



CITY OF
WOODSTOCK



GEORGIA

2018-2019
Employee Benefits
Presentation



Welcome to the City of Woodstock!

You have 30 days from your date of hire to make your benefit elections.

The elections you make during your new hire enrollment period remain in effect until the next Open Enrollment period unless you experience a qualified change in status.

Who is Eligible for Coverage?

- Active, full-time employees scheduled to work at least 30-hours per week
- **New employees are eligible to participate on the first of the month following date of hire**

Eligible Dependents:

- Your lawful spouse
- Legal dependent children up to age 26
- Unmarried children not able to support themselves due to a physical or developmental disability



a2|benefits is an extension of the City of
Woodstock HR Team

- They assist with:
 - Claim issues
 - Billing issues
 - Benefit related questions
- Contact Information:
 - woodstock@a2benefits.com
 - 404.540.1428 M-F, 8am-5pm EST





2018-2019 Benefits Overview

Benefit Plan	Carrier
Medical & Prescription	UMR & Southern Scripts
Dental	Guardian
Vision	EyeMed
Flexible Spending Account	UMR
Wellness Program	TargetCare
Basic Life/AD&D	One America
Voluntary Life/AD&D	One America
Voluntary Short Term Disability	One America
Long Term Disability	One America



UMR - Choice Plus POS Network	In-Network	Out-of-Network
Calendar Year Deductible Employee / Employee + Spouse or Child / Family	<p align="center">Premium Plan \$500 / \$1,000 / \$1,500</p> <p align="center">Basic Plan \$1,500 / \$3,000 / \$4,500</p>	<p align="center">\$6,000 / \$18,000 \$6,000 / \$18,000</p>
Out-of-Pocket Maximum Includes Deductible Employee / Employee + Spouse or Child / Family	<p align="center">Medical: <i>Premium Plan:</i> \$500 / \$1,000 / \$1,500 <i>Basic Plan:</i> \$1,500 / \$3,000 / \$4,500</p> <p align="center">Pharmacy: <i>Premium Plan:</i> \$500 / \$1,000 / \$1,500 <i>Basic Plan:</i> \$1,500 / \$3,000 / \$4,500</p>	<p align="center">\$8,000 / \$24,000</p>
Lifetime Maximum	<p align="center">Unlimited</p>	<p align="center">Unlimited</p>
Coinsurance	<p align="center">N/A</p>	<p align="center">60% After Deductible</p>
Office Visits (PCP / Specialist)	<p align="center">\$25 / \$35 Copay <i>Premium Designated Providers \$15 / \$25 Copay</i></p>	<p align="center">60% After Deductible</p>
Emergency Room Visit (waived if admitted)	<p align="center">\$150 Copay</p>	<p align="center">\$150 Copay</p>
Urgent Care	<p align="center">\$60 Copay</p>	<p align="center">\$60 Copay, Deductible then 60%</p>
Inpatient / Outpatient Hospitalization	<p align="center">\$250 Copay for Facility, Physician Fees Subject to Deductible</p>	<p align="center">60% After Deductible</p>
Outpatient Surgery / Diagnostic / X-ray	<p align="center">\$250 Copay for Facility, Physician Fees Subject to Deductible</p>	<p align="center">60% After Deductible</p>
Prescription Drugs-30 days (Tier 1, Tier 2, Tier 3)	<p align="center">\$15 / \$30 / \$60 Copay</p>	<p align="center">60% After Deductible</p>
Mail Order-90 days (Tier 1, Tier 2, Tier 3)	<p align="center">\$25 / \$60 / \$120 Copay</p>	<p align="center">No Coverage</p>



Things to Know

- Third Party Administrator (TPA) – UMR, a United Healthcare (UHC) company
- UHC Choice Plus Network – verify all providers are in-network
- Access UHC Premium Designated Providers for additional savings on PCP/Specialist Copays (\$10 savings)
- Rx Provider – Southern Scripts
- ID card – UMR (utilizing UHC Choice Plus Network) and Southern Scripts

Create an online account at www.umar.com

- Access your medical information through the UMR mobile site



UMR Premium Designation Program

To help people make more informed choices about their health care, UMR and United Healthcare created the UnitedHealth Premium program. The Premium program, offered through UMR, recognizes doctors who meet standards for quality and cost efficiency.

