



BARROW COUNTY

— *Georgia* —



Employee Benefits Handbook

Plan Year October 1, 2016 thru December 31, 2017

Go online and enroll at www.eelect.com

Enrollment ID = 91582 / Employee ID = SSN

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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 at the Human Resources department. Summary of Benefits and Coverage will be available online during open enrollment and in Human Resources after the open enrollment period is closed. 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 service. 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. Dependent children are eligible up to age 26. **All group health plans are now required by law to collect and supply to the Centers for Medicare Services the Social Security Numbers (SSN) of both employees and dependents on coverage.** Please remember to bring this information with you to 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 Human Resources at (770) 307-3114 if you have any questions regarding the open enrollment period or changes.

MESSAGE FROM THE COUNTY MANAGER



To: All Benefit Eligible Employees
From: Mike Renshaw
Subject: Medical, Dental, Vision, Life and Disability Benefits

Barrow County appreciates the hard work and dedication of all our employees. We recognize that a quality, comprehensive benefits package is important to the wellbeing of our skilled and seasoned employees as well as a tool for recruiting and retaining new talent when needed. We trust that the following pages will enhance your understanding of the Barrow County benefits package available to you. Thank you for all you do for Barrow County!

Mike Renshaw
County Manager

BOARD OF COMMISSIONERS



Pat Graham
Chairman

pgraham@barrowga.org



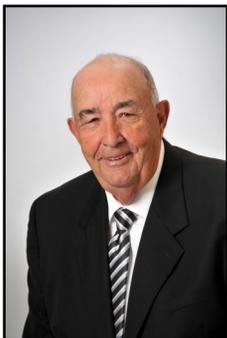
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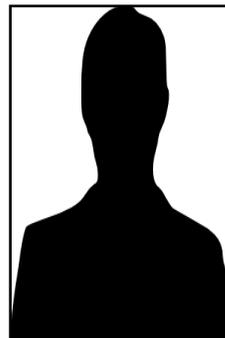
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Ben Hendrix
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SIDE by SIDE MEDICAL COMPARISON



Barrow County offers two BlueCross BlueShield medical plan options; a Blue Open Access 80% POS Plan and a Blue Open Access 100% POS Plan. Both plans offer in-network and out-of-network benefits, however you receive the best value if you stay in-network. Both options are also “Open Access” which means you are not required to name a primary care physician (PCP) nor obtain referrals to see a specialist physician.

IN-NETWORK	80% Plan	100% Plan
Individual Annual Deductible	\$2,000	\$2,500
Family Annual Deductible	\$4,000	\$5,000
Co-Insurance	80%	100%
Individual Out-of-Pocket Maximum <i>(includes deductible)</i>	\$6,600	\$6,600
Family Out-of-Pocket Maximum <i>(includes deductible)</i>	\$13,200	\$13,200
Lifetime Maximum	Unlimited	Unlimited
Physician Copay	\$25	\$25
Specialist Copay	\$50	\$50
LiveHealth Online - Online Physician Visit	\$15	\$15
Preventive Care Services	100% Deductible does not apply	
Urgent Care Copay	\$60	\$60
Emergency Room Copay <i>(waived if admitted)</i>	\$150 then 20%	\$150

OUT-OF-NETWORK	80% Plan	100% Plan
Individual Annual Deductible	\$5,000	\$5,000
Family Annual Deductible	\$15,000	\$15,000
Co-Insurance	60%	70%
Individual Out-of-Pocket Maximum <i>(includes deductible)</i>	\$19,800	\$19,800
Family Out-of-Pocket Maximum <i>(includes deductible)</i>	\$39,600	\$39,600

PRESCRIPTION DRUG COPAYMENTS	80% Plan	100% Plan
Benefit Period Deductible <i>(excludes Tier 1)</i>	\$200	\$200
Retail Drug - Tier 1	\$15 Copay	\$15 Copay
Retail Drug - Tier 2	\$45 Copay	\$45 Copay
Retail Drug - Tier 3	\$85 Copay	\$85 Copay
Home Delivery Maintenance Drug - Tier 1	\$15 Copay	\$15 Copay
Home Delivery Maintenance Drug - Tier 2	\$90 Copay	\$90 Copay
Home Delivery Maintenance Drug - Tier 3	\$255 Copay	\$255 Copay

EMPLOYEE MEDICAL DEDUCTIONS

Semi-Monthly (24 deductions per Year)

WELLNESS MEMBERS COVERED	80% Plan	100% Plan
Employee Only	\$ 17.13	\$ 32.01
Employee + 1 Dependent	\$ 89.07	\$118.81
Employee + 2 or More Dependents	\$161.00	\$205.62

NON-WELLNESS MEMBERS COVERED	80% Plan	100% Plan
Employee Only	\$ 41.29	\$ 57.65
Employee + 1 Dependent	\$137.38	\$170.10
Employee + 2 or More Dependents	\$233.48	\$282.56



Finding a Provider

Find a provider at BlueCross and BlueShield of Georgia's online provider directory. Follow these easy steps:

1. Visit www.bcbsga.com
2. Click on "Find a Doctor". You may either login if you are currently registered as an online member or follow the instructions below:
3. Next, enter the State and Plan and click on the select and continue button.
4. Choose from the options under "What are you looking for". You may search by the name or specialty of the physician.
5. From this screen you may sort the results by distance, alphabetically, Zagat rating or default.
6. Click on the name of the provider.
7. Click on "Insurance Plans Accepted" on the left side of the screen to see if your plan is accepted.

PLEASE NOTE: Any employees who are married to each other are required to elect coverage for medical, dental or vision under one family plan of coverage. The employee with the most seniority will carry any coverage requested.



BLUE OPEN ACCESS 80% POS

All benefits are subject to the benefit period deductible, except those with in-network copayments, unless otherwise noted. In addition to copayments, members are responsible for deductibles and any applicable coinsurance. Members are also responsible for all costs over the plan maximums. Some services may require pre-certification before services are covered by the Plan. Visit and day limit accumulation begins after the deductible is satisfied.

When using out-of-network providers, members are responsible for any difference between the Maximum Allowed Amount & the amount the provider actually charges, as well as any copayments, deductibles and/or applicable coinsurance.

