

# Employee Benefits Guide

Plan Year January 1, 2024 thru December 31, 2024



*Enroll online at:*

*[pickens.zevobenefits.com](https://pickens.zevobenefits.com)*

*Then Follow On-Screen Instructions*



**This guide includes information on the following:**

Medical Benefits | Dental Benefits | Vision Benefits | Life Insurance | Disability Insurance  
COBRA Continuation | Important Contacts

# TABLE OF CONTENTS

Table of Contents / Eligibility / Changes	1
Message from Chairman Stancil / Commissioners	2
Enroll Online Instructions	3
Medical Plan At-A-Glance	4
Open Access POS Benefit Summary	5-7
Veracity Rx Benefits Summary	8-14
LiveHealth Online	15-16
Anthem Sydney App	17
Dental Insurance	18
Anthem Dental PPO Plan At-A-Glance	19
Vision Insurance	20
Anthem Vision Plan At-A-Glance	21
Basic and Voluntary Term Life Insurance	22
Voluntary Term Life Insurance Rates	23
Voluntary Short Term Disability	24
Sick Pay / Holiday Pay / Vacation / Bereavement Policy	25
COBRA Notice	26-27
CHIP Notice	28
Benefit Elections and Costs / Notes	29-30

This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available in the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.

## ELIGIBILITY

**Newly hired full-time employees are eligible for benefits on the first day of the month following 30 days of full-time employment.** Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian. Federal law requires all health plans to report social security numbers for employees and covered dependents. Please make sure to have all necessary names, birthdates and social security numbers available for your enrollment.

## CHANGES

**Pre-Tax Deduction of Premiums (Section 125 Plan)** - Health, dental, and vision insurance premiums are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations). **If you have a status change during the year you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.** Please contact the County at 706-253-8820 if you have any questions regarding the open enrollment period or changes.

# MESSAGE FROM CHAIRMAN KRIS STANCIL

**To: All Full Time Employees**  
**From: Chairman Kris Stancil**  
**Subject: Employee Benefits**

Pickens County appreciates very much the hard work and dedication of all our employees and we recognize that a quality, comprehensive benefits package is a critical component in retaining skilled and seasoned employees as well as recruiting new talent when needed.

The following pages contain detailed information about your available benefits.

**Kris Stancil**  
**Chairman**  
**Pickens County**

## PICKENS COUNTY BOARD OF COMMISSIONERS



**Kris Stancil**

County Commission  
Chairman



**Josh Tippens**

County Commissioner  
Post 1 (West)



**Josh Tatum**

County Commissioner  
Post 2 (East)

# ENROLL ONLINE INSTRUCTIONS

## (Open Enrollment Only)

### How do I enroll online?

Simply follow the instructions below to confirm your new benefit elections...

Go to: [pickens.zevobenefits.com](http://pickens.zevobenefits.com)



The link will take you to the login page.

If you are a returning user, click “Log In” in the top-right corner of the screen.

If you are enrolling for the first time, click “Get Started Now” on the middle of the page to create an account. You will then see the screen below:

This will prompt you to enter an email address, the last 4 digits of your SSN and your birthdate. You will then create a password to be used for future access.

### Please confirm your account

Email address *	Password *
<input type="text"/>	<input type="password"/>
Last four digits of your SSN *	Confirm password *
<input type="text"/>	<input type="password"/>
Date of Birth *	<input type="button" value="Create Account"/>
<input type="text"/>	

[Click here if you are having trouble confirming your account](#)

If you have issues getting logged into the system, please call MSI Benefits Group at **1-800-580-1629** or local number at (770-425-1231) Monday-Friday 8:00 AM - 5:00 PM.

**1** Verify Your Info      **2** Customize Your Benefits      **3** Confirm & Submit

Cost Per Pay Period: \$0.00 / Cost to Employer: \$0.00      Show Tutorial Again      [Finalize My Elections](#) →

<b>Medical</b> Waived Medical \$0.00 / pay period 	<b>Dental</b> Waived Dental Click here to complete... \$0.00 / pay period 	<b>Vision</b> Waived Vision Click here to complete... \$0.00 / pay period 
<b>Life</b> Waived Basic Life Waived Supplemental Life Click here to complete... \$0.00 / pay period 	<b>Disability</b> Waived Short Term Disability Insurance Click here to complete... \$0.00 / pay period 	<b>Legal Documents</b> Annual Required Notice: I acknowledge the Annual Required Notices have been provided. Click here to complete... \$0.00 / pay period 

Example Image

# MEDICAL PLAN AT-A-GLANCE

Pickens County offers health insurance through Anthem. The plan will continue to have a \$1,500 deductible and is Open Access. The plan does not require a PCP and referrals are not necessary to visit specialist physicians. This Open Access POS Plan also offers out-of-state and out-of-network coverage; however, you receive the best value by staying in-network.

IN-NETWORK	Open Access POS
Individual Calendar Year Deductible	\$1,500
Family Calendar Year Deductible	\$4,500
Coinsurance	Member Pays 20% Plan pays 80%
Individual Out-of-Pocket Calendar Year Maximum	\$5,000
Family Out-of-Pocket Calendar Year Maximum	\$10,000
Primary Care Physician Copayment	\$30
Specialist Physician Copayment	\$60
Preventive Care <i>(not subject to deductible)</i>	\$0
Live Health Online <i>(Online Physician Visit)</i>	\$5
Urgent Care Center Copayment	\$60
Emergency Room Copayment <i>(waived if admitted)</i>	\$150 then 20%

OUT-OF-NETWORK	Open Access POS
Individual Calendar Year Deductible	\$4,500
Family Calendar Year Deductible	\$13,500
Coinsurance	Member Pays 50% Plan Pays 50%
Individual Out-of-Pocket Calendar Year Maximum <i>(Includes Deductible)</i>	\$21,450
Family Out-of-Pocket Calendar Year Maximum <i>(Includes Deductible)</i>	\$42,900

	VERACITY RX
<b>PRESCRIPTION DRUG COPAYMENTS (Retail - 30 Day Supply)</b>	<b>RX Deductible: \$200 (Tier 1 does not apply)</b>
Tier 1 - Generic (Preferred Pharmacy)**	\$5
Tier 1 - Generic (Non-Preferred Pharmacy)**	\$20
Tier 2 - Name Brand	\$45
Tier 3 - Non-Formulary	\$85
<b>PRESCRIPTION DRUG COPAYMENTS (Retail - 90 Day Supply) - Not Available at Non-Preferred Pharmacy</b>	
Tier 1 - Generic	\$10
Tier 2 - Name Brand	\$90
Tier 3 - Non-Formulary	\$170