This program uses evidence-based medicine and national industry guidelines to evaluate quality. The cost efficiency standards rely on local market benchmarks for the efficient use of resources in providing care.

A doctor's premium designation is shown on umr.com when searching for providers.

As an added benefit to you, by using a premium designated provider, you will pay **\$10 LESS** on any primary care or specialist office visit copay!!

Finding In-Network Medical Providers

How do I find a Choice Plus POS in-network provider?



It's easy! There are several ways:

1. Contact your provider and ask:
"Do you participate in the UHC Choice Plus POS network"
2. Contact UMR at the number provided on your ID card
3. Online at www.umar.com



Medical Deductions 10/1/2018

Bi-Weekly (26)	Basic - \$1,500 Deductible	Premium - \$500 Deductible
Non-Tobacco User - Participating in Wellness (Both Wellness & Tobacco Discounts)		
Employee	\$11.54	\$20.77
Employee and Spouse	\$69.23	\$83.08
Employee and Child(ren)	\$66.92	\$80.77
Family	\$138.46	\$161.54

Bi-Weekly (26)	Basic - \$1,500 Deductible	Premium - \$500 Deductible
Tobacco User - Not Participating in Wellness (No Discounts)		
Employee	\$80.77	\$90.01
Employee and Spouse	\$138.46	\$152.31
Employee and Child(ren)	\$136.15	\$150.00
Family	\$207.69	\$230.77



Medical Deductions 10/1/2018

Bi-Weekly (26)	Basic - \$1,500 Deductible	Premium - \$500 Deductible
Non-Tobacco User – Not Participating in Wellness (Non-Tobacco User Discount Only)		
Employee	\$46.15	\$55.38
Employee and Spouse	\$103.85	\$117.69
Employee and Child(ren)	\$101.54	\$115.38
Family	\$173.08	\$196.15

Bi-Weekly (26)	Basic - \$1,500 Deductible	Premium - \$500 Deductible
Tobacco User - Participating in Wellness (Wellness Discount Only)		
Employee	\$46.15	\$55.38
Employee and Spouse	\$103.85	\$117.69
Employee and Child(ren)	\$101.54	\$115.38
Family	\$173.08	\$196.15



Prescription Cost Savings Information

Take advantage of the many prescription savings programs available to you through your local pharmacies.

Pharmacy	Savings	Website
Kroger	\$4 for a 30-day supply of over 300 generic medications	www.kroger.com
Publix	Free 14-day supply of select generic antibiotic medications	www.publix.com
Target	\$4 for a 30-day supply of select generic medications- hundreds are available	www.target.com
Wal-Mart / Sam's Club	\$4 for a 30-day supply of select generic medications - hundreds are available	www.walmart.com

We recommend visiting each of the pharmacy websites listed above and printing out the covered generic medication lists (along with your Southern Scripts listing). This way, you can bring them with you when you visit the doctor and work with your doctor in selecting a medication from the list which will help you save even more money on prescription medications.

Check out these pharmacies for additional Rx savings and discount programs: Costco, Kmart, Rite Aid, Walgreens



When using savings programs, no need to provide your insurance card, just hand the pharmacist your doctor's written prescription.



Prescription Information

Southern Scripts	
Contact	<p>www.southernscripts.net/members.php 800.710.9341 support@southernscripts.net</p>
Southern Scripts FREE App 	<p>Refill medication Contact the pharmacy Access your ID card</p>
Pharmacy Locator	Find in-network pharmacies online or on the app
Mail Order	<p>Take advantage of your mail order option! Call 800.710.9341 or Visit our website: www.southernscripts.net/members.php</p>
Prescription Savings with CRx Specialty Solutions	<p>To see if your medication is eligible, contact: 800.710.9341 or www.crxspecialty.com</p>



Southern Scripts

Frequently Asked Questions

Where can I track my prescriptions?

Visit our Member Portal at www.southernscripts.net to register and keep track of your prescriptions and access other member tools.

How do I know if a medication is going to require a PA?

