductible 60-day calendar year maximum	50% coinsurance after deductible 60 visits per calendar year
<b>Home Health Care</b> Annual Maximum: 120 days (combined in-network and out-of-network)	30% coinsurance after deductible 60 visits per calendar year	50% coinsurance after deductible 60 visits per calendar year
<b>Hospice Care</b>	30% coinsurance (not subject to deductible)	50% coinsurance (not subject to deductible)
<b>Ambulance</b> (Covered only when medically necessary)	30% coinsurance	50% coinsurance

# AETNA TRADITIONAL PPO



What's Covered	Traditional PPO Aetna Network: (Aetna Choice POS II) (Open Access)	
	In-Network	Out-of-Network
<b>Durable Medical Equipment (DME)</b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Prescription Drug Coverage</b>	• Prescription drug coverage Aetna Pharmacy Management	
<b>Rehabilitation</b> Physical Therapy Occupational Therapy Speech Therapy (PT, OT, and ST – includes Autism and Cerebral Palsy: combined 60 visit limit per calendar year)	\$75 copay	50% coinsurance after deductible
<b>Chiropractic Visit/Spinal Manipulation</b>	\$75 copay	50% coinsurance after deductible
<b>Maternity Services</b> Specialty Office Visit Pre- and Post-Maternity Care Delivery and Hospital Care	\$75 copay 30% coinsurance after deductible	50% coinsurance after deductible
<b>Family Planning</b> Specialty Office Visit Diagnostic Infertility Services (to diagnose condition) Artificial Insemination and In-Vitro Fertilization are not covered	\$75 copay 30% coinsurance after deductible	50% coinsurance after deductible
<b>Skilled Nursing Facility</b> (Annual Maximum: 60 days combined in or out-of-network)	30% coinsurance after deductible	50% coinsurance after deductible
<b>Home Health Care</b> (Annual Maximum: 60 days combined in or out-of-network)	30% coinsurance after deductible	50% coinsurance after deductible
<b>Hospice Care</b>	30% coinsurance after deductible	50% coinsurance after deductible
<b>Vision Exam</b> (no optical hardware benefit)	\$75 copay	50% coinsurance after deductible
<b>Hearing Aids</b> (one per ear, every 3 years)	30% coinsurance after deductible	50% coinsurance after deductible

# AETNA TRADITIONAL PPO



What's Covered	Traditional PPO Aetna Network: (Aetna Choice POS II) (Open Access)	
	In-Network	Out-of-Network
<b>Prescription Drug Coverage</b>	Prescription drug coverage is provided by CVS/Caremark.	
<b>Pharmacy Deductible</b>	None	
<b>Retail</b> (up to 30 days) Generic Preferred Brand Non-Preferred Brand	\$20 copay \$50 copay \$75 copay	
<b>Mail Order</b> (up to 90 days) Generic Preferred Brand Non-Preferred Brand	\$40 copay \$100 copay \$150 copay	
Drug must be on Aetna formulary to be covered unless medical exception is approved. View Aetna formulary at Aetna.com.		
Monthly Pre-Medicare Retiree Premium	Aetna Traditional PPO Plan	
Retiree	\$596.37	
Retiree + Spouse	\$1,430.84	
Retiree + Child(ren)	\$1,394.49	
Retiree + Family	\$1,450.42	
Monthly Blended Retiree Premium (Pre-Medicare and Medicare Retiree)	Aetna Traditional PPO Plan	
Retiree + Spouse (1 Medicare)	\$921.27	
Retiree + Child(ren) (1 Medicare)	\$615.90	
Retiree + Family (2 Medicare)	\$295.44	
Retiree + Family (1 Medicare)	\$963.18	