Deductibles, Coinsurance and Maximums	In-Network Benefit Level	Out-of-Network Benefit Level
Calendar Year Deductible* <ul style="list-style-type: none"> Individual Family 	\$2,000 \$4,000	\$5,000 \$15,000
Coinsurance	Member pays 20% Plan pays 80%	Member pays 40% Plan pays 60%
Calendar Year Out-of-Pocket Maximum* (Includes benefit period deductible) <ul style="list-style-type: none"> Individual Family 	\$6,600 \$13,200	\$19,800 \$39,600
<p>* Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the Family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The medical and pharmacy copayments, deductible(s), and coinsurance on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services.</p>		
Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
Preventive Care Services for Children and Adults (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits) <ul style="list-style-type: none"> Well-child care, immunization Periodic health examinations Annual gynecology examinations Prostate screenings 	Member pays 0% (not subject to deductible)	Member pays 30% after deductible (deductible waived through age 5)
Physician Office Visits for Illness and Injury (including labs, x-rays and diagnostic procedures) <ul style="list-style-type: none"> Primary Care Physician (PCP)* Specialist Physician 	\$25 copayment \$50 copayment	Member pays 40% after deductible
Retail Health Clinic - (located in some pharmacies: search for in-network providers through Find a Doctor search tool on bcbsga.com) <ul style="list-style-type: none"> Immunizations Periodic health examinations 	\$25 copayment	Member pays 40% after deductible
Maternity Physician Services <ul style="list-style-type: none"> Global obstetrical care (prenatal, delivery and postpartum services) 	Member pays 20% after deductible	Member pays 40% after deductible
Telemedicine Services	\$25 PCP copayment or \$50 Specialist copayment	Member pays 40% after deductible
Telehealth Services - Online Physician Visit https://livehealthonline.com	\$15 copayment	Member pays 40% after deductible
Allergy Services <ul style="list-style-type: none"> Office visits, testing, serum and the administration of allergy injections Allergy injection serum 	\$25 PCP copayment or \$50 Specialist copayment Member pays 20% after deductible	Member pays 40% after deductible Member pays 40% after deductible
Office Surgery <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	Member pays 20% after deductible	Member pays 40% after deductible
Office Therapy Services <ul style="list-style-type: none"> Physical Therapy and Occupational Therapy: 20-visit benefit period maximum combined in-/out-of network Speech Therapy: 20-visit benefit period maximum Chiropractic Care/ Manipulation Therapy: 20-visit benefit period Maximum combined in-/out-of network 	\$25 copayment	Member pays 40% after deductible
Other Therapy Services <ul style="list-style-type: none"> Chemotherapy, radiation therapy, cardiac rehabilitation (there is no Cardiac Rehabilitation visit max on this plan; authorization required) and respiratory / pulmonary therapy 	Member pays 20% after deductible	Member pays 40% after deductible
Advanced Diagnostic Imaging (MRI, MRA, CT Scans and PET Scans)	Member pays 20% after deductible	Member pays 40% after deductible

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
Urgent Care Center	\$60 copayment	Member pays 40% after deductible
Emergency Room Services <ul style="list-style-type: none"> Life-threatening illness or serious accidental injury only The ER copayment will be waived if admitted to the hospital 	\$150 copayment; then Member pays 20%	\$150 copayment; then Member pays 20%
Outpatient Facility Services <ul style="list-style-type: none"> Surgery facility / hospital charges Diagnostic x-ray and lab services Physician services (anesthesiologist, radiologist, pathologist) 	Member pays 20% after deductible	Member pays 40% after deductible
Inpatient Facility Services <ul style="list-style-type: none"> Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care Physician services (surgeon, anesthesiologist, radiologist, pathologist) 	Member pays 20% after deductible	Member pays 40% after deductible
Skilled Nursing Facility <ul style="list-style-type: none"> 30-day benefit period maximum combined in-/out-of network 	Member pays 20% after deductible	Member pays 40% after deductible
Mental Health/ Substance Abuse Services (*services must be authorized by calling 1-800-292-2879) <ul style="list-style-type: none"> Inpatient mental health and substance abuse services* (facility and physician fee) Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee) Office mental health and substance abuse services (physician fee) Outpatient mental health and substance abuse services (physician fee) 	Member pays 20% after deductible Member pays 20% after deductible \$25 copayment Member pays 20% after deductible	Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible
Home Health Care Services <ul style="list-style-type: none"> 120-visit benefit period maximum combined in-/out-of network 	\$25 copayment	Member pays 40% after deductible
Hospice Care Services <ul style="list-style-type: none"> Inpatient and outpatient services covered under the hospice treatment program 	Member pays 0% (not subject to deductible)	Member pays 30% after deductible
Durable Medical Equipment (DME)	Member pays 20% after deductible	Member pays 40% after deductible
Ambulance Services <ul style="list-style-type: none"> Covered when medically necessary 	Member pays 20% after deductible	Member pays 20% after deductible
Prescription Drugs		
Retail and Home Delivery maintenance drug coverage is provided at one of four tier levels in accordance with the Formulary Drug List. Members must file a claim form for reimbursement when using an out-of-network pharmacy. Specialty drugs can only be obtained from a Specialty Pharmacy. All member cost shares (copayments, coinsurance) for pharmacy benefits will apply to the plan Out-Of-Pocket Maximums.		
Benefit Period Deductible (Does not apply to Tier 1 Retail or Tier 1 Home Delivery)	\$200 per member; \$400 per family	
Retail Drugs – Tier 1 (30 day supply)	\$15 copayment	
Retail Drugs – Tier 2 (30 day supply)	\$45 copayment after deductible	
Retail Drugs – Tier 3 (30 day supply)	\$85 copayment after deductible	
Retail Drugs – Tier 4 (Specialty Drug) (30 day supply)	Member pays 20% after deductible, up to a \$300 maximum per prescription drug	
Home Delivery Maintenance Drugs – Tier 1 (90 day supply)	\$15 copayment	
Home Delivery Maintenance Drugs – Tier 2 (90 day supply)	\$90 copayment after deductible	
Home Delivery Maintenance Drugs – Tier 3 (90 day supply)	\$255 copayment after deductible	
Home Delivery Maintenance Drugs – Tier 4 (Specialty Drug) (30 day supply)	Member pays 20% after deductible, up to a \$300 maximum per prescription drug	



BLUE OPEN ACCESS 100% POS

All benefits are subject to the benefit period deductible, except those with in-network copayments, unless otherwise noted. In addition to copayments, members are responsible for deductibles and any applicable coinsurance. Members are also responsible for all costs over the plan maximums. Some services may require pre-certification before services are covered by the Plan. Visit and day limit accumulation begins after the deductible is satisfied.

When using out-of-network providers, members are responsible for any difference between the allowed amount & actual charges, as well as any copayments, deductibles and/or applicable coinsurance.

Deductibles, Coinsurance and Maximums	In-Network Benefit Level	Out-of-Network Benefit Level
Benefit Period Deductible* <ul style="list-style-type: none"> Individual Family 	\$2,500 \$5,000	\$5,000 \$15,000
Coinsurance	Member pays 0% Plan pays 100%	Member pays 30% Plan pays 70%
Benefit Period Out-of-Pocket Maximum* (Includes benefit period deductible) <ul style="list-style-type: none"> Individual Family 	\$6,600 \$13,200	\$19,800 \$39,600
Lifetime Maximum	Unlimited	Unlimited

