



2022 Your New Hire Benefits



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This guide provides a summary of benefits available to Fulton County employees and eligible dependents, effective January 1, 2022, as well as laws, procedures and regulations required to obtain and use such benefits. However, if inconsistencies occur between the contents of this guide and the contracts, rules or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersedes this guide. In some instances, limitations and exclusions may apply. If you have questions, please contact the benefit program's member service department or the Fulton County Benefits Office at employeebenefits@fultoncountyga.gov.

Welcome!

To: All Eligible Fulton County New Employees
From: Hakeem Oshikoya, Finance Director
Subject: 2022 Medical, Dental, Vision and Life Insurance Coverage

This guide provides details about the benefit plans available to you as a Fulton County new hire or eligible dependent. You will find information on how to make the most of your benefits—including a summary of key plan provisions, enrollment instructions, and benefit costs. Please review this guide thoroughly before making a final decision about your benefit elections.

You'll pay for Fulton County medical, dental and vision benefits through pre-tax payroll deductions. For certain benefits, Fulton County covers a portion of the cost.

The amount deducted from your paycheck is based on the plans you choose and the coverage tier you select (i.e., Employee, Employee + I, or Family).

Your Coverage Options

Medical

- Anthem Health Savings Account (HSA) Plan
- Kaiser Health Maintenance Organization (HMO) Plan

Dental

- Aetna Dental HMO Plan (must select a primary care dentist)
- Aetna Dental PPO Plan

Vision

- EyeMed Vision PPO Plan

The Fulton County Benefits team is ready to help with any benefit-related questions you may have. Email employeebenefits@fultoncountyga.gov.

Enrolling in Coverage

You must enroll or waive Fulton County coverage by returning the benefits enrollment form by the Friday **PRIOR** to your first pay date. During orientation, an enrollment form will be made available to you.

If You Don't Enroll

If you do not enroll for coverage during your eligibility period, you and your dependents will be enrolled automatically in the Kaiser Health Maintenance Organization (HMO) Plan. You will not have dental or vision coverage.

Unless you have a life event, you will not have an opportunity to change your coverage until the next Open Enrollment period, for coverage effective the following year.



Terms to Know

While we try to keep the information in this guide easy to understand, there are some health care terms that are important to know. Take a moment to review these terms—they'll help you better use your Fulton County benefits.

Annual deductible	What you pay out of pocket each year before the plan starts paying a share of the cost for covered services.
Copay	An upfront fee you pay for doctor visits, prescriptions, and other costs, depending on the medical plan you enroll in.
Coinsurance	Once you meet your annual deductible, you and the County share the cost of your covered health care expenses. The percentage you pay is your coinsurance.
Out-of-pocket maximum	The maximum amount you'll pay out of pocket each year for in-network care. Once you meet the in-network out-of-pocket maximum, the plan covers 100% of your qualified medical expenses for the remainder of the plan year.
Exclusions	Charges, services, or supplies that are not covered and do not apply toward your deductible or out-of-pocket maximum.
Reasonable and customary charge	The amount charged for a service based on the cost of similar medical services in your geographic area. It is used to determine how much you pay in coinsurance when you receive out-of-network care.

Eligibility

You are eligible for benefits if you are a permanent Fulton County employee who works at least 50% of a scheduled work week.

If you are eligible and you enroll for coverage, you can also enroll your eligible dependents, including your:

- o Legal spouse
- o Children under age 26 (natural children, adopted children, and stepchildren)
- o Children under age 26 for whom you are required to provide coverage as a result of a Qualified Medical Child Support Order
- o Dependent children of any age who are medically certified as handicapped due to a mental or physical condition that started before age 19*

Outside of your new hire eligibility period, Open Enrollment is your once-a-year opportunity to change your benefit elections. You must wait until the next Open Enrollment period to make changes to your coverage unless you have an IRS-qualified change of status. Status changes include:

- o Marriage, divorce, legal separation, or death of a spouse
- o Birth, adoption, placement for adoption, death, or change in custody of a child
- o A dependent reaching age 26 (and therefore no longer eligible for coverage)
- o A change in your or your spouse's employment that affects your benefits eligibility
- o Loss of other group medical coverage, if previously you did not elect coverage offered by the County
- o The requirement to comply with a Qualified Medical Child Support Order (QMCSO) from a court mandating that you provide medical coverage to a dependent child
- o You or your dependents becoming eligible for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)

You must notify the Fulton County Benefits Office at employeebenefits@fultoncountygga.gov within 31 days of experiencing a qualified change of status. You will be asked to provide proof of the qualifying event, such as a marriage license or birth certificate, to change your coverage or enroll for coverage.