# AETNA MAXIMUM CHOICE HSA GOLD, SILVER, AND BRONZE PLANS



What's Covered	Aetna Bronze Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Silver Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$3,900/individual \$7,800/family	\$7,800/individual \$15,600/family	\$2,350/individual \$4,700/family	\$4,700/individual \$9,400/family	\$1,550/individual \$3,100/family	\$3,100/individual \$6,200/family
<b>Out-of-Pocket Maximum</b> Deductible, coinsurance, and copay accumulate toward the Out-of-Pocket Maximum	\$6,900/individual \$13,800/family	\$13,800/individual \$27,600/family	\$4,900/individual \$9,800/family	\$9,800/individual \$19,600/family	\$2,800/individual \$5,600/family	\$5,600/individual \$11,200/family
<b>Primary Care Office Visit</b>	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Preventive Care</b> Affordable Care Act Guidelines Non-ACA Services	No cost	50% coinsurance after deductible	No cost	50% coinsurance after deductible	No cost	50% coinsurance after deductible
<b>Specialty Care Office Visit</b>	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Emergency Care</b>						
<b>Primary Care Office Visit</b>	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Hospital Emergency Room Urgent Care Facility Ambulance</b>	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
<b>Inpatient Hospital</b> Including Mental Health and Chemical Dependency	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

# AETNA MAXIMUM CHOICE HSA GOLD, SILVER, AND BRONZE PLANS



What's Covered	Aetna Bronze Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Silver Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Inpatient/ Outpatient Surgery</b>	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Lab and Imaging</b> Inpatient and Outpatient Lab, Diagnostic Clinic, or Facility	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Outpatient Visit</b> Mental Health and Chemical Dependency	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Rehabilitation</b> Physical Therapy Occupational Therapy Speech Therapy (PT, OT, and ST – includes Autism and Cerebral Palsy: combined 60 visit limit per calendar year)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Chiropractic Visit/Spinal Manipulation</b> (30 per calendar year)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Maternity Services</b> Specialty Office Visit Pre and Post Maternity Care Delivery and Hospital Care	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

# AETNA MAXIMUM CHOICE HSA GOLD, SILVER, AND BRONZE PLANS



What's Covered	Aetna Bronze Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Silver Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Family Planning</b> Specialty Office Visit Diagnostic Infertility Services (to diagnose condition) (Artificial Insemination and In-Vitro Fertilization are not covered)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Skilled Nursing Facility</b> Skilled Nursing Facility	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Home Health Care</b> (Annual Maximum: 60 days combined in or out-of-network)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Hospice Care</b>	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Vision Exam</b> (no optical hardware benefit)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Hearing Aids</b> (one per ear, every 3 years)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Durable Medical Equipment</b>	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
<b>Inpatient Hospital</b> Including Mental Health and Chemical Dependency	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

# AETNA MAXIMUM CHOICE HSA GOLD, SILVER, AND BRONZE PLANS



What's Covered	Aetna Bronze Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Silver Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network

Prescription Drugs						
Pharmacy Deductible	None					
<b>Retail</b> (up to 30 days) Generic Preferred Brand Non-Preferred Brand	30% coinsurance after deductible		30% coinsurance after deductible		15% coinsurance after deductible	
<b>Mail Order</b> (up to 90 days) Generic Preferred Brand Non-Preferred Brand	30% coinsurance after deductible		30% coinsurance after deductible		15% coinsurance after deductible	

Drug must be on Aetna formulary to be covered unless medical exception is approved. View Aetna formulary at [Aetna.com](https://www.aetna.com).

Monthly Pre-Medicare Retiree Premium	Aetna Bronze HSA Plan	Aetna Silver HSA Plan	Aetna Gold HSA Plan
Retiree	\$169.70	\$304.29	\$490.62
Retiree + Spouse	\$321.31	\$608.59	\$981.26
Retiree + Child(ren)	\$330.10	\$560.81	\$869.51
Retiree + Family	\$463.49	\$865.10	\$1,302.97
Monthly Blended Retiree Premium (Pre-Medicare and Medicare Retiree)	Aetna Bronze HSA Plan	Aetna Silver HSA Plan	Aetna Gold HSA Plan
Retiree + Spouse (1 Medicare)	\$253.50	\$359.75	\$775.65
Retiree + Child(ren) (1 Medicare)	\$182.49	\$285.03	\$647.05
Retiree + Family (2 Medicare)	\$178.13	\$290.54	\$300.13
Retiree + Family (1 Medicare)	\$285.76	\$457.65	\$814.08



# HUMANA MEDICARE ADVANTAGE PLAN



There is one Medicare Advantage Plan available for Medicare-eligible retirees and their Medicare-eligible dependents.