Call Southern Scripts Customer Service at 1.800.710.9341 so we can check for you.

Why does my co-payment change?

Your co-payment will vary based on which type of drug is chosen, the pharmacy chosen, and your plan's benefit set-up. Check your formulary to find the most cost effective medications.

Where do I find coupons for expensive medications?

Like us on facebook for coupons, health related tips, videos, and more. www.facebook.com/southernscripts

What do I do for a manual claim?

Contact Customer Service for a manual claim form. However, your plan determines if manual claims are covered. Always check to see if your pharmacy takes your ID card prior to filling your prescription to save money and to avoid the hassle of the manual claim process.

What do I do if my prescription needs a prior authorization (PA)?

Your doctor, pharmacist, or you can call Southern Scripts to verify and start the PA process. Call 1.800.710.9341.

Can I receive a medication that is not on my formulary?


How do I know if a medication is covered?

Yes. You can obtain a non-formulary drug by taking the prescription to your pharmacy. However, if you choose to obtain a non-formulary drug, your share of the cost may be higher than it would be for a drug on your formulary. You may also be required to pay the full price of the drug. It is more cost-effective for you to utilize drugs that are generics and preferred alternatives. Call 1.800.710.9341 to see if your Rx is covered or to check your copay.



Southern Scripts



City of Woodstock has added an additional benefit to your prescription benefit coverage. The Variable Copay Program was created to save you money and combat the rising cost of prescription medications. The Variable Copay Program is managed by Southern Scripts your Pharmacy Benefit Manager, and administered through the  Specialty Solution Pharmacy.

HOW IT WORKS

The Variable Copay Program used coupons provided by the manufacturer.

If your medication has a Variable Copay Opportunity and you try to fill your medication at a retail pharmacy, the pharmacy will get a rejection message stating “Variable Copay Opportunity Available” Please call 1-800.710.9341. This does not mean your medication is not covered and instead means your medication is eligible for a manufacturer coupon that will reduce the cost to you.

COMMON MEDICATIONS THAT QUALIFY FOR SAVINGS

ELIQUIS

STELARA

SIMPONI

OTEZLA

COSENTYX

ZEPATIER

Have Questions? To find out more information on the Variable Copay Program, please call and ask for a Customer Care Specialist at

1.800.710.9341 or visit us online at: www.southernscripts.net/members.php



Southern Scripts' Fight Against Opioid Abuse Epidemic

7 DAY LIMIT – OPIOID PROCEDURES



- 7-Day Limit - at initial opioid prescription
 - For members new to pain management therapy
- Limit Two Prescriptions of 7-Day Supply – within a 90-day period
- NO Extended-Release Opioids – allowed for acute pain
- Quantity Limit of Four – immediate-release opioid tablets per day
- Educational Opioid Information After First Fill
 - Outlines opioid limitation, potential risks associated with opioid use, and opioid storage and disposal
- Clinical Team Management
 - Monitors opioid prescriptions are appropriate and medically necessary, and intervene if there are suspected patterns of abuse

Contact Southern Scripts Account Team for more information on this program.

www.southernscripts.net – 800.710.9341



Dental Benefit Highlights



Guardian <i>Benefits based on calendar year</i>	Network Access Plan (NAP) <i>Good for those using OON Providers</i>	Value Plan <i>Good for those using In-Network Providers</i>
Deductible	\$50 / \$150	\$0
Annual Maximum	\$1,000	\$1,000
Preventive Services	100% (No Deductible)	100% (No Deductible)
Basic Services	80% (After Deductible)	100% (No Deductible)
Major Services	50% (After Deductible)	60% (No Deductible)
Fillings	Included in Basic	Included in Basic
Endodontics / Periodontics	Included in Major	Included in Major
Orthodontia	50% to \$1,000 Lifetime	50% to \$1,000 Lifetime
Rollover Incentive	Included	Included
Out-of-Network Claims	90th UCR	Maximum Allowable Cost (MAC) Fee Schedule

Predetermination of Benefits - when charges for a treatment are expected to exceed \$300, request that your provider file a treatment plan before treatment begins in order to obtain an estimate of your costs.