\*\* "Non-Preferred" Pharmacies include CVS, Target, Walgreen's, and Rite-Aid. All other pharmacies are "Preferred"



## EMPLOYEE MEDICAL DEDUCTIONS

COVERAGE LEVEL	Open Access POS
Employee Only	\$24.25
Employee + Spouse	\$128.97
Employee + Child(ren)	\$104.69
Employee + Family	\$217.00

# OPEN ACCESS POS BENEFITS SUMMARY



COVERED MEDICAL BENEFITS	OPEN ACCESS POS	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b>	\$1,500 member \$4,500 family	\$4,500 member \$13,500 family
<b>Out-of-Pocket Limit</b>	\$5,000 member \$10,000 family	\$21,450 member \$42,900 family
The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.		
<b>Preventive care / screening / immunization</b>	No charge	50% coinsurance after deductible is met
<b><u>Doctor Home and Office Services</u></b> <b>Primary Care Office Visit to treat an injury or illness</b>	\$30 copay per visit deductible does not apply	50% coinsurance after deductible is met
<b>Specialist Care Visit</b>	\$60 copay per visit deductible does not apply	50% coinsurance after deductible is met
<b>Prenatal and Post-natal Care</b>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<b><u>Other Practitioner Visits:</u></b> Retail Health Clinic Visit	\$30 copay per visit deductible does not apply	50% coinsurance after deductible is met
Preferred On-line Visit (LiveHealth Online) <i>Includes Mental Health and Substance Abuse</i>	\$5 copay per visit deductible does not apply	\$5 copay per visit deductible does not apply
Manipulation Therapy <i>Coverage is limited to 20 visits per year</i>	\$30 copay per visit deductible does not apply	50% coinsurance after deductible is met
Acupuncture	Not covered	Not covered
<b><u>Other Services in an Office:</u></b> Allergy Testing	\$60 copay per visit deductible does not apply	50% coinsurance after deductible is met
Chemo/Radiation Therapy	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Dialysis/Hemodialysis	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Prescription Drugs - <i>Dispensed in the office</i>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Surgery	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<b><u>Diagnostic Services</u></b> <b>Lab:</b> Office	\$60 copay per visit deductible does not apply	50% coinsurance after deductible is met
Freestanding Lab/Reference Lab (Only in Network with LabCorp)	No charge	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met

# OPEN ACCESS POS BENEFITS SUMMARY



COVERED MEDICAL BENEFITS	OPEN ACCESS POS	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>X-Ray:</b> Office	\$60 copay per visit deductible does not apply	50% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance deductible does not apply	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Advanced Diagnostic Imaging:</b> Office	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance deductible does not apply	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Emergency and Urgent Care</b> <b>Urgent Care</b>	\$60 copay per visit deductible does not apply	50% coinsurance after deductible is met
<b>Emergency Room Facility Services</b> ( <i>Cost share waived if admitted</i> )	\$150 copay per visit and 20% coinsurance deductible does not apply	Covered as In-Network
<b>Emergency Room Doctor and Other Services</b>	20% coinsurance deductible does not apply	Covered as In-Network
<b>Ambulance</b>	20% coinsurance after deductible is met	Covered as In-Network
<b>Outpatient Mental/Behavioral Health and Substance Abuse Disorder</b> <b>Doctor Office Visit</b>	\$30 copay per visit deductible does not apply	50% coinsurance after deductible is met
<b>Facility visit:</b> Facility Fees	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Doctor Services	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Outpatient Surgery</b> <b>Facility Fees:</b> Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Surgical Center	\$200 copay per visit deductible does not apply	50% coinsurance after deductible is met
<b>Doctor and Other Services:</b> Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Surgical Center	20% coinsurance deductible does not apply	50% coinsurance after deductible is met

# OPEN ACCESS POS BENEFITS SUMMARY



COVERED MEDICAL BENEFITS	OPEN ACCESS POS	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b><u>Hospital (including Maternity, Mental / Behavioral Health, Substance Abuse)</u></b></p> <p><b>Facility fees</b></p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><b>Doctor and other services</b></p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><b><u>Recovery &amp; Rehabilitation</u></b></p> <p><b>Home Health Care Visits</b> - Coverage is limited to 120 visits per benefit period. Limits are combined for all home health services</p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><b>Rehabilitation services:</b></p> <p>Office Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 20 visits per year. Coverage for rehabilitative and habilitative speech therapy is limited to 20 visits per year.</p> <p>Outpatient Hospital Limits are combined with Rehabilitation office visits.</p>	<p>\$30 copay per visit deductible does not apply</p> <p>20% coinsurance after deductible is met</p>	50% coinsurance after deductible is met
<p><b>Cardiac Rehabilitation</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><b>Skilled Nursing Care (in a facility)</b></p> <p>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 60 days combined per benefit period.</p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><b>Hospice</b></p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><b>Durable Medical Equipment</b></p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><b>Prosthetic Devices</b></p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met



# Your Pharmacy Plan

## Pharmacy Benefits Partner

**VeracityRx will oversee and manage your pharmacy benefits.** As your new benefits partner, VeracityRx will handle all claims and customer service functions including Specialty and Personal Importation pharmacy fulfillment.

## Where You Can Fill Prescriptions

Your plan uses a select/non-select pharmacy network, so virtually any pharmacy can fill your prescription(s). \*If you choose to go to a Non-Select pharmacy, you will have a higher copay. Non-select pharmacies are CVS, Target, Walgreen's, and Rite-Aid. \*Specialty Medications are excluded from the plan (see page 3 regarding available assistance).

## How to Connect

- You can reach VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
  - Locate a network pharmacy
  - Understand your pharmacy benefit
  - Get prior authorization information
- Call 888-388-8228

## Member Portal Access and Benefits Management

- Register for your member portal access **on or after January 1, 2024, and after you receive your ID card.**
  - Register at: <https://veracity.procarerx.com>
    - *Note: To access the secured portal listed above, the full web address must include **https://***
- Use your online account to:
  - Access and/or restrict profile viewing by other family members
  - Review your prescription claims history or individual prescriptions
  - Look up a drug to identify formulary status and preferred alternatives
  - Locate pharmacies within a zip code, state, city, or county

# Prescription Coverage Overview

## VeracityRx

Here's a few ways our Pharmacy program strives to save members money.