What's Covered	Cost To You	
	In-Network	Out-of-Network
Annual Deductible	\$150 This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.	
Out-of-Pocket Maximum per year	\$3,400 The maximum out-of-pocket limit applies to all covered Medicare Part A and B benefits including deductible.	
Primary Care Physician Selection	Optional There is no requirement for member pre-certification. Your provider will do this on your behalf.	
Referral Requirement	None	
Primary Care Office Visit	\$15 Copay Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.	
Specialty Care Office Visit	\$30 Copay	
Ambulance Services	\$75 Copay	
Emergency Room	\$50 Copay	
Urgent Care	\$30 Copay	
Preventive Care	\$0	
Screenings/Immunizations	\$0	
Inpatient Hospital	\$500 copay per stay	
Skilled Nursing	\$20 copay per day, day(s) 1 to 5; \$0 copay per day, day(s) 6 to 100. Limited to 100 days per Medicare Benefit Period	

# HUMANA MEDICARE ADVANTAGE PLAN



Retail Prescription Drugs		
Generic		\$10 copay
Preferred Brand		\$30 copay
Non-Preferred Brand		\$60 copay
Specialty		\$100 Copay Limited to One-Month Supply
What's Covered	Cost To You	
	In-Network	Out-of-Network
Mail Order Prescription Drugs (up to 90 days)		
Generic		\$15 copay
Preferred Brand		\$75 copay
Non-Preferred Brand		\$150 copay
Specialty		\$100 copay Limited to One-Month Supply
Medicare Eligible	Monthly Retiree Premium	
Retiree Only		\$60.68
Retiree + Spouse		\$184.57

**Important Notice:** You are required to contact the Gwinnett County Benefits Division 60 days prior to the date you or your covered dependent becomes Medicare eligible due to a disability. As soon as you become Medicare eligible, you must immediately enroll in Medicare Part A and Part B in order to continue participating in Gwinnett County health plans.

# DENTAL PLANS



You have a choice of three Cigna dental plans. Please note, Cigna dental plans do not cover boney-impacted wisdom teeth, which are covered under the medical plans. For a complete list of DHMO copays, see Schedule of Benefits on *GC Retiree*.

What's Covered	DHMO	PPO Mid-Option	PPO High-Option
<b>Annual Deductible(s)</b>	For a complete list of DHMO copays, see <a href="#">Schedule of Benefits</a> on <i>GC Retiree</i>	\$100 per person \$300 per family	\$50 per person \$150 per family
<b>Annual Benefits Maximum</b>		\$1,000 per person	\$1,500 per person
<b>New WellnessPlus® Progressive Maximum Benefit</b>		When you or your family member receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year until it reaches the highest level specified below:	
		Year 4 & beyond: \$1,300	Year 4 & beyond: \$1,800
<b>Diagnostic and Preventive</b> Oral exams Teeth cleaning X-rays Maximum of two visits per calendar year		No out-of-pocket costs. Expense applied to benefit maximum.	No out-of-pocket costs. Expense applied to benefit maximum.
<b>Basic Benefits</b> Fillings Oral surgery – extractions		PPO Dentist: 20% after deductible Non-PPO Dentist: 20% of UCR*	PPO Dentist: 20% after deductible Non-PPO Dentist: 20% of UCR*
<b>Periodontics and Endodontics</b> Root canals, etc.		PPO Dentist: 50% after deductible- Non-PPO Dentist: 50% of UCR*	PPO Dentist: 20% after deductible Non-PPO Dentist: 20% of UCR*
<b>Major Benefits</b> Crowns and bridges Prosthetics – dentures		PPO Dentist: 50% after deductible Non-PPO Dentist: 50% of UCR*	PPO Dentist: 50% after deductible Non-PPO Dentist: 50% of UCR*
<b>Orthodontic Benefits</b> Children and adults		Not Covered	PPO Dentist: 50% after deductible Non-PPO Dentist: 50% of UCR
<b>Orthodontic Lifetime Benefit Maximum</b>			Not Applicable

# DENTAL PLANS



What's Covered	DHMO	PPO Mid-Option	PPO High-Option
<b>Implants</b> Crowns and bridges Prosthetics – dentures	For a complete list of DHMO copays, see <a href="#">Schedule of Benefits</a> on GC Retiree	Not Covered	PPO Dentist: 50% After Deductible Non-PPO Dentist: 50% of UCR*
<b>Implant Lifetime Benefit Maximum</b>		Not Applicable	\$1,500 per person

\*Payable after Annual Deductible is met

\*See Cigna Dental Care Patient Charge Schedule posted on the GC Retiree website.