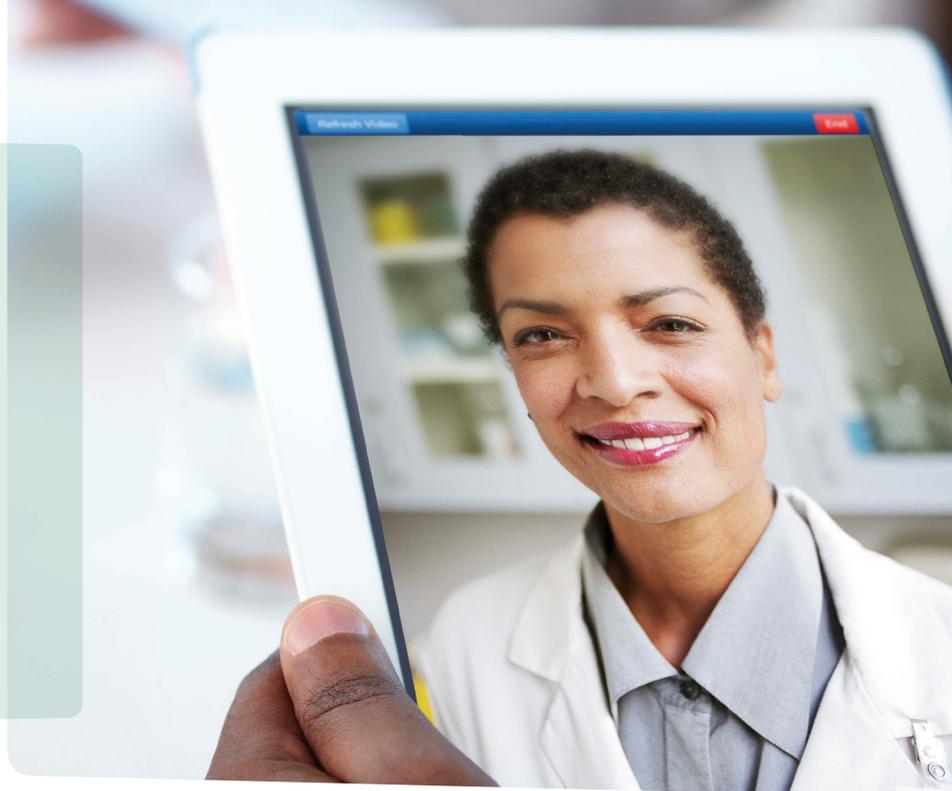
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Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
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Allergy Services <ul style="list-style-type: none"> Office visits, testing, serum and the administration of allergy Injections Injection serum 	\$25 PCP copayment or \$50 Specialist copayment Member pays 0% after deductible	Member pays 30% after deductible Member pays 30% after deductible
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Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
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Prescription Drugs		
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Retail Drugs – Tier 4 (Specialty Drug) (30 day supply)	Member pays 20% after deductible, up to a \$300 maximum per prescription drug	
Home Delivery Maintenance Drugs – Tier 1 (90 day supply)	\$15 copayment	
Home Delivery Maintenance Drugs – Tier 2 (90 day supply)	\$90 copayment after deductible	
Home Delivery Maintenance Drugs – Tier 3 (90 day supply)	\$255 copayment after deductible	
Home Delivery Maintenance Drugs – Tier 4 (Specialty Drug) (30 day supply)	Member pays 20% after deductible, up to a \$300 maximum per prescription drug	

LiveHealth Online

Quick and easy access
to a doctor 24/7



Have you ever been at work and didn't feel well? Maybe you had a fever or a sore throat but you didn't have time to leave and see your doctor or go to urgent care. Now, with LiveHealth Online, you can see a board-certified doctor in minutes.

Just use your smartphone, tablet or computer with a webcam. It's so convenient, almost 90% of people who've used it feel they saved two hours or more and would use it again in the future.¹ Plus, online visits using LiveHealth Online are already part of your Blue Cross and Blue Shield of Georgia benefits. To start using LiveHealth Online, all you need to do is sign up at livehealthonline.com or download the app.

Sign up for free today and get:

- 1. 24/7 access to doctors.** They can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed.² It's a great way to get care when your doctor isn't available.
- 2. Medical care when you need it.** For things like the flu, a cold, sinus infection, pink eye, rashes, fever and more.
- 3. Convenience.** Since there are no appointments or long waits. In fact, most people are connected to a doctor in about 10 minutes or less.

Doctors using LiveHealth Online typically charge \$49 or less per visit, depending on your health plan.

LiveHealth Online Psychology

An easy, convenient way to see a therapist or psychologist in just a few days

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.³ All you have to do is sign up at livehealthonline.com or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

Make your first appointment – when it's easy for you

- Use the app or go to livehealthonline.com and log in. Select **LiveHealth Online Psychology** and choose the therapist you'd like to see.
- Or, call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.
- You'll get an email confirming your appointment.



LiveHealth
O N L I N E

LiveHealth Online: what you need to know

What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

- Board certified with an average of 15 years of practicing medicine
- Mainly primary care physicians
- Specially trained for online visits

When can you use LiveHealth Online?

LiveHealth Online is a great option for care when your own doctor isn't available and more convenient than a trip to the urgent care. With LiveHealth Online, you can receive medical care for things like:

- Cold and flu symptoms, such as a cough, fever and headaches
- Allergies
- Sinus infections and more

How do I pay for an online visit using LiveHealth Online?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

LiveHealth Online Psychology

What conditions can be treated when you have a visit with a psychologist or therapist?

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness



How much does a therapist visit cost?

The cost should be similar to what you'd pay for an office therapy visit, depending on your benefits, copay or coinsurance. You'll see what you owe before you start a visit and any cost is charged to your credit card. The cost is the same no matter when you have the visit — whether it's a weekday, the weekend, evening or a holiday.

How do I decide which therapist to see?

After you log in at livehealthonline.com or with the app, select **LiveHealth Online Psychology**. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can set up future visits with the same therapist if both of you feel it's needed. You always have the choice of the therapist you want to see.

What else do I need to know about LiveHealth Online Psychology?

- You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account.
- Psychologists and therapists using LiveHealth Online do not prescribe medications.
- Visits usually last about 45 minutes.

Get started today

It's quick and easy to sign up for LiveHealth Online. Just go to livehealthonline.com or download the mobile app at [Google Play™](https://play.google.com/store/apps/details?id=com.livehealthonline) or the [App StoreSM](https://apps.apple.com/us/app/livehealth-online/id1450444444).

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Blue Cross and Blue Shield of Georgia. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

1 LiveHealth Online user feedback survey, May 2015.

2 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future.

Please visit the map at livehealthonline.com for more details.

3 Appointments subject to availability of a therapist.

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



GENERAL INFORMATION	LOW PLAN	HIGH PLAN
Calendar Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Maximum	\$1,000 per person	\$1,500 per person
Diagnostic and Preventive Services <ul style="list-style-type: none"> ▪ Routine oral examinations ▪ Prophylaxis (two per year) ▪ Topical applications of fluoride (under 19) ▪ Sealants ▪ Bitewing X-Rays (two per year) ▪ Full Mouth X-Rays (one every three years) 	100%	100%
Basic Services <ul style="list-style-type: none"> ▪ Oral surgery (extractions, pre- and post-operative care) ▪ Periodontics ▪ Basic Restorative services ▪ Palliative treatment ▪ Brush Biopsy 	80%	80%
Major Services <ul style="list-style-type: none"> ▪ Major Restorative ▪ Endodontics ▪ Crowns, Jackets and Cast Restorations ▪ Denture Repair ▪ Prosthetic Repairs ▪ Prosthetics ▪ Implants 	50%	50%
Orthodontic Services BASE - \$1,000 Lifetime Maximum for child (ren) under age 19 HIGH - \$1,500 Lifetime Maximum for child (ren) under age 19 <ul style="list-style-type: none"> ▪ The deductible does not apply to Orthodontic services. 	50%	50%



Finding a Provider

Find a provider at BlueCross and BlueShield of Georgia's online provider directory. Follow these easy steps:

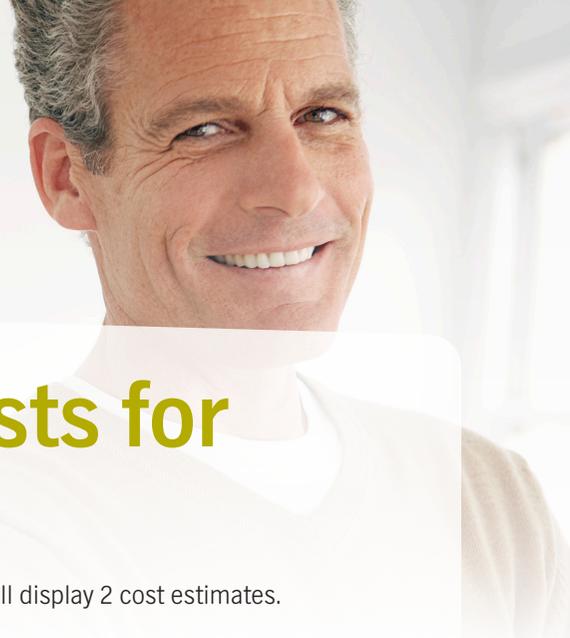
1. Visit www.bcbsga.com
2. Click on "Find a Doctor". You may either login if you are currently registered as an online member or follow the instructions below:
3. Next, enter the State and Plan and click on the select and continue button.
4. Choose from the options under "What are you looking for".
5. From this screen you may sort the results by distance, alphabetically, Zagat rating or default.
6. Click on the name of the provider.
7. Click on "Insurance Plans Accepted"