*Coverage normally ends on the last day of the month in which a dependent child reaches age 26; however, you can continue coverage for a handicapped dependent child. You must provide proof to the Fulton County Benefits Office that your child's handicap began before the child reached age 19. Coverage stays in force for as long as dependent coverage under the plan continues and the child remains handicapped, as defined above.

Required Documents

You must provide the required documentation, as shown below, for all eligible dependents you wish to enroll for the first time. Please email verification documents to employeebenefits@fultoncountygga.gov. If you do not provide verification documents for your dependents when you enroll them, the start date of their coverage will be delayed.

Dependent	Required Documentation
Legal spouse	Copy of your marriage certificate
Natural child	Copy of birth certificate
Adopted child	Placement papers signed by a court
Stepchild	Copy of stepchild's birth certificate and your marriage certificate
Court-ordered child support	State affidavit; copy of signed court order requiring you to provide support for health coverage
Permanently disabled child age 26 or older*	Physician verification of permanent disability

*Coverage normally ends on the last day of the month in which a dependent child reaches age 26; however, you can continue coverage for a handicapped dependent child. You must provide proof to the Benefits Office that your child's handicap began before the child reached age 19. Coverage stays in force for as long as dependent coverage under the plan continues and the child remains handicapped, as defined on page 4.



Save Money and Help Keep Health Care Costs Down!

Protect yourself from rising health care costs by taking advantage of every opportunity for savings. Before and after you need care, your Fulton County benefits are designed to save you money on premiums and out-of-pocket costs.

Grady Health System

Anthem Blue Cross Blue Shield of Georgia (Anthem) and Grady Health System offer high-quality health services to employees enrolled in the Anthem HSA Plan.

Grady is one of the largest public hospital systems in the Southeast and is a world-renowned teaching hospital. It's staffed with doctors from the Emory University and Morehouse Schools of Medicine. Anthem participants have access to inpatient and outpatient services, as well as neighborhood clinics for routine care.

Visit gradyhealth.org/locations to find your nearest Grady facility.



Know Where to Go for Care

An easy way to limit how much you pay when you need care is to carefully choose **where** you receive care. Here's how:



Skip the emergency room, if possible. If you go to the emergency room in a non-emergency, you could be responsible for the full cost of treatment. The average ER cost in a non-emergency is over \$2,000!

When you have a life-threatening medical issue, go immediately to the emergency room. But if it's an ankle sprain, rash or sore throat, your doctor's office or an urgent care center is your best option.



Try an urgent care center when your doctor is away or not conveniently available for you. Urgent care centers are best for non-emergencies when you need care, and your regular doctor is unavailable. Don't use it for routine care; urgent care generally costs more and has longer wait times than your doctor's office.



Speak to a doctor by video chat. Telemedicine provides 24/7 health care from board-certified doctors to treat relatively minor health issues (such as colds, headaches, and rashes) via smartphone, tablet or computer. No appointment is needed.



Keep your care in-network. You'll pay much more out of pocket if you visit hospitals and doctors that aren't in your plan's network. Visit out-of-network providers only in an emergency or when in-network providers are unavailable. **Note:** The Kaiser HMO Plan won't pay benefits if you receive care out-of-network unless it's an emergency.

Organize your health journey from the palm of your hand. Download the Mobile Health Consumer app to receive Fulton County employee communications, your medical ID cards, health reminders, and rewards. To get started, search "Mobile Health Consumer" in the App Store or Google Play. Or you can visit mobilehealthconsumer.com/web/pages/login.html.

Medical Plan Options

Fulton County offers two medical plans:

- Anthem Health Savings Account (HSA) Plan
- Kaiser Health Maintenance Organization (HMO) Plan

Both of the County's medical plans cover in-network preventive care 100%, including routine physical exams, immunizations, and age- and gender-appropriate tests and screenings. Certain preventive medications are also covered, including contraceptives, generic tobacco cessation prescription drugs, and FDA-approved over-the-counter tobacco cessation products.