Usual, Customary, and Reasonable allowances apply to charges from non-PPO, or out-of-network dentists. Out-of-network providers are not required to write off charges that exceed the allowable amount. The patient is responsible for those amounts. PPO High-Option Plan: Lifetime maximums for orthodontic treatment and implants are separate from annual benefit maximums. Benefits paid for these expenses do not apply to the patient's annual maximum.

Removal of boney-impacted wisdom teeth is a medical expense and is not covered by the dental plans.

Monthly Premium	Dental HMO Monthly	Mid-Option Monthly	High-Option Monthly
Retiree Only	\$12.96	\$33.59	\$52.13
Retiree + Spouse	\$25.90	\$67.12	\$104.26
Retiree + Child(ren)	\$32.38	\$83.89	\$130.32
Retiree + Family	\$38.85	\$100.60	\$156.10

# VISION PLANS

VSP offers two vision plans as well as several Exclusive Member Extras.



What's Covered	Basic Vision Plan (In-Network)	Premium Vision Plan (In-Network)	Out-of-Network
<b>Provider</b>	Contracted Optometrists and Ophthalmologists. Provider list is available at <a href="http://VSP.com">VSP.com</a> .		Any licensed Optometrist, Ophthalmologist, or dispensing Optician of your choice
	<b>Pay Provider at Time of Service</b>		<b>Submit Claim for Reimbursement</b>
<b>Routine Eye Exam*</b> Frequency	\$10 copay Once per calendar year	\$15 copay Once per calendar year	\$45 Once per calendar year
<b>Lenses**</b> Single Vision Bifocal Trifocal Lenticular Frequency	\$10 copay Once per calendar year	\$15 copay Once per calendar year	\$32 \$50 \$65 \$100
<b>Frames</b> Frequency	\$10 copay up to \$120 frame allowance, 20% discount on cost above frame allowance Once every other calendar year	\$15 copay up to \$150 frame allowance, 20% discount on cost above frame allowance Once per calendar year	\$70
<b>Contact Lenses</b>	\$60 contact fitting copay plus any cost above \$120 materials limit Once per calendar year	\$60 contact fitting copay plus any cost above \$150 materials limit Once per calendar year	\$105
<b>Laser Vision Correction</b>	15% – 20% discount	15% – 20% discount	N/A

\*Routine eye care only. Medical conditions of the eye (i.e., eye infections, foreign body in the eye, cataracts, etc.) are covered under your medical plan.

\*\*Calendar year lens limitation includes contact lenses. \*\*\*Basic and premium plans will only cover the purchase of frames OR contacts in one calendar year.

Monthly Premiums	Basic Vision	Premier Vision
Retiree Only	\$4.84	\$10.21
Retiree + Spouse	\$9.88	\$20.83
Retiree + Child(ren)	\$10.22	\$21.53
Retiree + Family	\$16.32	\$34.42

# MY GCHUB INSTRUCTIONS

Benefits elections must be updated through *My GCHub*. Any updates/changes made on the My GCHub system are immediate.

## Accessing *My GCHub* from a Gwinnett County network computer or from your home computer:

1. Go to **GwinnettCounty.com**; click on Login in the top right corner of the page
2. Select the *GC Retiree* icon

## To access *My GCHub*:

1. Click on *My GCHub*
2. Click on *Login*
3. The *My GCHub* log on screen will appear
4. Enter your *My GCHub* username and your eight-character password (symbols not allowed)
5. Click *Log on*
6. If you need to reset your *My GCHub* password, please call the Gwinnett County benefits team at 770.822.7915

## Important information

- Disable the pop-up blocker under Tools on the computer's Internet menu bar
- The Adobe Reader® software is required in order to display/print forms

