



## Benefit Commitment

Your compensation from Bulloch County includes more than just your paycheck. The benefit program is an integral part of your overall pay. Bulloch County knows that it must offer a benefit package that will continue to attract the best and brightest employees, Bulloch County's greatest asset.

Bulloch County offers comprehensive Medical and Dental coverage and shares the cost of health care coverage with you. Your share of the cost is deducted from your paycheck on a pre-tax basis.

After making your coverage selection, you may not change your plan options until the next open enrollment period (July 1, 2011), or after a change in family status (described later).

## Eligibility

You are eligible for benefits if you are a regular, full-time employee working at least 32 hours per week.

Your benefit coverage begins after you complete the employment waiting period of 30 consecutive days as an active employee. You may enroll your spouse, and eligible dependent children in the health and dental plan.

Dependent adult unmarried children are eligible for coverage under the Plan through age 26 if the adult child is not eligible to enroll in another eligible employer plan.

Effective July 1, 2011, any member that is under the age of 19 will not be subject to Pre-x.

## Benefit Brochure-Your Benefits

### *Medical Care*

As part of our strategy to provide a comprehensive benefit plan at an affordable cost to both you and the County, Bulloch County offers medical coverage through FSAI, utilizing the IBG network of physicians and hospitals. You can find a list of participating physicians at [www.ibg.com](http://www.ibg.com).

This plan is a preferred provider organization (PPO) plan. Each time you need to seek medical care, you choose the level of benefits you will receive. You choose between two levels of coverage:

- In-Network offers the highest level of PPO benefits. When you use a physician from the IBG network, you receive benefits at the network level. For the PPO Plus Plan an office visit to a Primary Care Doctor is a \$25 copayment. For the PPO Basic Plan an office visit to a Primary Care Doctor is paid at 80% after you pay an annual deductible of \$400 single and \$1,200 family.
- Out-of-Network allows you to use a health care provider outside of the IBG network, but it pays a lower level of benefits. For the PPO Plus Plan and Basic Plan, most expenses are paid at 50% after you pay an annual deductible of \$800 single and \$2,400 family.
- To compare the features of the medical plans, please see the chart called *Medical Plan at a Glance*.
- Claims forms are included for out-of-network claims.
- Plans will no longer have lifetime or annual dollar maximums on specific benefits.

### *Dental Care*

Dental coverage is also provided through FSAI. There is a \$50 per person (\$150 per family) calendar year deductible which is waived for preventative care. Your coverage will be the same regardless of what dentist you use.

|                        |      |
|------------------------|------|
| Class A – Preventative | 100% |
| Class B – Basic        | 80%  |
| Class C - Major        | 50%  |

*Note:*

*No benefits are payable for Class B Services in the first (6) months of covered person's coverage under the plan.*

*No benefits are payable for Class C Services in the first (12) months of the covered person's coverage under the plan.*

### **Making Changes**

The only time you may make a health care plan change is if you have a change in family status. Changes in family status must be submitted to the HR Department within 31 days of the event. Family status changes include:

- Your spouse's gaining or losing employment;
- Death of a spouse or child;
- Birth, adoption or foster placement of a child;
- Change in eligibility of a child; or
- Your marriage or divorce.

# 2011-2012 Health Care Premium Changes

## Insurance Cost to Employees and County

| Monthly Cost    |                              |                        |                              |                        |
|-----------------|------------------------------|------------------------|------------------------------|------------------------|
| Coverage        | Plus Plan                    |                        | Basic Plan                   |                        |
| Health – Single | Employee pays<br>County pays | \$126.58<br>\$488.00   | Employee pays<br>County pays | \$75.37<br>\$533.00    |
| Dental - Single | Employee pays                | \$18.00                | Employee pays                | \$18.00                |
| Health – Family | Employee pays<br>County pays | \$466.88<br>\$1,510.00 | Employee pays<br>County pays | \$273.61<br>\$1,390.00 |
| Dental - Family | Employee pays                | \$55.00                | Employee pays                | \$55.00                |

| Bi-Weekly Cost  |                              |                      |                              |                      |
|-----------------|------------------------------|----------------------|------------------------------|----------------------|
| Coverage        | Plus Plan                    |                      | Basic Plan                   |                      |
| Health – Single | Employee pays<br>County pays | \$58.14<br>\$225.23  | Employee pays<br>County pays | \$34.79<br>\$246.00  |
| Dental - Single | Employee pays                | \$8.31               | Employee pays                | \$8.31               |
| Health – Family | Employee pays<br>County pays | \$215.48<br>\$696.92 | Employee pays<br>County pays | \$126.26<br>\$641.54 |
| Dental - Family | Employee pays                | \$25.39              | Employee pays                | \$25.39              |

### Drug Co-Pay Increase:

- Generic -\$15
- Name Brand -\$35 (When No Generic is Available)
- 25% for a Name Brand drug when Generic is Available.