Anthem HSA Plan

The Anthem HSA Plan gives you the flexibility to visit an in-network or out-of-network provider. However, you pay less when you visit an in-network provider—one that's in the Anthem Blue Open Access POS network—because they discount their fees.

The Anthem HSA Plan helps you save for future health expenses because it comes with a Health Savings Account (HSA), administered by Anthem Act Wise.

If you enroll in the HSA Plan, you'll receive a welcome kit and debit card from Anthem Act Wise. You can use the debit card to pay for eligible medical, dental and vision expenses, including copays and coinsurance. Visit actwise.anthem.com to learn about covered expenses, how to use your account, and how to track your transactions.

If you choose to enroll in the Anthem HSA Plan, be sure to complete the process of setting up your HSA account as quickly as possible so as not to miss out on the County's quarterly contributions to your account. Your HSA account is a personal bank account and requires the same identifying documentation as any other personal bank account you may have opened.

In accordance with the USA PATRIOT Act, federal law requires all financial institutions to obtain, verify and record information that identifies each individual or entity opening an account. Required identification will include a federal or state-issued picture ID, your signed Social Security or ITIN card, and a recent utility bill, phone bill or bank statement verifying your current address.

You will receive a letter from Anthem, detailing what is needed to open your account. Your timely response will ensure that the County's contributions, along with any pre-tax contributions you may have elected, are deposited in your HSA account and available for use toward any medical, dental and vision expenses you may have.

Not all medical expenses come by surprise. If you're managing an ongoing condition or have major health concerns, review each plan's annual deductible and out-of-pocket maximum to ensure you can afford to pay both in 2022. What works best for you and your family may change from year to year.

Highlights of the Health Savings Account:

- o Fulton County makes pre-tax contributions to your HSA each financial quarter (1/28/2022; 4/29/2022; 7/29/2022; 10/28/2022). The amount depends on the coverage tier you choose—Employee, Employee + 1, or Family.
- o You can also make pre-tax contributions to your HSA, up to annual IRS limits.
- o The money in your HSA is always yours, even if you leave County employment. There's no "use-it-or-lose-it" rule, so you can save the money for big medical expenses—for now or for the future.

The annual amount you and Fulton County contribute to your HSA is determined by the IRS:

Coverage Tier	Fulton County 2022 Quarterly Contribution	Fulton County 2022 Annual Contribution	2022 HSA Maximum Annual Contribution*	Your 2022 Maximum Annual Contribution*
Employee	\$187.50	\$750	\$3,650	\$2,900
Employee + 1	\$375	\$1,500	\$7,300	\$5,800
Family	\$375	\$1,500	\$7,300	\$5,800

*If you'll be age 55 or older in 2022, you can make a "catch-up contribution" of up to \$1,000 in addition to your maximum annual contribution.

Want to make the most of your HSA? Use Grady Health System providers! Most services are covered 100% after you meet your annual deductible. To find a Grady Health System provider, visit [gradyhealth.org/find-a-doctor](https://www.gradyhealth.org/find-a-doctor).

If you plan to enroll in the Kaiser HMO Plan, it's important to visit my.kp.org/fulton to confirm your providers are in-network.

Kaiser HMO Plan

Health Maintenance Organization (HMO) plans offer a managed approach to in-network care, typically for a fixed cost (that is, a "copay"), but with less flexibility than the Anthem HSA Plan.

If you receive care out-of-network, you're responsible for 100% of the cost, except in an emergency.

You must select an in-network primary care physician (PCP). Your PCP manages all your care and must refer you for any specialty care you may need.

There's no deductible for the Kaiser HMO Plan.

Medical Plan Comparison

Below is a comparison of **what YOU pay** when you receive covered services.

Important: If you enroll in the Anthem HSA Plan and use Grady Health System providers, services are covered 100% **after** you pay your deductible.