Maximum Rollover Benefit

- **Annual Plan Maximum**: There is a \$1,000 annual maximum for Preventive, Basic and Major services combined.
- **Maximum Rollover**: Guardian will roll over a portion of each member's unused annual maximum, called the Maximum Rollover Amount (MRA). The MRA can be used to pay for future expenses as long as the member is active on the plan.
- **Qualification**: Member must submit a claim but not exceed the paid claims threshold during the benefit year. Every covered member has his or her own MRA.

**For questions on your rollover maximum balance, contact Guardian at 800.541.7846.*

Plan Annual Maximum	Paid Claims Threshold	MRA	MRA Limit
\$1,000	\$500	\$250	\$1,000



Finding In-Network Dental Providers

How do I find a Guardian in-network provider?

It's easy! There are several ways:

1. Contact your provider and ask:

“Do you participate in the Guardian DentalGuard Preferred network”

2. Contact Guardian at 800.541.7846

3. Via the internet at www.glic.com





Dental Deductions 10/1/2018

Guardian Dental	Employees Pays Per Paycheck (26)
Employee	\$0.00
Employee + 1 (Spouse or Child)	\$12.30
Family	\$19.06





Vision Benefit Highlights

EyeMed Benefits	In-Network	Out-of-Network
Exam	\$10 Copay	Up to \$35
Lenses		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Frames	\$120 Allowance, plus 20% discount off remaining balance	Up to \$40
Contact Lenses (in lieu of frames and lenses)	\$135 Allowance, plus 15% discount off remaining balance	Up to \$95
Laser Vision Correction	15% off retail price or 5% off promotional price	NO COVERAGE
Exam / Frame / Lenses or contacts	Once every 12 / 24 /12 months	



Finding In-Network EyeMed Vision Providers

How do you find an EyeMed in-network provider?

It's easy!!! There are several ways:

1. Contact your provider and ask:

“Do you participate in the EyeMed SELECT vision network”

2. Contact EyeMed at 866.939.3633

3. Via the internet at www.eyemedvisioncare.com

Choose the “SELECT” network



LENSCRAFTERS

PEARLE VISION

JCPenney Optical

Sears
Optical

OPTICAL



Vision Deductions 10/1/2018

EyeMed Vision	Employees Pays Per Paycheck (26)
Employee	\$2.58
Employee + 1 (Spouse or Child)	\$4.89
Family	\$7.16





Flexible Spending Account Highlights

UMR Effective October 1 st , 2018	Medical Care Account	Dependent Care Account
Benefit	Qualified health, dental and vision expenses	Qualified dependent child or elder care expenses
2018 Maximum Contribution Limit	\$2,650	\$5,000

If you elect the Medical FSA account, you will be allowed to rollover up to \$500 of unused funds for the following plan year.





Flexible Spending Account Highlights

- Pre-tax payroll deductions are used to reimburse yourself for qualified medical or dependent care expenses
- Benny Card™ MasterCard® debit card
- Annual enrollment required
- Use for eligible expenses incurred from October 1st, 2018 to September 30th, 2019
- Keep all your receipts
- ***DON'T FORGET – a maximum of \$500 can rollover from one plan year to the next***





Examples of Eligible FSA Expenses

- Orthodontia treatment
- Rx copayments
- Chiropractic
- Contraceptive prescriptions
- Psychiatrist/Counseling
- Durable medical equipment
- Lasik eye surgery
- Medical plan deductible & coinsurance
- Dental plan deductible & coinsurance
- Contact solutions, cleaners
- Vision expenses
- Eye glasses, contact lenses
- Diabetic supplies
- Medical plan office visit copays





Wellness Program- TargetCare



In an effort to promote a healthy workplace and strive to keep everyone's cost for health care coverage affordable, the City offers a Wellness Plan.

New Hires must complete the wellness plan participation requirements no later than 30 days from your medical insurance enrollment effective date in order to receive the wellness incentive discount.

1. Complete the Clinical Health Assessment (CHA)
2. Review your CHA results with a TargetCare Provider
3. Follow the Right on Target Guidelines throughout the year per your risk level

The cost for non-participation in the wellness program is \$75 per month.