### Go Generic and Save

- When you choose the generic prescription versus the brand name Rx, you can save on your member cost/copay. *For example, if your physician prescribes the name brand "Norvasc" to manage your blood pressure, choose the generic form amlodipine and save yourself and the plan money.*

### Avoid High-Cost Pharmacies

- **Effective January 1, 2024**, the following pharmacies are considered **Non-Select**: CVS, Target, Walgreen's, and Rite-Aid. *Please note that Non-Select pharmacies have a higher copay.*
  - **Select Pharmacies:** All independent pharmacies and grocery stores are considered select.

### Get your 90-day prescription filled right at your favorite select pharmacy

- You can elect to get a 90-day fill using your local pharmacy. *This benefit is not available via mail order.*

### Specialty Pharmacy Services

- **Specialty Medications**
  - Specialty Medications are EXCLUDED from the plan. Assistance in obtaining your specialty medications is available through VeracityRx Specialty Pharmacy Services. If you are currently on a specialty drug, you can get started by going to [www.veracity-rx.com](http://www.veracity-rx.com) and completing the "Enrollment Form" located at the top of the page with your information. Once completed, a VeracityRx Specialty team member will be in touch. **See page 3** for additional details and a list of commonly prescribed Specialty Medications.
- **Personal Importation Medications**
  - Medications that can be obtained internationally (from Canada) can also be acquired through VeracityRx Specialty Pharmacy Services. When the medications are obtained this way, the cost to you is **\$0 Copay**. If you choose not to participate, a 50% penalty will apply. **See page 4** for additional details and a list of commonly prescribed Personal Importation Medications.

**Note:** *Some drugs require a pre-authorization. Even if you have obtained a pre-authorization with the current plan, you may have to obtain an updated one for the new plan.*



# Specialty Medications

## [REQUIRED] Specialty Medications

Effective January 1, 2024, Specialty Medications are EXCLUDED from the plan. Assistance in obtaining your specialty medications is available through VeracityRx Specialty Pharmacy Services. A Pharmacy Specialist, who is a registered pharmacist, will work with you as your advocate. Their team works closely with you (and/or covered family members who are taking a specialty medication) and with the specialty medication manufacturer, the prescriber, and other entities to maintain the prescriptions while alleviating the financial burden.

- To participate in this program, you will be required to submit certain documentation. These documents typically include:
  - Signed copy of most recent federal tax return.
  - Front and back copy of medical insurance card.

Please allow a member of our Pharmacy Specialty team to **take the lead in discussions with the drug manufacturer or their various foundations that offer assistance**. As your pharmacy specialist and patient advocate, we are here to work on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, please enroll at [www.veracity-rx.com](http://www.veracity-rx.com). Following your enrollment, a member of the team will contact you.

*If you choose not to participate in this program, you will be responsible for the **full cost of the medication**. This cost will **not** apply to your deductible or out of pocket accumulators.*

**To begin the process, log onto the website below to complete the “Enrollment Form”.**

### VeracityRx Specialty Pharmacy Contact Information:

Enroll at: [www.veracity-rx.com](http://www.veracity-rx.com)

*\*List is only a sample of the top specialty drugs and is subject to change without notice. Additional specialty drugs can be pursued beyond this list.*

Commonly Prescribed Specialty Drugs*		
Drug	Drug	Drug
Actemra	Humatrope	Stelara
Adempas	Humira	Strensiq
Afinitor	Humira CF	Sutent
Aubagio	Ibrance	Tagrisso
Avonex	Kuvan	Taltz
Benlysta	Norditropin AQ	Tobi Podhaler
Cimzia	Opsumit	Tyvaso
Cosentyx	Orencia	Vimpat
Dupixent	Otezla	Vumerity
Enbrel	Pulmozyme	Xeljanz
Envarsus XR	Rebif	Xeljanz XR
Firazyr	Revlimid	Xtandi
Genotropin	Simponi	Zelboraf
Gilenya	Skyrizi	
Haegarda	Sprycel	

# Personal Importation Medications

## Personal Importation Medications

*Note: The international medications process differs slightly from the specialty*

### Enrollment Process:

- Step 1:** Please check the list below of **commonly prescribed medications that can be sourced internationally** (from Canada).
- Step 2:** If you or a covered member of your household are on any of the drugs listed, please start by going to [www.veracity-rx.com](http://www.veracity-rx.com) and completing the **“Enrollment Form”**.
- Step 3:** Be on the lookout for an email from a VeracityRx Personal Importation Team member with next steps.
- Step 4:** Contact your healthcare provider to have a new prescription sent into our pharmacy partner.  
*\*Instructions will be included in email on how to send in new prescription.*

International Drugs		
Drug	Drug	Drug
Advair Inhaler	Invokana	Rexulti
Anoro Ellipta	Invokamet	Rybelsus
Apidra	Isentress	Silenor
Apidra Solostar	Janumet	Spiriva Respimat
Arnuity Ellipta	Janumet XR	Symbicort
Atripla	Januvia	Tivicay
Basaglar Kwikpen	Jardiance	Toujeo Solostar
Biktarvy	Juluca	Tradjenta
Breo Ellipta	Levemir Flextouch	Trelegy Ellipta
Combivent Respimat	Omnaris	Tresiba
Descovy	Ozempic	Trintellix
Dulera	Prezcobix	Trulicity
Eliquis	Qvar	Vemlidy
Entresto	Omnaris	Viberzi
Farxiga	Ozempic	Victoza
Fiasp	Prezcobix	Xarelto
Flovent HFA	Qvar	

*\*List is only a sample of the top international drugs and is subject to change without notice. Additional international drugs can be pursued beyond this list.*



# Plan Summary

## IMPORTANT: Plan Summary

COPAYS	Retail 30 Day Supply	Retail 90 Day Supply
Tier 1 Generic / Select**	\$5	\$10
Tier 1 Generic / Non-Select**	\$20	N/A
Tier 2 Name Brand	\$45	\$90
Tier 3 Non-Formulary	\$85	\$170
Specialty Drugs [REQUIRED]	<b>Specialty Drugs are EXCLUDED</b> Assistance in obtaining your specialty drugs is available through VeracityRx Specialty Pharmacy Services. Enroll at <a href="http://www.veracity-rx.com">www.veracity-rx.com</a> to get started.	
Personal Importation Drugs [VOLUNTARY]	<b>\$0 Copay</b> – Personal importation drugs are available through <b>VeracityRx Specialty Pharmacy Services</b> . If you choose not to participate, a 50% penalty will apply. Enroll at <a href="http://www.veracity-rx.com">www.veracity-rx.com</a> to get started.	