		Anthem HSA Plan		Kaiser HMO Plan
		In-Network	Out-of-Network	In-Network Only
Annual deductible	Employee	\$1,500	\$3,000	No deductible
	Employee + 1	\$3,000	\$6,000	
	Family	\$3,000	\$6,000	
Annual out-of-pocket maximum	Employee	\$3,000	\$6,000	\$6,450
	Employee + 1	\$6,000	\$12,000	\$12,900
	Family	\$6,000	\$12,000	\$12,900
Coinsurance		10%	40%	100% covered
Preventive care		100% covered, no deductible	40% after deductible	100% covered
Office visit		10% after deductible	40% after deductible	PCP: \$25 Specialist: \$40
Emergency room		10% after deductible	10% after deductible	\$150 copay (waived if admitted)
Urgent care		10% after deductible	40% after deductible	\$50 copay
Inpatient hospital		10% after deductible	40% after deductible	\$250 copay
Outpatient hospital		10% after deductible	40% after deductible	\$150 copay
Outpatient lab and x-ray		10% after deductible	40% after deductible	100% covered
Skilled nursing facility		10% after deductible	40% after deductible	100% covered, up to 120 days per year
Inpatient mental health		10% after deductible	40% after deductible	\$120 copay
Outpatient mental health		10% after deductible	40% after deductible	\$25 copay
Hearing aid benefit		10% after deductible	40% after deductible	100% covered, up to \$2,000 annual maximum

Prescription Drug Coverage

If you enroll in the **Anthem HSA Plan**, you're enrolled automatically in prescription drug coverage through IngenioRx. You can fill prescriptions at a retail pharmacy that participates in the **IngenioRx** network (most do), or you can have your medication delivered to your home.

If you enroll in the **Kaiser HMO Plan**, your prescription drug benefits are provided through **Kaiser**.

The amount you'll pay for a prescription drug depends on the drug's tier and whether you fill the prescription at a retail pharmacy or by mail.

Drug Tiers

- o **Tier 1: Generic drugs** are the lower-cost equivalents of brand-name drugs. They are approved by the U.S. Food and Drug Administration and have the same active ingredients, safety, dosage, quality and strength as their brand-name equivalents.
- o **Tier 2: Preferred drugs** are brand-name drugs. They are more expensive than generic drugs but less expensive than non-preferred drugs.
- o **Tier 3: Non-preferred drugs** are more expensive brand-name drugs.
- o **Tier 4: Specialty and injectable drugs** are drugs used to treat complex, chronic conditions and may require special handling and/or management.

Formulary

Anthem HSA Plan

Visit [anthem.com](https://www.anthem.com) to find the IngenioRx Prescription Drug List and to search for your medication. The search result will tell you the tier of your prescription. Anthem's website can also help you find generic alternatives to existing prescriptions, and FDA drug recalls and warnings.

Kaiser HMO Plan

Visit [kp.org](https://www.kp.org) to use the formulary lookup tool. It's available under **Health & Wellness** and then **Drug formulary** (under **Drugs & natural medicines**). Select **Georgia** as your region. Then, select the **HMO formulary** PDF.

Prescription Drug Plan Comparison

	Anthem HSA Plan		Kaiser HMO Plan
	In-Network	Out-of-Network	In-Network Only
RETAIL (UP TO A 30-DAY SUPPLY)			
Generic	10% after deductible	40% after deductible	\$10 copay
Preferred			\$30 copay
Non-preferred			\$50 copay
Specialty			\$75 copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)			
Generic	10% after deductible	Not available	\$20 copay
Preferred			\$60 copay
Non-preferred			\$100 copay
Specialty			\$150 copay

Additional Prescription Drug Information for the Anthem HSA Plan

Mandatory Generics

When your doctor prescribes a prescription drug, ask him/her if a generic version is available. If it is, but your doctor writes “Dispense as Written” (or “DAW”) on your prescription and your prescription is filled with the brand-name drug, you will pay more—you’ll pay the generic drug copay plus the difference in cost between the generic drug and the brand-name drug. Visit [anthem.com](https://www.anthem.com) to see if your brand-name drug has a generic equivalent.

Mail Order

You have the option to get your prescription medications delivered to your home instead of picking them up at the pharmacy. It’s easy to set up home delivery for the prescriptions you take long-term for conditions like diabetes or asthma. You’ll get a 90-day supply with free standard shipping. IngenioRx Home Delivery Pharmacy is the mail-order prescription drug pharmacy. To order a prescription for mail delivery:

- Visit [anthem.com](https://www.anthem.com) and select **Pharmacy** or call the Pharmacy Member Services number at **833-270-6379**.
- Enter your mailing address and phone number, if needed.
- Enter your credit card number or checking account information.
- Enroll for auto-refill, if needed.