Wellness Program- TargetCare

Benefits of Participating

- ✓ It is an important part of preventive care
- ✓ Clinical Health Assessments help detect chronic diseases early and educate individuals on steps they need to take before they become more serious.
- ✓ To help employees make informed decisions about improving their health.
- ✓ Following the TargetCare health coaching program will help you set personal health goals that will lead to living a healthier lifestyle
- ✓ Access to the TargetCare clinic for acute care and minor illness needs





Wellness Program- TargetCare

Examples of Chronic Disease Management

- Follow up Support to your Clinical Health Assessment
- Diabetes, Cholesterol and Blood Pressure Management
- Smoking Cessation Support
- Weight Loss Counseling
- Referrals to Physicians
- Set Personal Health Goals
- Guidance on Exercise and Eating Habits
- To Achieve Optimal Health
- Stress Management

Examples of Minor Acute Illness Treatment

- Allergy Care
- Ear Ache
- Common Cold
- Sore Throat
- Bladder Infection
- Minor Skin Infections
- Pink Eye
- Bronchitis
- Sinus Infection
- Acne
- Fever





TargetCare Wellness Program Guidelines

All C.O.W employees on the medical plan will be able to earn the wellness incentive if you:

1. Complete the annual Clinical Health Assessment (CHA)
2. Review your CHA results with a TargetCare Provider
3. Follow the Right on Target Guidelines throughout the year per your risk level
4. Have a Risk Score of 80 or less OR enter into a Reasonable Alternative Standard (RAS) program





What is the RAS Program?

- During the CHA Consult, the TargetCare Provider will go through the Wellness Goal Worksheet and determine if your Risk Score is above the 80 threshold.
- The health coach will discuss the RAS process with you during your first health coaching visit. During this time, you will need to either agree to enter in an RAS program or opt out.
 - If you decide to opt out, you will not be compliant with the program and therefore would lose your wellness incentive.
- If you do want to enroll in an RAS program, you and your health coach will agree on **at least** three goals that are customized to your risk factors. Once you agree on the goals, you will sign a contract acknowledging you agree to the terms and if you fail to comply, it may result in a loss of your wellness incentive.
- In order to maintain compliance within the RAS program, you will need to show you are trying to improve upon the goals you and your health coach agreed upon. The type of document you need to complete is contingent on what your goals are.





Wellness Program Instructions

To complete your Clinical Health Assessment questionnaire:

1. Go to <https://targetcare.hp.deerwalk.com>
 - a. Do NOT put www. in front of the web address as it will not take you to the correct site.
2. Click the 'Register' button on the top right of the page.
3. Register by completing your full name as it appears on your medical insurance ID card, as well as providing a current email address to verify.
4. Your group code is: **CoW (this is case sensitive)**
5. Your username will be the email address that you provided during registration.

To schedule your CHA review appointment, go to: www.appointment.com/tccow





Wellness Program



City employees are eligible for a **FREE MEMBERSHIP** to Gold's Gym which provides free group fitness classes at their facility located at 301 Gold Creek Trail off Highway 92.





Tobacco Program

As the City strives to improve the overall health and wellness of its employees and the impact it will have on the cost of healthcare, the City will maintain the current tobacco surcharge of **\$75 per month**.

In order to receive the discounted rate on your premiums, you will be required to complete an affidavit stating that you are and have been tobacco-free for the past 90 days. This affidavit question will be available through your online enrollment with BeneTrac.

For questions, please contact Human Resources at 770.592.6007.

In addition, the City provides resources to enable you to accomplish your goal. You can utilize one or more of the following resources to become tobacco free:

- Southern Scripts
- TargetCare

For more information on using any of the above programs, please contact a2 benefits at 404.540.1428.



Basic Life and AD&D

One America	Coverage
Basic Life	\$50,000
Accidental Death and Dismemberment	\$100,000
Life Accelerated Death Benefit	Lump sum- 75% of max benefit
Portability/Conversion	Included
Beneficiary Resource Service	Grief, Legal and Financial counseling
Online Will Preparation Service	Administered by ComPsych
Travel Assistance	Generali Global Assistance

The City pays 100% of this valuable benefit!