**\*\*Non-Select Pharmacies are:**

CVS, Target, Walgreen's, and Rite-Aid

**\*\*\*Brand vs Generic Equivalent:** If you request a brand name drug when a generic of the same medication is available, you will be responsible for your copay as well as the difference in cost between the generic product and the brand name product. Please note that the copay will never be greater than the cost of the brand itself.

**Example:**

- Brand Cost: Symbicort 160mcg/4.5mcg (1 inhaler) = \$425 (cost is subject to change)
- Generic Cost: Budesonide/formoterol 160mcg/4.5mcg (1 inhaler) = \$210 (cost is subject to change)

**Member Responsibility:**

Total Cost for Brand Name: \$45 copay + \$215 (cost difference between brand and generic) = \$260



# Prescription Coverage FAQs

## Frequently Asked Questions

Pharmacy FAQs	Pharmacy Benefits
<b>Who is my Pharmacy Benefit Provider?</b>	VeracityRx is your Pharmacy Benefits Partner working in conjunction with ProCare Rx as the PBM.
<b>Are there select or non-select pharmacies?</b>	There are a few pharmacies that are considered <i>non-select</i> . They are CVS, Walgreen's, Target, and Rite Aid. All other independent pharmacies are considered select. We encourage grocery store chains, locally owned neighborhood pharmacies and Costco as your lowest cost options.
<b>Where can I fill my prescriptions?</b>	Virtually any pharmacy can fill your prescription(s)*. <i>*Specialty drugs can only be fulfilled through VeracityRx Specialty Pharmacy Services.</i>
<b>Can I get a 90-day supply?</b>	A 90-day supply is available at any retail pharmacy provider. Excludes Specialty drugs.
<b>What happens when you fill a brand drug when a generic is available?</b>	If you request a brand name drug when a generic of the same medication is available, you will be responsible for your copay as well as the difference in cost between the generic product and the brand name product. Please note that the copay will never be greater than the cost of the brand itself.
<b>Where can I fill my specialty and personal importation prescriptions?</b>	Our Specialty Pharmacy Services can help you obtain your specialty and personal importation drugs at the lowest possible cost for you and the company. Go to: <a href="http://www.veracity-rx.com">www.veracity-rx.com</a> to get started!

### Common drug exclusions

The plan does not cover certain items. Some exclusions may include:

- Over the counter (OTC) medications or their equivalents, including certain Proton Pump Inhibitors (PPI) or allergy medications, such as Prevacid, Prilosec, Nexium, Zyrtec, Allegra, and Claritin
- Drug products used for cosmetic purposes
- Vitamins and minerals (except prenatal vitamins)
- Experimental drug products, or any drug used in an experimental manner



# Member Quick Reference Guide



## Pharmacy Benefit Provider

VERACITYRX

Phone: 888-388-8228

Portal: <https://veracity.procarerx.com>

### When to Call:

- To locate a pharmacy
- To ask a benefit question
- To get information on prior authorizations
- To get help when you are at the pharmacy and a drug is denied



## 90-Day Prescriptions

MAINTENANCE DRUGS

At Retail: All Pharmacies



## Specialty Medications

HIGH-COST DRUGS

Contact VeracityRx Specialty Pharmacy Services at [www.veracity-rx.com](http://www.veracity-rx.com) for assistance.



## Retail Pharmacy Network

SELECT PHARMACIES

### Advantages:

- Lower Copays on Prescriptions

### Which are Select?

Grocery stores such as Kroger, Publix, Costco, Ingles and locally-owned neighborhood pharmacies. *Basically, any pharmacy EXCEPT those that are non-select.*

NON-SELECT PHARMACIES

### Disadvantages:

- Higher Copays on Prescriptions

### Which are Non-Select?

CVS, Target, Walgreens, Rite-Aid

If you have questions regarding your plan benefits, please contact VeracityRx at 888-388-8228.



# LiveHealth Online

## What you need to know about video visits with a doctor, 24/7

### What is LiveHealth Online?

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.\*

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center.

### Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online isn't meant to replace your primary care doctor. It's a convenient option for care when your doctor isn't available. LiveHealth Online connects you with a doctor in minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab at [livehealthonline.com](http://livehealthonline.com) to print, email or fax to your primary care doctor.

**LiveHealth Online should not be used for emergency care. If you have a medical emergency, call 911 right away.**

### When is LiveHealth Online available?

Doctors are available 24/7, 365 days a year.

### How does LiveHealth Online work?

When you need to see a doctor, simply go to [livehealthonline.com](http://livehealthonline.com) or use the LiveHealth Online mobile app. Pick the state you're in and answer a few questions.

Setting up an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and set up online visits at times that fit your schedule.

Once connected, you can talk with the doctor as if you were in a private exam room.





## How much does it cost to use LiveHealth Online?

Your Anthem plan includes benefits for video visits using LiveHealth Online. **\$5 copay per visit, deductible does not apply.**

## Will I be charged more if I use LiveHealth Online on weekends, holidays or at night?

No, the cost is the same.

## How do I pay for a LiveHealth Online visit?

You can use PayPal, American Express, Visa, MasterCard and Discover cards to pay for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your visit.

## Is there a LiveHealth Online app that I can download to my smartphone?

Yes, search for "LiveHealth Online" in the App Store® or on Google Play™. To learn what mobile devices are supported and get instructions, go to [livehealthonline.com](https://livehealthonline.com) and select **Frequently asked questions** under the *How it works* tab.

## What type of computer do I need to use LiveHealth Online?

You'll need high-speed Internet access, a webcam or built-in camera with audio. To learn what computer hardware and software you need, go to [livehealthonline.com](https://livehealthonline.com) and select **Frequently asked questions** under the *How it works* tab.

## Do doctors have access to my health information?

It depends on whether or not you set up an account. With a LiveHealth Online account, you can allow doctors to access and review your health information from past visits. Also, to help keep track of your own health information, you can record it at [livehealthonline.com](https://livehealthonline.com). Once you sign in, go to the *MyHealth* tab and then select **Health Record**.

## How long is a LiveHealth Online visit?

A typical LiveHealth Online visit with a doctor lasts about 10 minutes.



## Can I get online care from a doctor if I'm traveling or in another state?

Yes, just select the state you're in under **My Location** on [livehealthonline.com](https://livehealthonline.com) or with the app, and you'll only see doctors licensed to treat you in that state. Don't forget to change the state back when you get home.