## *My GCHub* procedures for retired employees Enroll in benefits\*

1. Click *Benefits*
2. Click *Benefits Enrollment*
3. Detailed instructions with screen prints are listed under the Guide tab on the next screen within *My GCHub*

## To print Benefits confirmation (benefits, dependents, and cost):

1. Click Benefits
2. Click Benefits Confirmation Statement
3. Change date in Key Date to display Benefits coverage as of effective date
4. Click Print Form and an Adobe window will display the Confirmation Statement
5. Click Print Icon on Adobe window to print the Confirmation Statement

## Links to benefits forms, summary of documents, and vendor website:

1. Click *General Information*
2. Click *Forms and Helpful Links*
3. Click on the vendor name and open the vendor link

## To display/update an address and emergency contacts:

Call the Gwinnett County benefits team at 770.822.7915 to request a retiree address change form.

*Note: Retirees must contact Voya or Transamerica Retirement directly to update their address related to retirement benefits, 401(a) and 457(b) plan information.*

## Services to enroll in benefits are available only during Annual Enrollment or as a result of a Life Status Change.

*Note: Refer to the Summary Plan Description located on the GC Retiree website for details on life status changes and the required documentation.*

# GWINNETT EMPLOYEE WELLNESS CENTER

The Gwinnett Employee Wellness Center is an affordable, convenient option for many medical needs.\* The wellness center sees:

- Active, full-time employees enrolled in a Gwinnett County Government medical plan
- Pre-Medicare retirees enrolled in a Gwinnett County Government medical plan
- Age 18 and over dependents who are Pre-Medicare and enrolled in a Gwinnett County Government medical plan

The Wellness Center features five exam rooms, a laboratory, a dispensary (a type of pharmacy that dispenses pre-packaged medications), office space for medical and wellness staff, and a multipurpose room for training and wellness activities. The following services are provided:

## Preventive Care

- Annual Physicals
- Immunizations
- Biometric Screening
- Wellness Coaching

## Disease Management

- Diabetes
- Cholesterol
- Blood Pressure
- Asthma
- Sinus Infections
- Headaches
- Muscle and Joint Pain
- Upper Respiratory Infection, UTI
- Sprains and Strains
- Tobacco Cessation
- Weight Management
- Referral to Specialists
- Order and interpret lab work
- Prescription Medication  
(after thorough assessment)

\*This list is not all-inclusive.

## GWINNETT EMPLOYEE WELLNESS CENTER OPERATING HOURS

### Monday, Wednesday, and Friday

7:00am to 4:00pm

closed for lunch: 11:00am to noon

### Tuesday and Thursday

10:00am to 7:00pm

closed for lunch: 2:00pm to 3:00pm

# IMPORTANT INFORMATION FOR ALL GWINNETT COUNTY RETIREES

Please read the following documents carefully:

- Children's Health Insurance Program
- Medicare Prescription Drug Comparable Coverage Notice
- Medicare Part D Creditable Coverage Notice





# MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM

## Free or low-cost health coverage to eligible families and children

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 [HealthCare.gov](https://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. Dial 1.877.KIDS NOW or [InsureKidsNow.gov](https://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 [AskEBSA.dol.gov](https://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, 2015. Contact your State for more information on eligibility:

### Alabama Medicaid

[Medicaid.Alabama.gov](https://www.Medicaid.Alabama.gov)

1.855.692.5447

### Alaska Medicaid

The AK Health Insurance  
Premium Payment Program

[MyAkHipp.com](https://www.MyAkHipp.com)

1.866.251.4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility: [DHSS.Alaska.gov/DPA/](https://www.DHSS.Alaska.gov/DPA/Pages/Medicaid/Default.aspx)

[Pages/Medicaid/Default.aspx](https://www.DHSS.Alaska.gov/DPA/Pages/Medicaid/Default.aspx)

### Arkansas Medicaid

[MyARHipp.com](https://www.MyARHipp.com)

1.855.MyARHIPP (855.692.7447)

### Colorado Medicaid

[Colorado.gov/HCPF](https://www.Colorado.gov/HCPF)

1.800.221.3943

### Florida Medicaid

[FLMedicaidTPLRecovery.com](https://www.FLMedicaidTPLRecovery.com)

1.877.357.3268

### Georgia Medicaid

[DCH.Georgia.gov](https://www.DCH.Georgia.gov)