Online Will Preparation

- Provided to you as an added benefit through your group life plan with ComPsych administered through EstateGuidance
- A secure, password protected website that will guide you through the steps to create your own will and purchase legal documents
- 3 easy steps:
 1. Go to website link: www.guidanceresources.com
 2. Go to Register
 3. Organization Web ID: ONEAMERICA3
 4. Link to EstateGuidance will be on the left
 5. Follow the prompts to create and download your will at no cost





Travel Assistance

- Provided to you as an added benefit through your group life plan with Generali Global Assistance
- 24-hour emergency service to assist you when you are more than 100 miles from home – key services include:
 - Medical and Dental Search and Referral
 - Medical Evacuation/Return Home
 - Traveling Companion Assistance
 - Dependent Children Assistance
 - Visit by Family Member/Friend
 - Return of Mortal Remains
 - Replacement Medications and Eyeglasses and more...
- Travel Assistance Program at 800.368.7878





Voluntary Life Highlights

One America	EMPLOYEE	SPOUSE	CHILD(REN)
Increments	\$10,000	\$5,000	\$1,000
Maximum Benefit	5x's annual salary up to \$500,000	100% of employee amount up to \$250,000	\$10,000
Guaranteed Issue Amount (GIA)	\$120,000	\$50,000	\$10,000

You must be enrolled in Employee Voluntary Life in order to elect Voluntary Spouse or Child Life coverage.





Voluntary AD&D Highlights

One America	EMPLOYEE	SPOUSE	CHILD(REN)
Increments	\$10,000	50% of Employee Coverage Amount	10% of Employee Coverage Amount
Maximum Benefit	\$500,000	\$250,000	\$50,000





Voluntary Life and AD&D Rates

Age Band	Under 30	30 - 34	35 -39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75+
Volume											
Semi-Monthly	\$0.04	\$0.04	\$0.05	\$0.08	\$0.11	\$0.18	\$0.27	\$0.42	\$0.78	\$1.05	\$1.86
\$10,000	\$0.35	\$0.40	\$0.50	\$0.75	\$1.05	\$1.80	\$2.65	\$4.15	\$7.75	\$10.45	\$18.55
\$20,000	\$0.70	\$0.80	\$1.00	\$1.50	\$2.10	\$3.60	\$5.30	\$8.30	\$15.50	\$20.90	\$37.10
\$30,000	\$1.05	\$1.20	\$1.50	\$2.25	\$3.15	\$5.40	\$7.95	\$12.45	\$23.25	\$31.35	\$55.65
\$40,000	\$1.40	\$1.60	\$2.00	\$3.00	\$4.20	\$7.20	\$10.60	\$16.60	\$31.00	\$41.80	\$74.20
\$50,000	\$1.75	\$2.00	\$2.50	\$3.75	\$5.25	\$9.00	\$13.25	\$20.75	\$38.75	\$52.25	\$92.75
\$60,000	\$2.10	\$2.40	\$3.00	\$4.50	\$6.30	\$10.80	\$15.90	\$24.90	\$46.50	\$62.70	\$111.30
\$70,000	\$2.45	\$2.80	\$3.50	\$5.25	\$7.35	\$12.60	\$18.55	\$29.05	\$54.25	\$73.15	\$129.85
\$80,000	\$2.80	\$3.20	\$4.00	\$6.00	\$8.40	\$14.40	\$21.20	\$33.20	\$62.00	\$83.60	\$148.40
\$90,000	\$3.15	\$3.60	\$4.50	\$6.75	\$9.45	\$16.20	\$23.85	\$37.35	\$69.75	\$94.05	\$166.95
\$100,000	\$3.50	\$4.00	\$5.00	\$7.50	\$10.50	\$18.00	\$26.50	\$41.50	\$77.50	\$104.50	\$185.50
\$110,000	\$3.85	\$4.40	\$5.50	\$8.25	\$11.55	\$19.80	\$29.15	\$45.65	\$85.25	\$114.95	\$204.05
\$120,000	\$4.20	\$4.80	\$6.00	\$9.00	\$12.60	\$21.60	\$31.80	\$49.80	\$93.00	\$125.40	\$222.60
\$130,000	\$4.55	\$5.20	\$6.50	\$9.75	\$13.65	\$23.40	\$34.45	\$53.95	\$100.75	\$135.85	\$241.15
\$140,000	\$4.90	\$5.60	\$7.00	\$10.50	\$14.70	\$25.20	\$37.10	\$58.10	\$108.50	\$146.30	\$259.70
\$150,000	\$5.25	\$6.00	\$7.50	\$11.25	\$15.75	\$27.00	\$39.75	\$62.25	\$116.25	\$156.75	\$278.25
\$200,000	\$7.00	\$8.00	\$10.00	\$15.00	\$21.00	\$36.00	\$53.00	\$83.00	\$155.00	\$209.00	\$371.00
\$250,000	\$8.75	\$10.00	\$12.50	\$18.75	\$26.25	\$45.00	\$66.25	\$103.75	\$193.75	\$261.25	\$463.75
\$300,000	\$10.50	\$12.00	\$15.00	\$22.50	\$31.50	\$54.00	\$79.50	\$124.50	\$232.50	\$313.50	\$556.50
\$350,000	\$12.25	\$14.00	\$17.50	\$26.25	\$36.75	\$63.00	\$92.75	\$145.25	\$271.25	\$365.75	\$649.25
\$400,000	\$14.00	\$16.00	\$20.00	\$30.00	\$42.00	\$72.00	\$106.00	\$166.00	\$310.00	\$418.00	\$742.00
\$450,000	\$15.75	\$18.00	\$22.50	\$33.75	\$47.25	\$81.00	\$119.25	\$186.75	\$348.75	\$470.25	\$834.75
\$500,000	\$17.50	\$20.00	\$25.00	\$37.50	\$52.50	\$90.00	\$132.50	\$207.50	\$387.50	\$522.50	\$927.50