## What if I still have questions about using LiveHealth Online?

Send an email to [customersupport@livehealthonline.com](mailto:customersupport@livehealthonline.com) or call toll free at **1-888-548-3432**.



\* Prescription availability is defined by physician judgment and state regulations. Visit the home page of [livehealthonline.com](https://livehealthonline.com) to view the service map by state. LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [livehealthonline.com](https://livehealthonline.com). In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



# Sydney Health makes healthcare easier

## Access personalized health and wellness information wherever you are

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

### Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

### My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals.

### Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

### Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker, then consult with a doctor through a video visit or text session.

### Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

### My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



### Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



Sydney Health is offered through an arrangement with CareMarket, Inc. Sydney and Sydney Health are trademarks of CareMarket, Inc. Life and Disability products underwritten by Anthem Life Insurance Company. In Georgia: Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 116947MUMENABS VP0D BY Rev. 02/21

# DENTAL INSURANCE

Pickens County offers a Dental Insurance Plan through Anthem to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the certificate of coverage.

EMPLOYEE DENTAL DEDUCTIONS Bi-Weekly (26 deductions / year)	
COVERAGE LEVEL	Employee Cost
Employee Only	\$11.68
Employee + Spouse	\$23.63
Employee + Child(ren)	\$29.15
Employee + Family	\$41.11

## Group Certificate of Coverage

A copy of the **Group Certificate of Coverage** may be requested from Human Resources or is available as follows:

Go to: [www.msibg.com](http://www.msibg.com)  
Username: pickensEE  
Password: Benefits123

## Can I go to any dentist?

You will typically spend less when you visit an Anthem network dentist because Anthem has negotiated discounted rates with these dentists. When you stay in the network you'll save as long as the procedure is listed on the dentist's discount schedule. These savings apply even if you reach your plan maximum. If you go out-of-network, you will not receive Anthem network discounts and the dentist may bill you for the difference between the payment they receive from Anthem and their usual fees.

## Do I pay up front and submit a claim or will the dentist submit claims for me?

In most instances, if you are using an in-network dentist, they will submit claims on your behalf and will bill you for any deductible or coinsurance payment that you owe. If you use an out-of-network dentist, you may need to file your own claims after payment.

## So, where do you start? How about with your dental health habits and the Dental Health Assessment tool.

### Get your dental health score

Just answer a few online questions about your habits like brushing and flossing and how often you see the dentist. After you do, you'll get an easy-to-flow traffic light scoring report so you know where you stand and what to do about it.

*Why?* Dental health problems like gum disease are common and can lead to more serious problems, like losing a tooth. Knowing your score helps you understand your dental health and your risk of getting tooth decay, gum disease and mouth cancers. You can even take your report to your next dental appointment.

Login to the Anthem Member Services website on your ID card or your Anthem mobile app, take the Dental Health Assessment and discover your Dental Health Score.

## Can you explain the deductible, maximum and percentages listed?

**The deductible** is the amount you need to pay for covered services before your benefits begin. You will pay for your dental treatment until you reach that amount. Then, you and your plan begin to share a percentage of your covered dental costs, known as coinsurance. **The percentage** shown on your plan materials is the percentage the plan pays for the listed procedures, and then you pay the difference.

**The maximum** is the most your plan will pay for your dental claims during the plan year. Once you reach that maximum, your plan will no longer pay a percentage of your costs for the rest of that plan year. Even after you reach the maximum, however, dentists in the network may continue to offer you discounted fees for the services on their schedules.



## Anthem Dental Plan At-A-Glance

Network	Anthem DPPO
<b>Calendar Year Maximum Benefit Per Member</b>	
Class I, II, III Expenses	\$1,000
<b>Plan Year Deductible</b>	
Per Member	\$50
Per Family	\$150
<b>Class I Expenses: Preventive &amp; Diagnostic Care</b>	
Oral Exams (2 per year)	Plan pays 100% Deductible Waived
Cleanings (2 per year)	
Routine X-rays (2 per year)	
Fluoride Application (1 per year under age 19)	
Non-Routine X-rays (1 per 36 months)	
<b>Class II Expenses: Basic Restorative Care</b>	
Fillings (amalgam or composite)	Plan pays 80%, After Deductible
Oral Surgery	
Surgical Extraction of Impacted Teeth	
Periodontics	
Root Canal Therapy / Endodontics	
Brush Biopsy	
<b>Class III Expenses: Major Restorative Care</b>	
Relines, Rebases and Adjustments	Plan pays 50%, After Deductible
Repairs (Bridges, Crowns, Inlays and Dentures)	
Crowns / Inlays / Onlays	
Dentures	
Bridges	
<b>Class IV Expenses: Orthodontia</b>	
Lifetime Maximum	\$1,000
Benefit (Dependent child less than 19 years of age)	Plan pays 50%



### Locate a Provider

To search for a participating provider, contact Anthem's customer service or visit [www.anthem.com](http://www.anthem.com)



Pickens County offers Vision Insurance through Anthem BlueCross & BlueShield to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the certificate of coverage.

EMPLOYEE VISION DEDUCTIONS	
Bi-Weekly (26 deductions / year)	
COVERAGE LEVEL	Employee Cost
Employee Only	\$ 2.94
Employee + Spouse	\$ 5.87
Employee + Child(ren)	\$ 5.93
Employee + Family	\$ 9.46

## Group Certificate of Coverage

A copy of the **Group Certificate of Coverage** may be requested from Human Resources or is available as follows:

Go to: [www.msibg.com](http://www.msibg.com)  
Username: pickensEE  
Password: Benefits123

## Make the Most of Your Vision Coverage

With your vision plan through Anthem, you and your covered family members have access to quality vision care. Your plan provides coverage for routine eye exams and may include glasses and/or contact lenses. Check your plan materials for details. Also, make sure you know the difference between in-network and out-of-network coverage.

## In-Network

You'll save the most money if you pick an eye doctor from Anthem's large network and you'll have lots of choices. Anthem offers one of the largest specialty networks of optometrists, ophthalmologists and nationally recognized eye care retailers.

## Out-of-Network

If you choose a doctor who's not in the network, you'll have to pay the total amount due at your appointment. To get reimbursed, you'll need to submit an Anthem Vision Claim Form with an itemized receipt. You can find the claim form on [anthem.com](http://anthem.com). The whole amount may not be covered. You're responsible for paying any charges not covered under your plan.