EMPLOYEE DENTAL DEDUCTIONS

Semi-Monthly (24 deductions per Year)

MEMBERS COVERED	LOW PLAN COST	HIGH PLAN COST
Employee Only	\$ 1.82	\$ 4.68
Employee + 1 Dependent	\$ 8.03	\$14.02
Employee + 2 or More Dependents	\$18.17	\$29.31

PLEASE NOTE: Any employees who are married to each other are required to elect coverage for medical, dental or vision under one family plan of coverage. The employee with the most seniority will carry any coverage requested.



Better understand the costs for your dental care.

You can make better decisions about your dental care when you have a better understanding of your treatment options and costs. That's why Blue Cross and Blue Shield of Georgia's (BCBSGa) Dental Care Cost Estimator is such a valuable tool.

Understand your costs ahead of time

This user-friendly, web-based tool provides estimates for common dental procedures and treatments, giving BCBSGa members even more opportunities to understand their dental care costs prior to receiving their care.

How it works

It takes only 3 steps to get cost estimates for specific dental treatments.

1. Log in to the BCBSGa Dental Member Services portal at bcbsga.com/mydental for our Dental Prime, Dental Complete and Smart Access plans.
2. Select "Dental Care Cost Estimator" from the menu.
3. Begin your search.

- A** Enter your dentists' ZIP code
- B** Enter either a keyword (e.g. cleaning), a dental procedure code or select a dental procedure category

Procedure Fee Tool

ESTIMATE DENTAL COSTS

Use the Procedure Fee Tool to find approximate costs that may be charged for dental procedures in a zip code area. The costs displayed give you an idea of what the provider may charge. The insurance company will determine the insurance benefits based on the dentist's actual fee and the terms of the employer's group insurance policy.

Step 1 **A** Enter a ZIP Code where the provider is located. If not sure, enter your home ZIP Code.

Step 2 **B** Enter a Keyword (e.g., cleaning) or Dental Procedure Code (e.g., D1110)

(If entering a Dental Procedure Code, be sure to include the letter "D" at the beginning, for example D2140).

OR

Select a Dental Procedure Category from the following list:

Select a Category **B**

- Diagnostic Services
- Preventive Care
- Fillings & Inlays
- Crowns & Bridges
- Endodontics (root canals)
- Periodontics
- Dentures
- Implants
- Oral Surgery
- Others

To see results click the **Start Search** button.

Terms & Conditions | Privacy Policy

Fee information provided in partnership with FAIR Health

Your search results will display 2 cost estimates.

- 1** "Fee Range" – This is a range of fees that dentists in the ZIP code provided charge for a procedure.
- 2** "In-Network Fee" – The specific cost for the procedure charged by participating Dental Prime, Dental Complete and Smart Access network dentists in that ZIP code.

Procedure Code† (CDT-14)	Category	Description	Fee Range * 1	In-Network Fee 2
D1110	Preventive	Teeth cleaning, adult	\$87 - \$97	\$59
D1120	Preventive	Teeth cleaning, child	\$64 - \$69	\$41
D1330	Preventive	Oral hygiene instruction	\$60 - \$60	\$23
D1351	Preventive	Pit & fissure sealant	\$55 - \$66	\$31
D1510	Preventive	Space maintainer, fixed, unilateral	\$318 - \$355	\$203
D1515	Preventive	Space maintainer, fixed, bilateral	\$485 - \$540	\$348
D1520	Preventive	Space maintainer, removable, unilateral	**	\$257
D1525	Preventive	Space maintainer, removable, bilateral	\$490 - \$554	\$353
D1550	Preventive	Space maintainer recementation	\$71 - \$94	\$45
D1555	Preventive	Removal of fixed space maintainer	\$66 - \$77	\$45
D1206	Preventive	Flouride Application - mod to high risk	\$39 - \$54	\$22
D1310	Preventive	Nutritional counseling to control dental disease	\$23 - \$23	\$23

Get the final details from your dentist

Your BCBSGa dental benefits may pay a portion of treatment cost, and you may also be required to pay a portion of the cost yourself. As always, talk with your dentist and have them provide detailed costs for your treatment including how much is covered by insurance and how much you will need to pay.

Log in to the BCBSGa Dental Member Services portal at bcbsga.com/mydental to use the Dental Care Cost Estimator.

BARROW COUNTY BOC has selected EyeMed as your vision wellness program. This plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed ACCESS network.

To see a list of participating providers near you, go to www.enrollwithyemed.com and choose ACCESS from the provider locator dropdown box. You can also call 1-866-723-0596.

Enroll today to take advantage of an affordable way to help ensure a lifetime of healthy vision.



Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	Up to \$35
Contact lens Fit and Follow-up: (contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard*	Up to \$55	N/A
Premium**	10% off retail price	N/A
Frames: (any available frame at provider location):	\$0 Copay, \$100 allowance; 80% of balance over \$100	Up to \$45
Standard Plastic Lenses:		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	\$15	N/A
UV Coating	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective	\$45	N/A
Standard Progressive (Add-on to Bifocal)	\$65	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (allowance covers materials only):		
Conventional	\$0 Copay, \$115 allowance; 15% off balance over \$115	Up to \$92
Disposables	\$0 Copay, \$115 allowance	Up to \$92
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A
Frequency:		
Exam	Once Every 12 months	
Frames	Once Every 12 months	
Standard Plastic Lenses or Contact Lenses:	Once Every 12 months	

Additional Purchases and Out-of-Pocket Discount

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lens not covered - fund as a Bifocal Lens. Standard Progressive Lens covered - fund Premium Progressive as a Standard. Member will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Value Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value added features including:

- **Additional Eyewear** - Save up to 40% off additional complete pairs of glasses after the initial benefit has been used. This money-saving program is available at any participating provider.
- **Eye Care Supplies** - Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at network providers (not valid on doctor's services or contact lenses).
- **Laser Vision Correction** - Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lens Purchases** - Visit www.eyemedcontacts.com to order replacement contact lenses for shipment to your home at less than retail price.

EMPLOYEE VISION DEDUCTIONS

Semi-Monthly (24 deductions per Year)

MEMBERS COVERED	VISION COST
Employee Only	\$0.00
Employee + One Dependent	\$0.72
Employee + Family	\$1.43

PLEASE NOTE: Any employees who are married to each other are required to elect coverage for medical, dental or vision under one family plan of coverage. The employee with the most seniority will carry any coverage requested.

Below is a brief description of the Barrow County Voluntary Group Life insurance coverage underwritten by Greater Georgia Life. 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.