Premium increases as enrollee jumps into the next age bracket.



Voluntary Short Term Disability Highlights

One America	Coverage
Benefit Amount	60% of earnings up to \$2,000 per week
Benefits Begin	15 th calendar day after injury or illness
Benefit Pay-Out Duration	11 weeks
Partial Disability	Included
Maternity	Normal delivery – 6 weeks Delivery with complications – Up to 8 weeks
Enroll Now!	By enrolling during your new hire enrollment period, you will automatically be approved for the benefit. If you decide to enroll at a later date, you will <u>not</u> be subject to medical underwriting. However, there is a 3/12 look back period for pre-existing conditions.





Voluntary Short Term Disability Rates

Age	Monthly Rate per \$10 of Weekly Benefit	Age	Monthly Rate per \$10 of Weekly Benefit
Under 20	\$0.294	45-49	\$0.324
20-24	\$0.295	50-54	\$0.403
25-29	\$0.306	55-59	\$0.538
30-34	\$0.288	60-64	\$0.680
35-39	\$0.277	65-69	\$0.695
40-44	\$0.299	70+	\$0.785

Sample Calculation Premium

(Sample assumes a 30-year-old insured with \$45,000 in annual earnings)

Annual Salary	Weekly Earnings		STD Benefit %	÷ 10		STD Rate	Monthly Premium
÷ 52 =		x	(.60%)	(max. \$200.00)	x	(from above table)	
	<u>\$865</u>		<u>.60</u>	<u>51.90</u>		<u>\$0.288</u>	= <u>\$14.95</u>

Your Premium Calculation

Enter your salary and the rate for your current age from the table above)

Annual Salary	Weekly Earnings		STD Benefit %	÷ 10		STD Rate	Monthly Premium
÷ 52 =		x	(.60%)	(max. \$200.00)	x	(from above table)	
	\$ _____		<u>.60</u>	_____		\$ _____	= \$ _____

To obtain your per paycheck cost, multiply your Monthly Premium determined from the above formula by 12 and then divide by 26 pay periods.

Premium increases each year on October 1st as enrollee attains new age bracket.





Long Term Disability Highlights

One America	Coverage
Benefit Amount	60% of monthly earnings Up to \$5,000 per month
Benefits Begin	91 st Calendar Day After Injury or Illness
Benefit Duration	Social Security Normal Retirement Age
Pre-Existing Condition	3 month lookback / 12 months exclusion
Partial Disability	Included
Rehab/Return to Work	Included
Disability Resource Services- <i>EAP</i>	Included

The City pays 100% of this valuable benefit!