Specialty Medications

Specialty medications are high-cost medications used to treat complex long-term conditions like hepatitis C, cancer, immune deficiencies, certain inflammatory conditions, and multiple sclerosis. These drugs may need special handling, such as temperature-controlled packaging and overnight delivery, and are often not available at retail pharmacies.

If you’re ordering a specialty prescription, you may contact the IngenioRx Specialty Pharmacy. The Care Team is available 24 hours a day, seven days a week at **833-255-0645**.



Biweekly Medical and Prescription Drug Plan Premiums

Here's what you'll pay biweekly for medical and prescription drug coverage in 2022.

Plan	Coverage Tier	Biweekly Premium
Anthem HSA Plan	Employee	\$68.15
	Employee + 1	\$130.26
	Family	\$169.82
Kaiser HMO Plan	Employee	\$60.55
	Employee + 1	\$115.75
	Family	\$150.90

Dental Plan Options

Fulton County offers two dental plans for you and your eligible dependents:

- o Aetna Dental HMO Plan
- o Aetna Dental PPO Plan

To find an in-network dentist, visit Aetna's website at [aetna.com/individuals-families/find-a-doctor.html](https://www.aetna.com/individuals-families/find-a-doctor.html).

Aetna Dental HMO Plan

Under the Aetna Dental HMO Plan, **you and each enrolled family member choose a primary care dentist**. Your primary care dentist will treat you or refer you for care to other Aetna network providers.

The plan pays benefits for preventive, basic and major care when provided by or referred by your primary care dentist (the exception is orthodontia—it's covered, and you don't need a referral for orthodontic care). **Benefits are *not* paid for care provided by or referred by out-of-network dentists, except in emergencies.**

This plan has the following advantages when compared with the Aetna Dental PPO Plan:

- o Lower premiums
- o No annual benefit maximum
- o No deductible
- o Generally, lower out-of-pocket expenses when you receive care

Aetna Dental PPO Plan

Under the Aetna Dental PPO Plan, you can receive benefits for care from in-network or out-of-network dentists. However, you'll pay less for care received from in-network dentists. When you receive care from an out-of-network dental provider, you are responsible for paying the difference in cost if your dentist charges more than Aetna's pre-approved network fees. Plus, you may be required to pay the entire cost of care at the time of treatment and submit a claim for reimbursement.

The Aetna Dental PPO network includes more providers than the Aetna Dental HMO network.

Dental Plan Comparison

	Aetna Dental HMO Plan	Aetna Dental PPO Plan	
	In-Network ONLY	In-Network	Out-of-Network
Deductible	None	Single: \$50 Family: \$150	
Preventive services	100% covered	100% covered	You pay any amount over the R&C*
Basic services	100% covered	85% covered	15% PLUS any amount over the R&C*
Major services	60% covered	50% covered	50% PLUS any amount over the R&C*
Annual benefit maximum	None	\$1,500 per person	
Orthodontic services	No referral required. \$1,500 copay (for 2 years of treatment plus 2 years of follow-up)	Deductible: \$50 per person Lifetime maximum: \$1,500 per person	

*The usual amount charged by most dental providers in your geographic region, as determined by Aetna.

Biweekly Dental Plan Premiums

Coverage Tier	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Employee	\$2.12	\$4.10
Employee + 1	\$4.14	\$8.42
Family	\$6.79	\$11.04



Vision Plan

Under the EyeMed Vision PPO Plan, you can receive vision care, lenses, frames and contact lenses from any provider. If you choose a network provider (including leading optical retailers such as LensCrafters®, and most Pearle Vision® locations), the plan pays greater benefits.

To find a network provider, visit eyemedvisioncare.com or call 866-723-0596.

What you'll pay. The EyeMed Vision PPO Plan costs depend on the coverage you enroll in for 2022.