## Plan Year Deductible

There is no plan year deductible.

## Plan Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

## Eye-Opening Information

A routine eye and vision exam can help your doctor test your vision and spot the early stages of eye disease. It's important to get your eyes dilated during the exam. This can help spot certain eye diseases, including the early stages of diabetes.

## Keep an Eye on Your Kids

Eye exams aren't just for adults. They're also important for children. According to the American Optometric Association, one in four children has a vision problem that can affect their learning. Your kids may get a vision test at school or at their pediatrician's office. But these exams might not catch a serious eye disorder. That's why it's important to have your child visit an eye doctor, such as an optometrist or ophthalmologist. These specialists can help check your child's vision and eye health.



## Anthem Vision Plan At-A-Glance

Anthem Vision Network		
Services	In-Network	Out-of-Network
Routine Eye Exam	\$10 Copay	Up to \$42 allowance
Eyeglass Frames (every 2 years)	\$130 allowance then 20% off remaining balance	\$45 allowance
Eyeglass Lenses (each calendar year)	\$20 copay	\$40 - \$80 allowance
<b>Contact Lenses</b> (each calendar year) Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses. <i>Your contact lens allowance must be used at the time of initial service.</i>		
Elective Conventional Lenses	\$130 allowance then 15% off the remaining balance	\$105 allowance
Elective Disposable Lenses	\$130 allowance (no additional discount)	\$105 allowance
Non-Elective Contact Lenses	Covered in full	\$210 allowance
Standard Contact Fitting	Up to \$55	N/A
Premium Contact Lens Fitting	\$10 off retail price	N/A
You can save even more now that 1-800 CONTACTS has joined the Blue View Vision network. Call 1-800 CONTACTS or visit <a href="http://www.1800CONTACTS.com">www.1800CONTACTS.com</a> today to use your benefits! The contact lens allowance can only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.		

### LASER VISION CORRECTION SURGERY

Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to Special Offers at [anthem.com](http://anthem.com) and select vision care.

### USING YOUR BLUE VIEW VISION PLAN

The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.

### OUT-OF-NETWORK

If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax:

**866-293-7373**

To Email:

**oon-**

**claims@eyewearspecialoffers.com**

To Mail:

**Blue View Vision**

Attn: OON Claims

P.O. Box 8504

Mason, OH 45040-7111



## Basic Life and AD&D Insurance

### Basic Term Life

Pickens County provides Basic Term Life and AD&D Insurance to eligible employees through Anthem Life. The cost of Basic Term Life and AD&D Insurance is paid entirely by Pickens County. Below is a brief description of group life insurance coverage underwritten by Anthem. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Your Certificate and Summary Plan Description will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.

### Basic Term Life Benefit

**\$20,000**

### Accidental Death & Dismemberment

Also, at no cost to the employee, the County provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

### Reductions in Insurance

Life and AD&D insurance reduces to 65% at age 65 and then to 50% of the original amount at age 70.

### Basic Dependent Life Insurance

Basic Dependent Life Insurance is provided as follows:

Spouse: \$5,000

Child(ren) age 15 days to 26 years: \$2,500

## Voluntary Term Life Insurance

### Voluntary Term Life Insurance

Eligible employees may elect to purchase additional Life insurance on a voluntary basis through Anthem. This coverage may be purchased in addition to the Basic Term Life coverage. Employees can elect Voluntary Life insurance in **\$10,000 increments up to a maximum of \$250,000.**

Newly hired employees may purchase Voluntary Employee Life Insurance without having to go through Medical Underwriting (also known as Evidence of Insurability - EOI) up to the **Guaranteed Issue (GI) amount of \$100,000.**

### Voluntary Spouse and/or Dependent Child(ren) Life Insurance

Dependents are eligible for coverage as long as the employee is enrolled in coverage. Spousal Life Insurance is offered in \$5,000 increments up to a maximum of \$100,000. A spouse of a newly hired employee has a **Guaranteed Issue amount of \$20,000** while dependent **Child(ren) aged 15 days to 26 years are offered \$5,000 or a \$10,000 benefit.**

Note: Spouse and Child Life amounts cannot exceed 50% of the employee's elected amount.

### Reductions in Insurance

Voluntary life insurance reduces to 65% at age 65 and then to 50% of the original amount at age 70.

### Accelerated Life Benefit

If you become terminally ill and meet other eligibility requirements you may receive an Accelerated Death Benefit of up to 75% of your Life Insurance.

### Conversion and Portability Options Included



### Important Notes

*Always remember to keep beneficiary information updated.  
Beneficiary information may be updated anytime through the Human Resources department.*