Confidential Counseling (EAP)

- Provides support, resources, information for personal and work-life issues. This program is company sponsored, confidential and provided at no charge to you and your dependents.
- 3 face-to-face sessions with a licensed Counselor
- Telephonic counseling 24-hours a day
- GuidanceResources® Online, a secure, password protected website with useful tools to help with personal, legal, relational, health and financial concerns

www.guidanceresources.com / Company ID: ONEAMERICA3
855.387.7927





Enrollment Instructions

- Online elections must be made (even if you are *waiving* coverage) or you risk loss of coverage. Please carefully review your Benefits Guide and plan information.
- Once you feel comfortable with your decisions, go to the BeneTrac online enrollment site at <https://www.eenroller.net/login.asp?ST=CTWD0188> to begin the enrollment process.
 - Your User name is the first 6 letters of your last name and the last 4 digits of your SSN (no spaces or dashes). Example: Jane Doe would be “DOE9999”
 - Your password is the last 4 digits of your SSN.
- Once you are logged into BeneTrac’s Benefits Enrollment System, review your personal and family information and complete the Tobacco question
- Make sure to “*finalize*” your elections once you have made your decisions.

Please see examples of the online enrollment screens in the following pages.....



Online Enrollment

Review your personal information on the My Family page

It is important to review all of your personal information to ensure accuracy.

Steps

1. Click your name to update your personal information. You can also change your password in this area.
2. Click here to add your spouse.
3. Click here to add your dependents.

Polarsen Inc. **BENEFITS** Election Summary **Edit Family** Resource Library News & Alerts

Proceed to Log Out

Your Personal Information: Jerry Abel

Use these menus to navigate

Please review the information below. Add any family member you wish to enroll in your benefit offerings.

Employee [Undo Last Change](#)

Name	SSN	Address	DOB	Gender	Contact	Approved
Jerry L Abel	000-00-0000	2112 White Pine Road #34, Jasper, TX 56390	2/13/1979	Male		Submitted

Dependents [Add Family Member](#) [Add Spouse](#)

Name	SSN	Address	Status	DOB	Gender	Approved	Tasks
Johnny Abel	100-00-0001	2112 White Pine Road #34, Jasper, TX 56390	Dependent Child	1/1/1982	Male	Submitted	Delete

PROCEED TO MY BENEFITS >



Enroll in your benefits

If your enrollments have not been previously set up in the system, you can make your selections by following the instructions below.

Steps

1. Click a link under the **Benefits** menu to review a particular category of benefits.
2. In each benefit block, make a selection from your list of **Manage Benefit** options.

Quick Links (revoke)

- Medical
- Health Savings Account
- Medical Care FSA
- Dependent Care FSA
- Dental
- Vision
- Core Life
- Long Term Disability **1**
- Short Term Disability
- Optional Life

Costs

Total Cost of Elections: \$0.00
Total Benefit dollars: \$0.00
Out of pocket expense: \$0.00

Long Term Disability

MANAGE BENEFIT **2**

- Add: Initial Population
- Add Coverage: (Prompt Effective)
- Add or View Plan/Options: New Hire

Short Term Disability

MANAGE BENEFIT

To Top

Finalize your Changes

You can review your changes during the log out process.

SUMMATION - Amounts per (Semi-Monthly) pay period

Total Cost of Elections:	\$500.00
Total Benefit dollars:	\$0.00
Out of pocket expense:	\$500.00
Enrollment update	

REVIEW & FINALIZE

NOTE: This button may not appear at the bottom of your Benefits page if you have made no changes during this session. In this case, you may log out.

Logging out will give you a final opportunity to review and print your Election Summary



Next Steps



If you have any questions about your benefits or require assistance with your enrollment, please contact your City of Woodstock Benefits Team at:

Woodstock@a2benefits.com or (678) 540-1428

You can also visit the Benefits Portal for Information on all of your City of Woodstock Benefits!!

<https://cowoodstock.a2portal.com/>