Biweekly Vision Plan Premiums

Coverage Tier	EyeMed Vision PPO
Employee	\$1.47
Employee + 1	\$3.02
Family	\$3.96

Plan Details

Services	In-Network	Out-of-Network
Exam , once every 12 months	Plan pays 100%, up to \$50	Up to \$50 allowance
Lenses and frames , once every 12 months	Up to \$200 allowance*	Up to \$100 allowance
Contacts (instead of glasses and frames)	Up to \$200 allowance (or 100% if medically necessary)*	Up to \$160 allowance (up to \$200 if medically necessary)

*Unused portion of the \$200 allowance can be used for future services during the plan year. You will receive a 20% discount at in-network providers on items not fully covered by the plan.





Employee Assistance Program (EAP)

Even if you don't enroll in Fulton County medical plan coverage, you and your eligible family members have access to the EAP, which is administered by Anthem Blue Cross Blue Shield of Georgia. The EAP provides 100% free, confidential, short-term assistance and counseling to help individuals resolve a variety of personal concerns. Your free EAP resources include:

- Toll-free telephone consultations and crisis management with a licensed mental health professional
- Up to **eight** face-to-face counseling sessions to address personal and/or work-related problems, including stress, depression, anxiety, health and wellness
- Legal services, including a 30-minute phone or in-person consultation with an attorney, as well as a 25% discount off normal attorney fees if additional services are required
- Customized resources and referrals for child care and senior care
- Access to the Anthem website with a library of articles on mental health, stress management, relationships, substance abuse, financial resources and more

EAP services are available 24 hours a day, seven days a week. Call **800-999-7222** or visit anthemeap.com (password: Fulton).

Long-Term Disability Coverage

Being without a source of income if you're ill or injured and can't work for an extended time is a threat to your family's financial security.

Our Long-Term Disability Plan, insured and administered by MetLife, provides additional financial security to you and your family if you become disabled and unable to work. **This valuable coverage is provided by Fulton County at no cost to you.** Coverage is automatic; enrollment is not necessary. Once your coverage is approved, the plan pays a portion of your income if you can no longer work due to a non-work-related illness or injury that lasts more than 180 days. After a 180-day waiting period, you are eligible for a monthly benefit equal to 60% of your base pay.

The maximum monthly benefit amount is \$5,000. If you become disabled before reaching age 60, benefits may continue until age 65. If you become disabled at age 60 or older, the maximum benefit period varies. Your Fulton County benefits may be reduced by any income from other sources.





Life Insurance

Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance of \$50,000 is available to you for a biweekly before-tax premium of \$0.79.

Spouse Term Life Insurance of \$10,000 is available to cover your spouse for a biweekly after-tax premium of \$0.54. Proof of your spouse's good health is required.

Dependent Term Life Insurance coverage of \$10,000 is available for your dependent children (age 15 days to 26 years) on an after-tax basis. You'll pay a biweekly after-tax premium of \$0.54 for all dependent children. For dependent children from live birth to age 14 days, the benefit payable is \$100.

Supplemental Term Life Insurance coverage through MetLife is available for you to purchase on an after-tax basis.

Supplemental Life coverage can be purchased in increments of \$25,000, up to \$300,000. Depending on the amount of coverage you elect, you may be required to provide proof of good health.

	Benefit Amount	Biweekly Premium
Employee Supplemental Term Life Insurance Premiums	\$25,000	\$3.75
	\$50,000	\$7.50
	\$75,000	\$11.25
	\$100,000	\$15.00
	\$125,000	\$18.75
	\$150,000	\$22.50
	\$175,000	\$26.25
	\$200,000	\$30.00
	\$225,000	\$33.75
	\$250,000	\$37.50
	\$275,000	\$41.25
	\$300,000	\$45.00

Additional MetLife Benefits

MetLife provides additional benefits at no cost to Fulton County employees enrolled in Basic or Supplemental Life Insurance. Contact MetLife at **800-438-6388** to access these services:

Benefit	Description
Funeral assistance	Work with compassionate counselors who assist with personalizing funeral arrangements in a comforting environment.
Funeral planning/discounts	Access the largest network of funeral homes and cemeteries, pre-plan with an advisor, and receive discounts on funeral services.
Digital legacy	Create your digital legacy with MetLife Infinity by capturing and securing important documents like deeds and wills, as well as photos and videos.
Grief counseling	Speak face-to-face with a licensed counselor to cope with a loss or major life change.
Will preparation*	Work one-on-one with an attorney in person or on the phone to prepare or update a will, or access will preparation services online.
Estate resolution services*	Settle an estate one-on-one or over the phone with an attorney.