Life Insurance Amount:

Employee: \$10,000 increments to a maximum of \$500,000. (Not to exceed 5 X annual Salary)

Spouse: Increments of \$10,000 (except for guarantee issue of \$25,000) to a maximum of \$500,000, Not to exceed 100% of employee coverage (Spouse rates are based on employee's age)

Child: \$10,000

Note: Spouse and Child Life amount cannot exceed 100% of employees elected amount.

Guaranteed Issue Amount: *(Only for newly hired employees within their waiting period)*

Employee: \$100,000

Spouse: \$ 25,000

Child(ren): \$ 10,000

Accidental Death and Dismemberment (AD&D) - Employee Only:

Accidental Death and Dismemberment Insurance pays an additional benefit to the beneficiary if an employee's death is caused by an accident. The employee may also receive a portion of this benefit if an accident results in the loss of sight, a limb, certain digits, speech, hearing or paralysis.

Schedule of Losses:

<u>Nature of Loss</u>	<u>Amount Payable</u>	<u>Nature of Loss</u>	<u>Amount Payable</u>
Life	The Principal Sum	The sight of one eye	½ of the Principal Sum
The sight of both eyes	The Principal Sum	Speech or hearing in both ears	½ of the Principal Sum
Either both hands or both feet	The Principal Sum	Both the thumb and index finger of one hand	¼ of the Principal Sum
One hand and one foot	The Principal Sum	Both thumbs of both hands	¼ of the Principal Sum
Sight of one eye and either one hand or one foot	The Principal Sum	All four fingers of one hand	¼ of the Principal Sum
Speech and hearing in both ears	The Principal Sum	All of the toes of one foot	1/8 of the principal Sum
Either one hand or one foot	½ of the Principal Sum	Quadriplegia	The Principal Sum
Paraplegia	The Principal Sum	Hemiplegia	The Principal Sum
Uniplegia	¼ of the Principal Sum		

Reductions in Insurance:

The following age reduction rules apply to supplemental coverage for you and your spouse.

On the anniversary of the policy effective date which occurs on or next follows any of the birthdays listed below, your and your spouse's insurance will be reduced by a percentage of the amount of insurance calculated in accordance with the schedule of benefits. The percentages are indicated in the following table:

<u>Birthday</u>	<u>Benefit Percentage</u>
70	35%
75	50%

Reduced amounts of life insurance will be rounded to the next higher multiple of \$1,000 if not already such a multiple. All insurance terminates upon your retirement.

Accelerated Death Benefit:

If you become terminally ill and meet other eligibility requirements you may receive an Accelerated Benefit of the lesser of up to 75% of your Life Insurance benefit or \$250,000.

Waiver of Premium (if Disabled):

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.

Portability:

You may continue your life insurance if coverage under this plan ends because you have terminated employment or are no longer a member of an eligible class of employees.



SUPPLEMENTAL TERM LIFE and AD&D INSURANCE EMPLOYEE RATES

Employee Supplemental Term Life and AD&D Insurance Rates

Available in \$10,000 increments to a maximum of \$500,000 or 5 X your annual salary whichever is less.
Semi-Monthly Premiums (based on 24 payroll deductions per year)

AGE	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.40	\$0.45	\$0.50	\$0.55	\$0.90	\$1.30	\$2.15	\$3.60	\$4.90	\$8.65	\$17.65
\$20,000	\$0.80	\$0.90	\$1.00	\$1.10	\$1.80	\$2.60	\$4.30	\$7.20	\$9.80	\$17.30	\$35.30
\$30,000	\$1.20	\$1.35	\$1.50	\$1.65	\$2.70	\$3.90	\$6.45	\$10.80	\$14.70	\$25.95	\$52.95
\$40,000	\$1.60	\$1.80	\$2.00	\$2.20	\$3.60	\$5.20	\$8.60	\$14.40	\$19.60	\$34.60	\$70.60
\$50,000	\$2.00	\$2.25	\$2.50	\$2.75	\$4.50	\$6.50	\$10.75	\$18.00	\$24.50	\$43.25	\$88.25
\$60,000	\$2.40	\$2.70	\$3.00	\$3.30	\$5.40	\$7.80	\$12.90	\$21.60	\$29.40	\$51.90	\$105.90
\$70,000	\$2.80	\$3.15	\$3.50	\$3.85	\$6.30	\$9.10	\$15.05	\$25.20	\$34.30	\$60.55	\$123.55
\$80,000	\$3.20	\$3.60	\$4.00	\$4.40	\$7.20	\$10.40	\$17.20	\$28.80	\$39.20	\$69.20	\$141.20
\$90,000	\$3.60	\$4.05	\$4.50	\$4.95	\$8.10	\$11.70	\$19.35	\$32.40	\$44.10	\$77.85	\$158.85
\$100,000	\$4.00	\$4.50	\$5.00	\$5.50	\$9.00	\$13.00	\$21.50	\$36.00	\$49.00	\$86.50	\$176.50
\$150,000	\$6.00	\$6.75	\$7.50	\$8.25	\$13.50	\$19.50	\$32.25	\$54.00	\$73.50	\$129.75	\$264.75
\$200,000	\$8.00	\$9.00	\$10.00	\$11.00	\$18.00	\$26.00	\$43.00	\$72.00	\$98.00	\$173.00	\$353.00
\$300,000	\$12.00	\$13.50	\$15.00	\$16.50	\$27.00	\$39.00	\$64.50	\$108.00	\$147.00	\$259.50	\$529.50
\$400,000	\$16.00	\$18.00	\$20.00	\$22.00	\$36.00	\$52.00	\$86.00	\$144.00	\$196.00	\$346.00	\$706.00
\$500,000	\$20.00	\$22.50	\$25.00	\$27.50	\$45.00	\$65.00	\$107.50	\$180.00	\$245.00	\$432.50	\$882.50

SUPPLEMENTAL TERM LIFE INSURANCE SPOUSE / CHILD(ren) RATES

Spousal Supplemental Term Life Insurance Rates

Available in \$10,000 increments not to exceed a maximum of \$250,000 or 100% of the employee amount.
Semi-Monthly Premiums (based on 24 payroll deductions per year)

AGE	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.30	\$0.35	\$0.40	\$0.45	\$0.80	\$1.20	\$2.05	\$3.50	\$4.80	\$8.55	\$17.55
\$20,000	\$0.60	\$0.70	\$0.80	\$0.90	\$1.60	\$2.40	\$4.10	\$7.00	\$9.60	\$17.10	\$35.10
\$25,000	\$0.75	\$0.88	\$1.00	\$1.13	\$2.00	\$3.00	\$5.13	\$8.75	\$12.00	\$21.38	\$43.88
\$30,000	\$0.90	\$1.05	\$1.20	\$1.35	\$2.40	\$3.60	\$6.15	\$10.50	\$14.40	\$25.65	\$52.65
\$40,000	\$1.20	\$1.40	\$1.60	\$1.80	\$3.20	\$4.80	\$8.20	\$14.00	\$19.20	\$34.20	\$70.20
\$50,000	\$1.50	\$1.75	\$2.00	\$2.25	\$4.00	\$6.00	\$10.25	\$17.50	\$24.00	\$42.75	\$87.75
\$60,000	\$1.80	\$2.10	\$2.40	\$2.70	\$4.80	\$7.20	\$12.30	\$21.00	\$28.80	\$51.30	\$105.30
\$70,000	\$2.10	\$2.45	\$2.80	\$3.15	\$5.60	\$8.40	\$14.35	\$24.50	\$33.60	\$59.85	\$122.85
\$75,000	\$2.25	\$2.63	\$3.00	\$3.38	\$6.00	\$9.00	\$15.38	\$26.25	\$36.00	\$64.13	\$131.63
\$80,000	\$2.40	\$2.80	\$3.20	\$3.60	\$6.40	\$9.60	\$16.40	\$28.00	\$38.40	\$68.40	\$140.40
\$90,000	\$2.70	\$3.15	\$3.60	\$4.05	\$7.20	\$10.80	\$18.45	\$31.50	\$43.20	\$76.95	\$157.95
\$100,000	\$3.00	\$3.50	\$4.00	\$4.50	\$8.00	\$12.00	\$20.50	\$35.00	\$48.00	\$85.50	\$175.50
\$150,000	\$4.50	\$5.25	\$6.00	\$6.75	\$12.00	\$18.00	\$30.75	\$52.50	\$72.00	\$128.25	\$263.25
\$200,000	\$6.00	\$7.00	\$8.00	\$9.00	\$16.00	\$24.00	\$41.00	\$70.00	\$96.00	\$171.00	\$351.00
\$250,000	\$7.50	\$8.75	\$10.00	\$11.25	\$20.00	\$30.00	\$51.25	\$87.50	\$120.00	\$213.75	\$438.75