## Voluntary Term Life Insurance

EMPLOYEE / SPOUSE* LIFE OPTIONS Bi-Weekly (26 deductions / year)									
AGE	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.37	\$0.46	\$0.88	\$1.66	\$2.59	\$4.34	\$7.39	\$13.03	\$20.14
\$20,000	\$0.74	\$0.92	\$1.76	\$3.32	\$5.18	\$8.68	\$14.78	\$26.06	\$40.28
\$30,000	\$1.11	\$1.38	\$2.64	\$4.98	\$7.77	\$13.02	\$22.17	\$39.09	\$60.42
\$40,000	\$1.48	\$1.85	\$3.53	\$6.65	\$10.36	\$17.35	\$29.56	\$52.12	\$80.57
\$50,000	\$1.85	\$2.31	\$4.41	\$8.31	\$12.95	\$21.69	\$36.95	\$65.15	\$100.71
\$60,000	\$2.22	\$2.77	\$5.29	\$9.97	\$15.54	\$26.03	\$44.34	\$78.18	\$120.85
\$70,000	\$2.58	\$3.23	\$6.17	\$11.63	\$18.12	\$30.37	\$51.72	\$91.20	\$140.99
\$80,000	\$2.95	\$3.69	\$7.05	\$13.29	\$20.71	\$34.71	\$59.11	\$104.23	\$161.13
\$90,000	\$3.32	\$4.15	\$7.93	\$14.95	\$23.30	\$39.05	\$66.50	\$117.26	\$181.27
\$100,000	\$3.69	\$4.62	\$8.82	\$16.62	\$25.89	\$43.38	\$73.89	\$130.29	\$201.42
\$110,000	\$4.06	\$5.08	\$9.70	\$18.28	\$28.48	\$47.72	\$81.28	\$143.32	\$221.56
\$120,000	\$4.43	\$5.54	\$10.58	\$19.94	\$31.07	\$52.06	\$88.67	\$156.35	\$241.70
\$130,000	\$4.80	\$6.00	\$11.46	\$21.60	\$33.66	\$56.40	\$96.06	\$169.38	\$261.84
\$140,000	\$5.17	\$6.46	\$12.34	\$23.26	\$36.25	\$60.74	\$103.45	\$182.41	\$281.98
\$150,000	\$5.54	\$6.92	\$13.22	\$24.92	\$38.84	\$65.08	\$110.84	\$195.44	\$302.12
\$160,000	\$5.91	\$7.38	\$14.10	\$26.58	\$41.43	\$69.42	\$118.23	\$208.47	\$322.26
\$170,000	\$6.28	\$7.85	\$14.99	\$28.25	\$44.02	\$73.75	\$125.62	\$221.50	\$342.41
\$180,000	\$6.65	\$8.31	\$15.87	\$29.91	\$46.61	\$78.09	\$133.01	\$234.53	\$362.55
\$190,000	\$7.02	\$8.77	\$16.75	\$31.57	\$49.20	\$82.43	\$140.40	\$247.56	\$382.69
\$200,000	\$7.38	\$9.23	\$17.63	\$33.23	\$51.78	\$86.77	\$147.78	\$260.58	\$402.83
\$210,000	\$7.75	\$9.69	\$18.51	\$34.89	\$54.37	\$91.11	\$155.17	\$273.61	\$422.97
\$220,000	\$8.12	\$10.15	\$19.39	\$36.55	\$56.96	\$95.45	\$162.56	\$286.64	\$443.11
\$230,000	\$8.49	\$10.62	\$20.28	\$38.22	\$59.55	\$99.78	\$169.95	\$299.67	\$463.26
\$240,000	\$8.86	\$11.08	\$21.16	\$39.88	\$62.14	\$104.12	\$177.34	\$312.70	\$483.40
\$250,000	\$9.23	\$11.54	\$22.04	\$41.54	\$64.73	\$108.46	\$184.73	\$325.73	\$503.54

\* Spouse rates are based on the employee's age

CHILD(REN) BENEFIT OPTION	
\$5,000 BENEFIT	Bi-Weekly Cost - \$0.47
\$10,000 BENEFIT	Bi-Weekly Cost - \$0.93



### Evidence of Insurability (EOI)

Anthem requires EOI in order for new employees to purchase insurance above the guaranteed issued amount, for any employee who has previously declined coverage or if you are requesting to increase your current coverage amount. EOI involves completing a medical questionnaire and receiving carrier approval before your insurance takes effect.

### Waiver of Premium

If you become totally disabled under age 60 and meet other eligibility requirements, Life insurance coverage may continue under the Waiver provision without premium payments until Age 65.

### Conversion Privilege

If Your coverage or a portion of it, terminates because You are no longer eligible for coverage under the policy You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

### Portability

An employee may request to continue coverage by submitting a written application and the required amount of premium within 31 days of the date coverage terminated under the policy.



# VOLUNTARY SHORT TERM DISABILITY

## Voluntary Short Term Disability Plan

Pickens County offers Voluntary Short Term Disability Insurance to all eligible full-time employees through Anthem. These benefits are designed to pay you an income if you cannot work as a result of an illness or an accident that occurs off the job.

Short Term Disability	
% of Salary	Up to 60% of Weekly Salary
Maximum Weekly Benefit	Up to \$750
Elimination Period	14 Days
Duration Period	26 Weeks
Pre-Existing Conditions	The plan does not cover a disability due to pre-existing condition during the 12 months after your effective date of coverage, for treatment received within 3 months prior to your effective date of coverage

**HOW TO CALCULATE YOUR INDIVIDUAL PREMIUM** - To calculate your per-paycheck cost for this coverage, complete the calculations below.

**NOTE:** If your weekly salary exceeds \$1,250 use \$1,250 as your weekly salary in the calculation.

$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times \frac{60\%}{\text{Benefit \%}} = \text{Your Weekly Benefit}$
$\frac{\text{Your Weekly Benefit}}{10} = \text{Your Rate} \times \frac{1.30}{\text{Your Rate}} = \text{Your Monthly Cost}$
$\frac{\text{Your Monthly Cost}}{12} = \text{Annual Cost} \div \frac{26}{\text{\# Paychecks per Year}} = \text{Cost per Paycheck*}$

\*Final Cost may vary slightly due to rounding.



# SICK PAY / HOLIDAY PAY / VACATION / BEREAVEMENT POLICY

## Sick Pay / Holiday Pay

### SICK PAY

The County expects each employee to perform their job as scheduled. However, the County also realizes that employees may be required to be absent for legitimate medical reasons. In recognition, the County provides eligible full-time, employees payment for absences due to medical reasons in certain circumstances.

Sick pay accrues on a pro-rata basis. Part-time employees are not eligible for sick pay.

Sick pay can be used when an eligible employee is unable to perform their job due to personal illness or physical incapacity not job related, or if employee misses work for reasons which would entitle an employee to leave pursuant to the Family and Medical Leave Act. Additionally, sick pay shall accumulate from year-to-year for a maximum of 480 hours. Employees who voluntarily quit or are separated from County employment for any reason will not receive payment for any accumulated sick pay.

### Certificate By Physician

Absences in excess of three (3) consecutive working days will only qualify for sick pay if the eligible employee submits a written statement from his or her physician certifying that the employee's condition prevented him/her from performing their job. However, nothing contained in the foregoing sentence shall restrict or require a supervisor from requiring documentation for the entitlement of sick pay, regardless of the duration of the absence.

### HOLIDAYS

The County provides the following paid holidays for all eligible full-time employees:

If a holiday should occur on a Saturday or Sunday, the County may elect to observe the holiday on some other day of the week.

Your holiday pay will be your hourly rate multiplied by eight (8) hours.

To be eligible for holiday pay, an employee must work the full last scheduled work day before the holiday and the full next regularly scheduled work

<b>New Year's Day</b>	<b>Martin Luther King, Jr's Birthday</b>	<b>Good Friday</b>	<b>Memorial Day</b>
<b>July 4th (Independence Day)</b>	<b>Labor Day</b>	<b>Columbus Day</b>	<b>Veteran's Day</b>
<b>Thanksgiving Day (2 days)</b>	<b>Christmas Eve</b>	<b>Christmas (2 days)</b>	<b>New Year's Eve</b>



## Vacation / Bereavement Policy

### VACATION

The County believes that an annual vacation is an important part of an employee's health and welfare. It is the County's policy that each eligible employee take and be paid for the vacation to which he/she is entitled. Only full-time employees are eligible for paid vacation.