### Plus Plan Office Co-Pay Increase:

- \$25 per visit to your Primary Physician

## Medical Plan at a Glance

### PPO Plus Plan

|   | In-Network   | Out-of-Network        |
|---|--|-----------------------|
| <b>Choice of Providers</b>  | Network Provider   | Any licensed provider |
| <b>Deductible Individual / Family</b>   | \$400 / \$1,200  | \$800 / \$2,400       |
| <b>Maximum Annual Out-of-Pocket</b>   | \$1,500 / \$4,500  | Unlimited / Unlimited |
| <b>Hospitalization</b>  | 80% after deductible   | 50% after deductible  |
| <b>Emergency Room Benefits will be reduced to 50% for non-emergency use of the Emergency Room</b> | 80% after deductible   | 50% after deductible  |
| <b>Primary Care Physician-Office Visit Charge Only</b>  | \$25 copay / 100%  | 50 % after deductible |
| <b>Primary Care Physician-All other services with that office visit</b>                           | 80% after deductible   | 50% after deductible  |
| <b>Specialist Physician-Office Visit and all other services with that office visit</b>            | 80% after deductible   | 50% after deductible  |
| <b>Adult Preventative</b>   | 100% up to \$100. After \$100, 80% after deductible  | NA                    |
| <b>Labcorp</b>  | 100%   | NA                    |
| <b>X-Ray and Lab (All labs except Labcorp)</b>  | 80% after deductible   | 50% after deductible  |
| <b>Durable Medical Equipment</b>  | 80% after deductible   | 50% after deductible  |
| <b>Prescription Drug (Oral contraceptives included)</b>   | 80% after deductible   | NA                    |
|   | Retail: \$15/\$35/25% if generic available<br>Mail Order: \$35/\$65/25% if generic available |                       |

### Dental Benefits

|                                |   |
|--------------------------------|---|
| Type A – Preventative Services | 100%. No deductible.  |
| Type B – Basic Services        | 80% after deductible. No benefits are payable for Class B services in the first six (6) months of a covered person's coverage under the Plan. |
| Type C – Major Services        | 50% after deductible. No benefits are payable for Class C services in the first 12 months of a covered person's coverage under the Plan.      |

## Medical Plan at a Glance

### PPO Basic Plan

|  | In-Network  | Out-of-Network        |
|--|---|-----------------------|
| <b>Choice of Providers</b>   | Network Provider                                    | Any licensed provider |
| <b>Deductible Individual / Family</b>  | \$400 / \$1,200                                     | \$800 / \$2,400       |
| <b>Maximum Annual Out-of-Pocket</b>  | \$2,500 / \$7,500                                   | Unlimited / Unlimited |
| <b>Hospitalization</b>   | 80% after deductible                                | 50% after deductible  |
| <b>Emergency Room</b><br>Benefits will be reduced to 50% for non-emergency use of the Emergency Room | 80% after deductible                                | 50% after deductible  |
| <b>Primary Care Physician-Office Visit Charge Only</b>   | 80% after deductible                                | 50 % after deductible |
| <b>Primary Care Physician-All other services with that office visit</b>                              | 80% after deductible                                | 50% after deductible  |
| <b>Specialist Physician-Office Visit and all other services with that office visit</b>               | 80% after deductible                                | 50% after deductible  |
| <b>Adult Preventative</b>  | 100% up to \$100. After \$100, 80% after deductible | NA                    |
| <b>Labcorp</b>   | 100%  | NA                    |
| <b>X-Ray and Lab (All labs except Labcorp)</b>   | 80% after deductible                                | 50% after deductible  |
| <b>Durable Medical Equipment</b>   | 80% after deductible                                | 50% after deductible  |
| <b>Prescription and Generic Drug (Oral contraceptives included)</b>                                  | 80% after deductible                                | NA                    |

### Dental Benefits

|                                |   |
|--------------------------------|---|
| Type A – Preventative Services | 100%. No deductible.  |
| Type B – Basic Services        | 80% after deductible. No benefits are payable for Class B services in the first six (6) months of a covered person's coverage under the Plan. |
| Type C – Major Services        | 50% after deductible. No benefits are payable for Class C services in the first 12 months of a covered person's coverage under the Plan.      |