Dependent Child(ren) Benefit
\$10,000 Life Insurance Semi-Monthly Cost = \$1.05
 Covers all dependent children

VOLUNTARY SHORT TERM DISABILITY



Below is a brief description of the Voluntary Short Term Disability insurance coverage. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. Certificates, which will be provided at a later date, will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy.

Only the Master Policy contains all the controlling terms and provisions of coverage.



Short Term Disability insurance is designed to pay you a percentage of your salary or regular earnings if you are absent from work due to an off the job accident or illness.

- **Eligibility**
All Active Full-Time Employees working 40 hours or more per week.
- **Benefits**
Plan replaces **60%** of your Basic Weekly Earnings **up to a maximum weekly benefit of \$1,000.**
- **Benefit Waiting Period**
14 Days for Injury; 14 Days for Illness
- **Maximum Benefit Duration**
13 Weeks
- **Pre-Existing Condition Limit**
12 months
- **Occupational Benefits are excluded**
- **Maternity coverage same as any other disability**

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 \$1,666.67, use \$1,666.67 as your weekly salary in the calculation.*

$$\frac{\text{Annual Salary}}{\div 52} = \frac{\text{Weekly Salary}}{\text{Weekly Salary}} \times \frac{60\%}{\text{Benefit\%}} = \frac{\text{Your Weekly Benefit}}{\text{Your Weekly Benefit}}$$

$$\frac{\text{Your Weekly Benefit}}{\div 10} = \frac{\text{Your Monthly Cost}}{\text{Your Monthly Cost}} \times \frac{\text{AGE RATE}}{\text{(Use table below)}} = \frac{\text{Your Monthly Cost}}{\text{Your Monthly Cost}}$$

$$\frac{\text{Your Monthly Cost}}{\text{Your Monthly Cost}} \times 12 = \frac{\text{Annual Cost}}{\text{Annual Cost}} \div \frac{24}{\text{\# Paychecks per Year}} = \frac{\text{Cost per Paycheck*}}{\text{Cost per Paycheck*}}$$

*Final Cost may vary slightly due to rounding.

AGE RATES

Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 and up
0.655	0.655	0.708	0.480	0.388	0.446	0.506	0.684	0.845

Long Term Disability Insurance is designed to provide income protection in the form of a monthly benefit during periods of disability occurring as a result of a covered accident or sickness. Coverage is not to provide direct payment for basic hospital, basic medical-surgical or major medical expenses. Instead, approved payments are made directly to you when you are not able to work. Disability means that, during an own-occupational period, an employee is unable to perform all material and substantial duties of his or her regular occupation, which results in at least a 20 percent loss in pre-disability earnings. During an any-occupational period, an employee is unable to perform the material and substantial duties of any gainful occupation, which results in at least a 40 percent loss in pre-disability earnings. The employee must also be receiving regular care from a physician for the illness or injury. Pregnancy or complications of pregnancy are covered the same as an illness.



- **Eligibility**

All active full time employees working 40 or more hours per week

- **Benefit Amount**

60% of your basic monthly income (Max. - \$5,000). The benefit amount is the payment an employee will receive should he or she become disabled as provided under the policy. The monthly benefit is reduced by any deductible income the employee receives or is eligible to receive as part of the disability.

- **Elimination Period**

90 days. The elimination period is how long an employee must be disabled before benefits begin.

- **Pre-Existing Conditions**

A pre-existing condition is an illness or injury for which treatment was received or symptoms were present, as defined under the policy, during a specified period of time prior to the employee's effective date. A disability that begins within **12 months** after the employee's effective date will not be covered if it results from a pre-existing condition.

- **Additional Benefits**

**Survivor Benefits
Social Security Assistance
Vocational Rehabilitation Assistance**

**Waiver of Premium
Workplace Modifications
Work Retention Assistance**

How to Calculate Your Individual Premium

AGE	Monthly Rate per \$100 or Earnings	Cost per \$1 of Earnings
< 25	\$0.38	\$0.0038
25-29	\$0.38	\$0.0038
30-34	\$0.44	\$0.0044
35-39	\$0.51	\$0.0051
40-44	\$0.47	\$0.0047
45-49	\$0.96	\$0.0096
50-54	\$1.38	\$0.0138
55-59	\$1.74	\$0.0174
60-64	\$1.94	\$0.0194
65-69	\$2.05	\$0.0205
70-74	\$2.36	\$0.0236

	A	B	C	D
	Monthly Earnings	Age	Cost per \$1 of Earnings	Cost per Month
Example:	\$2,000	36	\$0.0044	\$8.80
Actual:				

Please use the table above to calculate your premium. Enter your monthly earnings in column A. If your monthly earnings are greater than \$8,333 enter \$8,333. In column B, enter your age as of October 1, 2016.

Next, use the table to the left to find the cost per \$1 earnings that corresponds with your age. Enter this number in column C. Finally, multiply the number in column A by the number in column C. Enter the result in column D. this is your premium per month.

Resource Advisor

Knowing you have the support you need makes all the difference in the world



When you feel pressure from everyday problems like work-related stress or family issues, Resource Advisor can help you get emotional, legal and financial support. No issue is too big or too small — and there's no extra cost to you.

Call us — support is one phone call away 24/7

You and your family can talk to a Resource Advisor counselor by phone who can:

- Give you advice and arrange for up to three visits with a counselor, if you need it.
- Put you in touch with a financial advisor if you have money problems.
- Connect you with a lawyer if you need legal help. You can meet by phone or in person.

Let us help if your identity is stolen

If your wallet or purse is lost or your identity stolen, we'll assign a Fraud Resolution Specialist to help get your identity back and restore your good credit.

Services include:

- Placing "fraud alerts" on credit reports and with creditors.
- Closing bank and credit card accounts where your identity is an issue.
- Arranging a phone meeting with a financial counselor.
- Setting up a meeting with a lawyer on issues around the identity theft (each visit must be for a separate issue).

Go online for help any time ... and a lot more

When you visit www.ResourceAdvisor.GreaterGeorgiaLife.com, you'll find:

- Tips on handling difficult life events and a depression screening tool.
- Parenting information. There's even a child and elder care provider finder.
- Financial tools to help you plan for major purchases or life events.
- You and your family members can register for identity monitoring at no cost.
- State-specific online wills and a legal library.