All full-time eligible employees shall be entitled to accrue annual leave. Annual leave accrues from the date of employment on a pro-rata hourly basis per pay period. However, only those eligible employees who have worked for the County more than six (6) months may take vacation, and the vacation cannot be taken before it is fully earned. Vacation pay is calculated using the employee's straight-time hourly rate at the time when the vacation is taken.

There will be no payment for accrued vacation in lieu of taking vacation, except for time off under the Family and Medical Leave Act. A maximum four (4) weeks earned unused annual leave hours may be rolled over into the following year.

Accumulation Rate – the accumulation rate for annual vacation is determined by the length of continuous service of the employee. The following is the accumulation schedule that is effective at the appropriate anniversary date:

Vacation			
<u>Years of Service</u>	<u>80 hr. full-time employee</u>	<u>Sheriff/E-911</u>	<u>Fire/EMS</u>
0 thru 5	80 hrs. (3.08 per pay period)	86 hrs. (3.31 per pay period)	112.32 hrs. (4.32 per pay period)
6 thru 10	120 hrs. (4.62 per pay period)	129 hrs. (4.97 per pay period)	168.48 hrs. (6.48 per pay period)
11 thru 15	144 hrs. (5.54 per pay period)	155 hrs. (5.97 per pay period)	202.18 hrs. (7.78 per pay period)
16 thru 20	160 hrs. (6.16 per pay period)	172 hrs. (6.62 per pay period)	224.42 hrs. (8.63 per pay period)
21 and above (MAX)	184 hrs. (7.08 per pay period)	198 hrs. (7.62 per pay period)	258.08 hrs. (9.93 per pay period)

**Note:** Maximum End of Year Roll Over is two weeks

Sick Leave			
	<u>80 hr. full-time employee</u>	<u>Sheriff/E-911</u>	<u>Fire/EMS</u>
<b>Sick Leaves Accrues as follows:</b>	3.08 hours per pay period	3.31 hours per pay period	4.32 hours per pay period

### BEREAVEMENT PAY

Paid bereavement time off of up to three (3) days (eight hours per day) is allowable upon the death of a full-time employee's immediate family member.

Immediate family is defined as an employee's spouse, child, grandchild, parent, brother, sister, parent-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepparent, stepchild and grandparent.

# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## **Introduction**

You are receiving this notice because you have recently become eligible for the Pickens County health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

## **You may have other options available to you when you lose group health coverage.**

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

## **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

## **You Must Give Notice of Some Qualifying Events**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice **in writing** to: **Pickens County, Paula Peace, 1266 E. Church Street, Suite 150, Jasper, GA 30143.**

# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## **How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### ***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

## **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **Plan Contact Information**

Information about the plan and COBRA continuation coverage can be obtained on request from:

**Pickens County**  
**Paula Peace**  
**1266 E. Church Street, Suite 150**  
**Jasper, GA 30143**  
**Phone: 706-253-8820**

# CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

<b>GEORGIA - Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

## HIPAA Notice of Privacy Practices

For employers who have enacted HIPAA Privacy Policies and Procedures, including those who receive Protected Health Information (PHI) and those who sponsor an FSA or HRA, an initial Notice of Privacy Practices was to have been provided to all plan participants at the adoption of the Policies and Procedures. Additionally, the notice must be given to new enrollees in the plan and the participants must be made aware of the availability of and how to obtain the Notice of Privacy Practices at least once every three years.

# BENEFIT ELECTIONS AND COSTS

Type of Benefit	Benefit Plan	Coverage Level / Coverage Amount	Deduction Amount
Medical			
Dental			
Vision			
Basic Life and AD&D Insurance			
Supplemental Term Life Insurance			
Spousal Term Life Insurance			
Dependent Life Insurance			
Voluntary Short Term Disability			
<b>Total Per Pay Cost:</b>			
<b>Total Annual Cost:</b>			

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	<b>Human Resources</b>	Paula Peace HR Director	Phone: (706) 253-8820 Email: <a href="mailto:ppeace@pickenscountygga.gov">ppeace@pickenscountygga.gov</a>
	<b>Medical Insurance</b>	Anthem	Phone: (844) 274-5201 <a href="http://www.anthem.com">www.anthem.com</a>
	<b>Pharmacy Benefits Manager</b>	VeracityRx	Phone: (888) 388-8228 <a href="https://veracity.procarerx.com/account/login">https://veracity.procarerx.com/account/login</a>
	<b>LiveHealth Online</b>	Anthem	Customer Service: (888) 548-3432 <a href="http://livehealthonline.com">livehealthonline.com</a> Smartphone App: "LiveHealth Online"
	<b>Dental Insurance</b>	Anthem	Phone: (877) 604-2158 <a href="http://www.anthem.com">www.anthem.com</a>
	<b>Vision Insurance</b>	Anthem	Phone: (866) 723-0515 <a href="http://www.anthem.com">www.anthem.com</a> Phone: 1-800-CONTACTS <a href="http://www.1800contacts.com">www.1800contacts.com</a>
	<b>Basic Life and AD&amp;D Insurance Voluntary Life Insurance</b>	Anthem	Phone: (800) 851-8544 <a href="http://www.anthem.com">www.anthem.com</a>
	<b>Short Term Disability</b>	Anthem	Phone: (800) 851-8544 <a href="http://www.anthem.com">www.anthem.com</a>
	<b>Online Benefit Enrollment</b> (Only available during open enrollment)		<a href="http://pickens.zevobenefits.com">pickens.zevobenefits.com</a>
	<b>Claims Resolution Questions About Your Benefits Order ID Cards</b>	MSI Benefits Group	Phone: (770) 425-1231 Email: <a href="mailto:eligibility@msibg.com">eligibility@msibg.com</a>
	<b>Certificates and Plan Documents</b>	MSI Benefits Group	<a href="http://www.msibg.com">www.msibg.com</a> Username: pickensEE Password: Benefits123

**MSI Benefits Group**  
 245 TownPark Drive, Suite 100  
 Kennesaw, GA 30144  
 Tel: 770-425-1231 / 800-580-1629  
 Fax: 770-425-4722 / 800-580-2675  
 Email: [helpme@msibg.com](mailto:helpme@msibg.com)  
[www.msibg.com](http://www.msibg.com)