Click on Health Insurance Premium Payment  
404.656.4507

### Indiana Medicaid

Healthy Indiana Plan for  
low-income adults 19-64

[Hip.IN.gov](https://www.Hip.IN.gov)

1.877.438.4479

[IndianaMedicaid.com](https://www.IndianaMedicaid.com)

1.800.403.0864

**Iowa Medicaid**[DHS.State.IA.US/hipp](https://DHS.State.IA.US/hipp)

1.888.346.9562

**Kansas Medicaid**[KDHEKS.gov/hcf](https://KDHEKS.gov/hcf)

1.785.296.3512

**Kentucky Medicaid**[CHFS.KY.gov/dms/default.html](https://CHFS.KY.gov/dms/default.html)

1.800.635.2570

**Louisiana Medicaid**[DHH.Louisiana.gov/index.cfm/sub-home/1/n/331](https://DHH.Louisiana.gov/index.cfm/sub-home/1/n/331)

1.888.695.2447

**Maine Medicaid**[Maine.gov/DHHS/of/Public-Assistance](https://Maine.gov/DHHS/of/Public-Assistance)

1.800.442.6003

TTY: Maine relay 711

**Massachusetts Medicaid and CHIP**[Mass.gov/MassHealth](https://Mass.gov/MassHealth)

1.800.462.1120

**Minnesota Medicaid**[MN.gov/dhs/ma](https://MN.gov/dhs/ma)

1.800.657.3739

**Missouri Medicaid**[DSS.MO.gov/mhd/Participants/Pages/hipp.htm](https://DSS.MO.gov/mhd/Participants/Pages/hipp.htm)

1.573.751.2005

**Montana Medicaid**[DPHHS.MT.gov/MontanaHealthcarePrograms/HIPP](https://DPHHS.MT.gov/MontanaHealthcarePrograms/HIPP)

1.800.694.3084

**Nebraska Medicaid**[DHHS.NE.gov/Children\\_Family\\_Services/AccessNebraska/Pages/accessnebraska\\_index.aspx](https://DHHS.NE.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx)

1.855.632.7633

**Nevada Medicaid**[DWSS.NV.gov](https://DWSS.NV.gov)

1.800.992.0900

**New Hampshire Medicaid**[DHHS.NH.gov/oii/documents/hippapp.pdf](https://DHHS.NH.gov/oii/documents/hippapp.pdf)

1.603.271.5218

**New Jersey Medicaid**[State.NJ.US/HumanServices/dmahs/clients/medicaid](https://State.NJ.US/HumanServices/dmahs/clients/medicaid)

1.609.631.2392

**New Jersey CHIP**[NJFamilyCare.org/index.html](https://NJFamilyCare.org/index.html)

1.800.701.0710

**New York Medicaid**[NYHealth.gov/health\\_care/medicaid](https://NYHealth.gov/health_care/medicaid)

1.800.541.2831

**North Carolina Medicaid**[NCDHHS.gov/dma](https://NCDHHS.gov/dma)

1.919.855.4100

**North Dakota Medicaid**[ND.gov/dhs/services/medicalserv/medicaid](https://ND.gov/dhs/services/medicalserv/medicaid)

1.844.854.4825

**Oklahoma Medicaid**[InsureOklahoma.org](https://InsureOklahoma.org)

1.888.365.3742

**Oregon Medicaid**[OregonHealthyKids.gov](https://OregonHealthyKids.gov)[One.Oregon.gov/](https://One.Oregon.gov/)

1.800.699.9075

**Pennsylvania Medicaid**[DHS.State.PA.US/hipp](https://DHS.State.PA.US/hipp)

1.800.692.7462

**Rhode Island Medicaid**[EOHHS.RI.gov](https://EOHHS.RI.gov)

401.462.5300

**South Carolina Medicaid**[SCDHHS.gov](https://SCDHHS.gov)

1.888.549.0820

**South Dakota Medicaid**[DSS.SD.gov](https://DSS.SD.gov)

1.888.828.0059

**Texas Medicaid**[GetHippTexas.com](https://GetHippTexas.com)

1.800.440.0493

**Utah Medicaid and CHIP**[Health.Utah.gov/Medicaid](https://Health.Utah.gov/Medicaid)[Health.Utah.gov/chip](https://Health.Utah.gov/chip)