Give added support to beneficiaries when they need it most

Providing your loved ones with a little extra comfort and emotional support after you're gone is a lasting gift. Resource Advisor gives your beneficiaries:

- Three meetings with a mental health professional.
- Meetings with a legal and/or financial professional.
- Copies of The Healing Book: Facing the Death — and Celebrating the Life — of Someone You Love. This is a great resource book to talk to children about loss.
- Beneficiary Companion* services to help your family with estate details like closing bank accounts, credit cards and utilities.

www.ResourceAdvisor.GreaterGeorgiaLife.com

Keep Resource Advisor close at hand.
Just cut out and carry the wallet card.

Note: If you retire, you can only use Resource Advisor until your retirement starts.

* Beneficiary Companion services are provided by Europ Assistance USA, an independent company providing these services on behalf of Greater Georgia Life.

Get support, advice and resources 24/7.

Call 1-888-209-7840 or visit www.ResourceAdvisor.GreaterGeorgiaLife.com.

Then log in with the program name: GGL ResourceAdvisor.

Life and Disability products are underwritten by Greater Georgia Life Insurance Company (GGL) using the trade name Anthem Life, independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered trademarks of the Blue Cross and Blue Shield Association.

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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 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 or by calling toll-free 1-866-444-EBSA (3272).

GEORGIA - Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

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.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

BARROW COUNTY HEALTH PLAN

Introduction

You are receiving this notice because you have recently become eligible for the Barrow 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 explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 Continuation 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 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **Barrow County, Human Resources, 233 East Broad St., Winder, GA 30680.**

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.

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. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

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:

**Barrow County
Human Resources
233 East Broad St.
Winder, GA 30680
Phone: 770-307-3114**



How to Create an Online Account

You can create a **my Social Security** account to access your *Social Security Statement* to check your earnings and get your benefit estimates.

If you receive benefits, you can also:

- get your benefit verification letter;
- change your address and phone number;
- start or change your direct deposit;
- request a replacement Medicare card; and
- get a replacement SSA-1099 or SSA-1042S for tax season.

Even if you do not currently receive benefits, you can get a benefit verification letter stating that you:

- never received Social Security benefits, Supplemental Security Income (SSI) or Medicare; or
- received benefits in the past, but do not currently receive them (The letter will include the date your benefits stopped and how much you received that year.); or
- applied for benefits but haven't received an answer yet.

You may be able to use your free **my Social Security** account at www.socialsecurity.gov/myaccount to request a replacement Social Security card online, as long as you live in one of the participating states or the District of Columbia, are not

requesting a name change or any other change to your card, and you meet other requirements.

There is no fee to create a **my Social Security** account, but you must have an email address. See other side for instructions on setting up an account using an activation code.

Email account set up

There are many options available to set up an email address and it can be done in as little as five minutes. Each email provider has its own criteria for setting up an account and you must accept the provider's terms of use agreement. Some examples of free email providers include:

AOL: aolmail.com

Gmail: gmail.com

iCloud Mail (Apple): icloud.com

Outlook: outlook.com

Yahoo: yahoo.com

**This is not a complete list of email providers. Social Security is not endorsing any of these particular email account provider(s), as you may use other email account providers as appropriate.*

NOTE: Even if you do not use email on the computer, if you have a smart phone it is likely that you already have an email account. Contact your cell phone service provider to find out.

Setting up your own **my Social Security** account

After you have a valid email address, you are ready to set up your own **my Social Security** account. To set up your account, visit www.socialsecurity.gov/myaccount then follow the steps below and on the back of this page:

You probably plan to receive Social Security benefits someday. Maybe you already do. Either way, you'll want a **my Social Security** account to:

- Keep track of your earnings and verify them every year;
- Get an estimate of your future benefits if you are still working;
- Get a letter with proof of your benefits if you currently receive them; and
- Manage your benefits:
 - Change your address;
 - Start or change your direct deposit;
 - Get a replacement Medicare card; and
 - Get a replacement SSA-1099 or SSA-1042S for tax season.

Setting up an account is quick, secure, and easy. Join the millions and create an account now!

*With instant access to your *Social Security Statement* at any time, you will no longer receive one periodically in the mail, saving money and the environment. Thank you for Going Green!

If you would like to receive your *Social Security Statement* by mail, please follow these instructions.

[Create an Account](#) [Sign In](#) [Enter Activation Code](#)

Select "Create An Account."

To create a **my Social Security** account, you must be at least 18 years old and have:

- A valid email address;
- A Social Security number; and
- A U.S. mailing address.

(over)

Provide some personal information to verify your identity.

The screenshot shows the 'Social Security' logo and the text 'The Official Website of the U.S. Social Security Administration'. Below this is the heading 'Create an Account'. A progress bar shows three steps: 1. Verify your Identity (active), 2. Secure your Identity, and 3. Create your Account. The main content area is titled 'Please tell us who you are' and contains a form for 'Your Name: As shown on your Social Security card.' with input fields for First, M.I., Last, and Suffix.

The screenshot shows the 'Social Security' logo and the text 'The Official Website of the U.S. Social Security Administration'. Below this is the heading 'Create an Account'. A progress bar shows three steps: 1. Verify your Identity, 2. Secure your Identity, and 3. Create your Account (active). The main content area is titled 'Please create your account details' and contains a form for 'Username:' with an input field.

Choose a username and password to create your account.

Using Your Activation Code to Create Your Account

You may have been given a letter with an activation code to complete the creation of your **my Social Security** account. To set up your account using your activation code, visit www.socialsecurity.gov/myaccount:

Select "enter activation code."

The screenshot shows three buttons: 'Create an Account', 'Sign In', and 'Enter Activation Code'. The 'Enter Activation Code' button is circled in red.

The screenshot shows the 'Social Security' logo and the text 'The Official Website of the U.S. Social Security Administration'. Below this is the heading 'Finish Setting Up your Account - Verify Identity'. A progress bar shows three steps: 1. Verify your Identity, 2. Create your Account, and 3. Confirmation. The main content area is titled 'Please tell us who you are' and contains a form for 'Your Name: As shown on your Social Security card.' with input fields for First, M.I., Last, and Suffix. Below this is a form for 'Social Security Number (SSN):' and 'Date of Birth:'. At the bottom, there is a form for 'Please enter the account activation code we gave you' with an input field for 'Account Activation Code' circled in red. There are 'Next' and 'Back' buttons at the bottom.

Enter the information requested, including the account activation code we gave you. Then, select "next."

Choose a username and password to create your account.

The screenshot shows the 'Social Security' logo and the text 'The Official Website of the U.S. Social Security Administration'. Below this is the heading 'Create an Account'. A progress bar shows three steps: 1. Verify your Identity, 2. Secure your Identity, and 3. Create your Account (active). The main content area is titled 'Please create your account details' and contains a form for 'Username:' with an input field.



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When To Start Receiving Retirement Benefits



At Social Security, we're often asked, "What is the best age to start receiving retirement benefits?" The answer is that there's no one "best age" for everyone and, ultimately, it's your choice. You should make an informed decision about when to apply for benefits based on your individual and family circumstances. We hope the following information will help you understand how Social Security can fit into your retirement decision.