*Only available to employees enrolled in Supplemental Life Insurance.

Wellness Credit Requirements



Don't lose out on your easy-to-earn/keep wellness credit!

Welcome to your wellness program! To earn/keep your \$240 annual wellness credit for plan year beginning 1/1/2023, eligible employees enrolled in medical coverage with Kaiser Permanente must complete the healthy activities* outline below. Here is how:

Here's how:

1. Visit kp.org/engage and sign on with your <http://kp.org> user ID and password
2. Accept the Wellness Program Agreement or you won't be eligible to earn rewards.
3. Be up to date with your biometric screening:
 - Your non-fasting biometric screening includes: blood pressure, hemoglobin A1C, cholesterol and body mass index.
 - If you are already scheduled for a physical, a biometric screening will be included.
 - Or you can schedule a nurse visit appointment for biometric screening only by calling 404-365-0966.
 - If you have a routine appointment already scheduled, please ask your doctor to include your biometric labs.

***Eligible employees include current employees and new permanent employees hired by 9/14/2022. Return to the site as often as you would like to track your progress. You must complete ALL activities by 12/31/2022.**



2022 Wellness Credit New App!



Focus on your well-being and earn your 2023 Annual Wellness Credit!

Your whole health matters, and we want to reward you for taking care of it. Fulton County and Anthem BCBS have partnered to use Anthem's new app Sydney Health and Anthem.com to, connect you with easy-to-use digital health and wellness tools that can help you stay your best.

Don't wait, use your Sydney Health app or Anthem.com, to learn more.

- Check Claims
- See benefits
- Get your ID card
- Manage health care accounts
- Find a doctor
- Community Resources
- Team Challenges
- Virtual Visits and Virtual Chat with a doctor
- Estimate Cost
- My Rewards
- Click to connect with Anthem member services and care teams, schedule a call back from member services etc.
- Wellness Programs like ConditionCare, Future Moms and many more!
- A hub to access other Fulton County programs and services



Sydney Health



2022 Eligible	How you earn:	How you get your 2022 Physician Form:
Active Employees & pre-65 retirees (non-Medicare) enrolled in an Anthem medical plan.	Submit your 2022 Physician Form by 12/31/2022	Anthem.com or Sydney Health app. <i>Tip: you can use the same user name and password for Anthem.com & Sydney Health!</i>
 Open the Sydney Health app. Select MORE on the bottom navigation bar, then select My Health Dashboard , then click My Rewards then click Get Physician Form . OR Go to Anthem.com , select MyHealth Dashboard , then select My Rewards , click Get Physician Form . (see p. 2 for more information)		
In addition to all the insightful wellness resources, Fulton County will incentivize you \$240 in 2023 for submitting your 2022 completed Physician Form by 12/31/2022.		