1.877.543.8427

### **Vermont Medicaid**

[GreenMountainCare.org](http://GreenMountainCare.org)

1.800.250.8427

### **Virginia Medicaid and CHIP**

Medicaid: [CoverVA.org/Programs\\_Premium\\_Assistance.cfm](http://CoverVA.org/Programs_Premium_Assistance.cfm)

1.800.432.5924

CHIP: [CoverVA.org/Programs\\_Premium\\_Assistance.cfm](http://CoverVA.org/Programs_Premium_Assistance.cfm)

1.855.242.8282

### **Washington Medicaid**

[HCA.WA.gov/Medicaid/PremiumPymt/Pages/Index.aspx](http://HCA.WA.gov/Medicaid/PremiumPymt/Pages/Index.aspx)

1.800.562.3022 ext. 15473

### **West Virginia Medicaid**

[DHHR.WV.gov/BMS/Medicaid%20Expansion/Pages/default.aspx](http://DHHR.WV.gov/BMS/Medicaid%20Expansion/Pages/default.aspx)

1.877.598.5820

### **Wisconsin Medicaid and CHIP**

[DHS.Wisconsin.gov/Medicaid/Publications/p-10095.htm](http://DHS.Wisconsin.gov/Medicaid/Publications/p-10095.htm)

1.800.362.3002

### **Wyoming Medicaid**

[WYEqualityCare.ACS-Inc.com](http://WYEqualityCare.ACS-Inc.com)

307.777.7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact:

#### **U.S. Department of Labor**

Employee Benefits Security Administration  
[DOL.gov/EBSA](http://DOL.gov/EBSA) • 1.866.444.EBSA (3272)

or

#### **U.S. Department of Health and Human Services**

Centers for Medicare and Medicaid Services  
[CMS.HHS.gov](http://CMS.HHS.gov) • 1.877.267.2323,  
Menu Option 4, Ext. 61565



# MEDICARE PART D CREDITABLE COVERAGE NOTICE

Please read this important notice regarding your prescription drug coverage and Medicare from the Gwinnett County Board of Commissioners carefully. This notice has information about prescription drug coverage under the Kaiser Gold and Silver plans and the Aetna Gold, Silver, and Traditional plans.

Beginning January 1, 2006, Medicare prescription drug coverage was made available to everyone with Medicare. Health plans administering claim services on behalf of the Gwinnett County Board of Commissioners have determined that the prescription drug vendor for the Aetna and Humana Medicare plans is on average, for all plan participants, expected to cover/pay as much as standard Medicare prescription drug coverage.

*Note: Read this notice carefully. It explains the options you have under Humana Medicare prescription drug coverage.*

Because the Gwinnett County prescription drug coverage for the Kaiser, Aetna and Humana Medicare medical programs is, on average, as good as standard Medicare prescription drug coverage, you may keep Gwinnett County health plan coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

If you decide to enroll in a Medicare prescription drug plan, you will not be eligible for Gwinnett County prescription drug coverage through the Gwinnett County Board of Commissioners health plans.

If you drop your Gwinnett County coverage and enroll in a Medicare prescription drug plan, you may not be able to re-enroll in Gwinnett County coverage later. Compare your current coverage, including which specific drugs are covered, with the coverage and cost of plans offering Medicare prescription drug benefits.

You should also know that if you drop or lose your coverage with Gwinnett County and fail to enroll in Medicare prescription drug coverage when your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage at a later date.