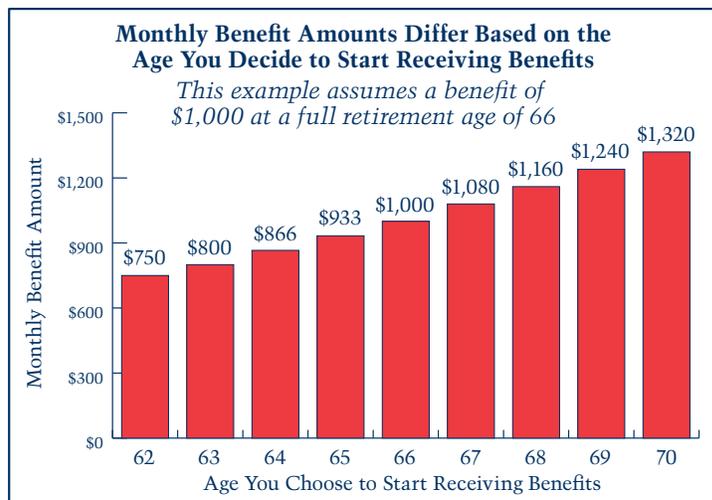
Your decision is a personal one

Would it be better for you to begin receiving benefits early with a smaller monthly amount or to wait for a larger monthly payment later that you may not receive as long? The answer is personal and depends on several factors, such as your current cash needs, your current health and family longevity. Also, consider if you plan to work in retirement or if you have other retirement income sources. You must also study your future financial needs and obligations, and, of course, calculate your future Social Security benefit. We hope you'll weigh all the facts carefully and consider your own circumstances before making the important decision about when to begin receiving Social Security benefits.

Monthly payments differ substantially based on when you start receiving benefits

If you live to the average life expectancy for someone your age, you'll receive about the same amount in lifetime benefits. It doesn't matter if you choose to start receiving benefits at age 62, full retirement age, age 70, or any age between. The amount of your monthly benefit, however, can differ considerably based on your retirement age. You can get lower monthly payments for a longer period of time or higher monthly payments over a shorter period of time. The amount you receive when you first get benefits sets the base for the benefits you'll get for the rest of your life. You'll get annual cost-of-living adjustments and, depending on your work history, may receive higher benefits if you continue to work.

The following chart provides an example of how your monthly benefit can differ based on the age you decide to start receiving benefits.



Let's say your full retirement age is 66 and your monthly benefit starting at that age is \$1,000. If you choose to start getting benefits at age 62, we'll reduce your monthly benefit 25 percent to \$750 to account for the longer period of time you receive benefits. This decrease is usually permanent.

If you choose to delay getting benefits until age 70, you would increase your monthly benefit to \$1,320. This increase is from delayed retirement credits you earn for your decision to postpone receiving benefits past your full retirement age. The benefit at age 70 in this example is 32 percent more than you would receive each month if you had chosen to start getting benefits at full retirement age.

Retirement may be longer than you think

When thinking about retirement, be sure to plan for the long term. Many of us will live much longer than the "average" retiree, and most women live longer than men. More than one in three 65 year olds today will live to age 90, and more than one in seven will live to age 95. Social Security benefits, which last as long as you live, provide valuable protection against outliving savings and other sources of retirement income. Again, you'll want to choose a retirement age based on your circumstances so you'll have enough income when you need it.

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Your decision could affect your family

Your spouse may be eligible for a benefit based on your work record (we reduce spouse benefits if claimed before the spouse's full retirement age). If you earned more over your lifetime and die before your spouse, he or she may be eligible for a higher survivor benefit based on your work record. If you begin receiving Social Security benefits early, we can't pay your surviving spouse a full benefit from your record. But, if you wait until full retirement age to get benefits, your surviving spouse—if he or she is at least full retirement age—will get the same benefit you would have received.

Your children may also be eligible for a benefit on your work record if they're under age 18 or if they have a disability that began before age 22. For them to receive benefits, you must be getting benefits, too.

You can keep working

When you reach your full retirement age, you can work and earn as much as you want and still get your full Social Security benefit payment. If you're younger than full retirement age and if your earnings exceed certain dollar amounts, some of your benefit payments during the year will be withheld.

This doesn't mean you must try to limit your earnings. If we withhold some of your benefits because you continue to work, we'll pay you a higher monthly benefit when you reach your full retirement age. So, if you work and earn more than the exempt amount, it won't, on average, decrease the total value of your lifetime benefits from Social Security—and may increase them.

Here is how this works: When you reach full retirement age, we'll recalculate your benefit to give you credit for months you didn't get a benefit because of your earnings. In addition, as long as you continue to work and receive benefits, we'll check your record every year to see whether the extra earnings will increase your monthly benefit.

Don't forget Medicare

If you plan to delay receiving benefits because you're working, you should still sign up for Medicare three months before reaching age 65, regardless of when you reach full retirement age. If you don't enroll in Medicare medical insurance or prescription drug coverage when you're first eligible, it can be delayed, and you may have to pay a late enrollment penalty for as long as you have coverage.

Additional resources

You can estimate benefit amounts and find more information to help you decide when to start receiving retirement benefits by using our benefits planners online at www.socialsecurity.gov/planners. You can also use our Retirement Estimator at www.socialsecurity.gov/estimator, or create a **my Social Security** account and get your *Social Security Statement* at www.socialsecurity.gov/myaccount. Both tools provide retirement benefit estimates based on your actual earnings record.

When you're ready for benefits, you can also apply online at www.socialsecurity.gov/applyforbenefits. Many people can continue to work and still receive retirement benefits. If you want more information about how your earnings affect your retirement benefits, read *How Work Affects Your Benefits* (Publication No. 05-10069), which has current annual and monthly earnings limits.

More information — including copies of our publications — is available at www.socialsecurity.gov. You can also call our toll-free number, **1-800-772-1213** (for the deaf or hard of hearing, call our TTY number, **1-800-325-0778**). We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. Generally, you'll have a shorter wait time if you call during the week after Tuesday. We treat all calls confidentially. We also want to make sure you receive accurate and courteous service, so a second Social Security representative monitors some telephone calls. We can provide general information by automated phone service 24 hours a day. And, remember, our website, www.socialsecurity.gov, is available to you anytime and anywhere!

IMPORTANT CONTACT INFORMATION

BARROW COUNTY

Human Resources Department

Tel: 770-307-3114

Fax: 770-307-4168

www.barrowga.org

MEDICAL PLANS

BlueCross and BlueShield of Georgia
Group Number - GA7756

Member Services

Tel: 855-397-9267

Mail Order Prescriptions

Express Scripts

Tel: 800-293-2202

Mental Health/Substance Abuse

Tel: 800-292-2879

BCBSGA COBRA Department

Tel: 866-800-2272

www.bcbsga.com

DENTAL PLANS

BlueCross and BlueShield of Georgia
Group Number - 319945

Member Services

Tel: 877-604-2158

BCBSGA COBRA Department

Tel: 866-800-2272

www.bcbsga.com/mydental

MSI BENEFITS GROUP, INC.

Administrative Contact

Tel: 770-425-1231

Fax: 770-425-4722

www.msibenefitsgroup.com

VISION PLAN

EyeMed Vision Care

Group Number - 9680604

Tel: 866 9EYEMED (866-939-3633)

www.eyemedvisioncare.com

SUPPLEMENTAL LIFE INSURANCE

Greater Georgia Life

Group Number - GA2072

Tel: 800-851-8544

Fax: 404-682-3255

www.bcbsga.com

VOLUNTARY SHORT / LONG TERM DISABILITY

Greater Georgia Life

Group Number - GA2072

Tel: 800-232-0113

www.bcbsga.com



MSI Benefits Group

245 TownPark Drive, Suite 100

Kennesaw, GA 30144

Tel: 800-580-1629 / 770-425-1231

Fax: 800-580-2675 / 770-425-4722

www.msibenefitsgroup.com