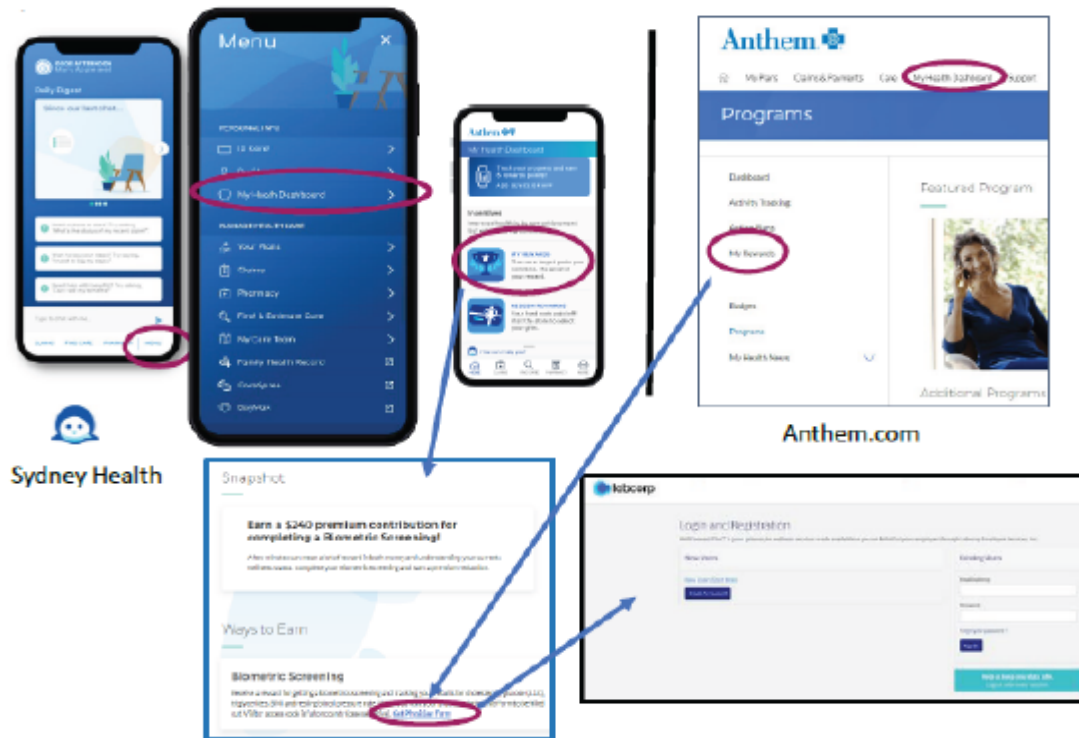
Let's Get Started!

Don't Miss Out: You can open the Sydney Health app or go to Anthem.com using the same username and password.



Open the Sydney Health app. Select MORE on the bottom navigation bar, then select My Health Dashboard, then click My Rewards then **Get Physician Form**.

OR Go to Anthem.com, select MyHealth Dashboard, then select My Rewards, select **Get Physician Form**.



It's worth restating! In addition to all the insightful wellness resources, Fulton County will incentivize you with \$240 for the year 2023! To qualify for the incentive, you must submit the 2022 physician form, no later than 12/31/2022.

Existing Users: simply log in

New labcorp Wellconnect users: Create an Account: enter the Visitor Code: [fultoncounty](#) (case sensitive) to create an account and download your personalized physician form.

For any wellness credit related questions, contact Fulton Employee Wellness at employee_wellness@fultoncountyga.gov or 404-613-7354

For physician form / labcorp WellConnect assistance: 1-844-251-6524.

Fulton County's wellness credit reward eligibility applies to active employees and pre-65 retirees (non-Medicare). Members must be active on the plan and activity must take place during the plan effective year.

Product availability may vary.

Sydney Health is offered through an arrangement with CareMarket, Inc. ©2023-2021. Screenshots shown above are subject to change.

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Fulton GA MEM 1/2022

Important Contacts

Plan/Service	Administrator	Phone	Website
Benefits Office	Fulton County	404-612-7605	fultoncountyga.gov
Anthem HSA Plan			
Anthem HSA Plan	Anthem	800-474-2227 Pre-admission: 800-662-9023 Pre-certification and referral authorization: 800-722-6614 Mental health and substance abuse: 800-292-2879	anthem.com
Prescription Drugs	IngenioRx	800-474-2227	
Prescription Drug Mail-Order Program		833-270-6379	
Specialty Pharmacy		833-255-0645	
Health Savings Account (HSA Plan)	Anthem Act Wise	800-474-2227	actwise.anthem.com
Kaiser HMO Plan			
Kaiser HMO Plan	Kaiser Permanente	404-239-6940	my.kp.org/fulton
Other Benefits			
Aetna Dental HMO Plan Aetna Dental PPO Plan	Aetna	877-238-6200	aetna.com
EyeMed Vision PPO Plan	EyeMed	866-723-0513	eyemedvisioncare.com
Legal Plan	MetLife	800-638-5000	metlife.com
Life Insurance			
Long-Term Disability Insurance			
Short-Term Disability Insurance	The Hartford	866-326-1380	thehartford.com/employeebenefits
Accident Plan	Aflac	800-992-3522	aflac.com
Critical Illness Plan			
Hospital Indemnity Plan			
Whole Life Insurance			
Identity Theft Protection	IDShield	844-509-0905	idshield.com
Employee Assistance Program	Anthem	800-999-7222	anthemeap.com (password: Fulton)



December 2021