*Note: You may receive this notice at other times in the future. You may also request a copy from the Gwinnett County Department of Human Resources.*

Please refer to the Gwinnett County SPD for additional information concerning:

- Privacy Notice
- Genetic Information Nondiscrimination Act
- Mental Health Parity and Addition Equity Act
- Women's Health and Cancer Rights Act Newborn and Mother's Protection Act
- Uniformed Services Employment and Reemployment Rights Act

# CONTACT INFORMATION

Human Resources	
Human Resources	770.822.7915
Human Resources – Benefits Division	770.822.7915 Office 770.822.7775 Fax Benefits@GwinnettCounty.com
Benefits	
Tori Burkholder	Deputy Director
Karissa Ogburn	HR Benefits Manager
Heather Supic	HR Wellness Manager
Nancy Purves	Health and Wellness Coordinator
Eugina Starks	Wellness Coordinator
Ashley Hillman	Resources and Marketing Coordinator
Carol Vermilya	HR Benefits Manager
Penny Skamalos	HR Program Coordinator
Latosha Smiley-Peoples	HR Associate III
Connie Meyer	HR Associate III
Sara Lamb	HR Specialist
Jody Currie	HR Technician
Robert Queen	HR Technician
Other Contacts	
Angel Mario Voya Financial	770.822.7874 Angel.Mario@voya.com
Wendy Moy Voya Financial	770.822.7782 Wendy.Moy@Voya.com
Laura Beck Onsite EAP Counselor	855.330.2962 Humana.com/EAP

Gwinnett Justice and  
Administration Center  
75 Langley Drive  
Lawrenceville, GA 30046  
Monday – Friday  
8:00am – 5:00pm



# VENDOR CONTACT INFORMATION

Company	Plan Type	Group Number	Address	Customer Service Number	Website
Aetna	Aetna	737528	Aetna P.O. Box 14079 Lexington, KY 40512-4079	855.281.8858	<a href="https://www.aetna.com">Aetna.com</a>
CIGNA Dental	Dental PPO Plans	3212404	CIGNA Dental P.O. Box 188037 Chattanooga, TN 37422-8037	800.244.6224	<a href="https://www.cigna.com">Cigna.com</a>
CIGNA Dental	Dental HMO Plan	10141213	NA – No claims filed for HMO	800.244.6224	<a href="https://www.cigna.com">Cigna.com</a>
Humana Medicare Advantage	PPO Plan	323397-001			–
Kaiser Permanente	Kaiser Permanente HMO	9284	Nine Piedmont Center Building 10, third floor 3495 Piedmont Road NE Atlanta, GA 30305-1736	404.760.3549 888.865.5813	<a href="https://www.kp.org">KP.org</a>
LifeWorks	LifeWorks EAP and Work-Life Services	N/A	N/A – No claims filed for EAP/Work-Life services	855.330.2962	<a href="https://www.gwinnett-county.lifeworks.com">Gwinnett-County.LifeWorks.com</a> username: gwinnett password: gwinnett
MetLife	Short-Term Disability, Long-Term Disability	Short-Term Group #166487 Long-Term Group #166488	OriskaNYMetlife@Metlife.com 18216 Crane Nest Drive Building VII Tampa, FL 33647	866.729.9201	<a href="https://www.mybenefits.metlife.com">MyBenefits.Metlife.com</a>
MetLife	Life Insurance: Basic, Optional, Dependent	Life Group Number 166486	Group Life Claims P.O. Box 6100 Scranton, PA 18505-6100	800.638.6420	<a href="https://www.mybenefits.metlife.com">MyBenefits.Metlife.com</a>

# VENDOR CONTACT INFORMATION

Company	Plan Type	Group Number	Address	Customer Service Number	Website
Premise Health	Wellness Center	N/A	750 S Perry Street, Lawrenceville, GA 30046 • Second Floor	678.377.4080	–
Vision Service Plan (VSP)	Vision Plan	12-320640	Out of Network Claims Only P.O. Box 385018 Birmingham, AL 35238-5018	800.877.7195	<a href="http://VSP.com">VSP.com</a>
Voya Supplemental	Critical Illness, Accident, Hospital Indemnity	723363	230 Park Avenue New York, NY 10169	877.236.7564	<a href="http://Voya.com">Voya.com</a>
Voya Financial	Retirement Admin 401a, 457	N/A	230 Park Avenue New York, NY 10169	855.492.1818	<a href="http://Voya.com">Voya.com</a>
WEX	Health Spending Account	N/A	WEX Inc. P.O. Box 2926 Fargo, ND 58108-2926	866.451.3399	<a href="http://WexInc.com">WexInc.com</a>



Gwinnett Human Resources  
75 Langley Drive  
Lawrenceville, GA 30046  
[GwinnettCounty.com](http://GwinnettCounty.com)



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