



2019 Open Enrollment

Chatham County Pre-65 Retirees



Welcome to your 2019 Open Enrollment. The pages of this guide will explain your health options. Important points to remember:

- If you are adding a spouse or child to your health plan, you must provide Human Resources with a copy of the birth certificate or marriage license for the dependent. You can do so using one of the following ways:

In person – 123 Abercorn St. Savannah,

GA 31401 Via Fax – (912) 652-7958

Via email –

arichardson@chathamcounty.org

- If you would like to make changes during open enrollment, you may do so at Employee Self Service by logging on to <https://employee.chathamcounty.org>
- The PPO will not be offered for 2019 – You will have a choice of a High or Low POS plan. If you do not make changes during Open Enrollment, your vision dental and health will carry over and continue for 2019. If you were on the PPO you will be defaulted to the High POS Plan. If you were on the POS, you will be defaulted to the Low POS Plan.

Important contact information –

Blue Cross & Blue Shield of Georgia 855-397-9267 – or www.bcbsga.com

Express Scripts 800-282-2881 – or www.express-scripts.com

United Concordia 800-332-0366 – or www.unitedconcordia.com

Blue View Vision 866-723-0515

Empower 457 Retirement Plan Consultant – Tem Miller – 678-471-9348 or

tem.miller@empowerretirement.com

HIGH PLAN COMPARISON

2018 PPO plan versus 2019 POS high plan

The current PPO will be eliminated and the new POS implemented (High Plan).

The POS network has almost 97% of the same providers as the PPO.

Plan Provision	Current PPO - High Plan		New for 2019 - POS High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$250 individual \$500 family	\$500 individual \$1000 family	\$300 individual \$600 family	\$600 individual \$1200 family
Out-of-Pocket Maximum	\$500 individual \$1000 family	\$2000 individual \$ 4000 family	\$600 individual \$1200 family	\$2,400 individual \$4800 family
Preventive Care (see medical certificate for list of covered services)	Plan Pays 100% - Not Subject to Deductible	70% after deductible	Plan Pays 100% - Not Subject to Deductible	70% after deductible
Primary Care Physician	\$15 copay	60% after deductible	\$15 copay	60% after deductible
Specialist Visit	\$20 copay	60% after deductible	\$20 copay	60% after deductible
In-Office Labs & X-Rays	\$0 copay	60% after deductible	\$0 copay	60% after deductible
Retail Health Clinic	\$15 copay	60% after deductible	\$15 copay	60% after deductible
In-Office Surgery (PCP/Specialist)	\$15 / \$20 copay	60% after deductible	\$15 / \$20 copay	60% after deductible
Online Medical or Behavioral Health Visit (https://livehealthonline.com)	\$15 copay	60% after deductible	\$15 copay	60% after deductible
Inpatient & Outpatient Hospital (Facility & Physician Services)	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Emergency Room	\$150		\$150	
Urgent Care	\$35	40% after \$35 copay	\$40	40% after \$40 copay
Advanced Diagnostic Imaging (MRI, MRA, CT Scans, and PET Scans)	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Mental Health/Substance Abuse Inpatient (Facility and physician) Outpatient (facility and physician) Office services (physician fee)	90% after deductible 90% after deductible \$15 copay	60% after deductible 60% after deductible 60% after deductible	90% after deductible 90% after deductible \$15 copay	60% after deductible 60% after deductible 60% after deductible
Prescription Drugs	\$5 / \$20 / \$40 (30 day) \$10 / \$40 / \$80 (90 day)		\$5 / \$20 / \$40 (30 day) \$10 / \$40 / \$80 (90 day)	

LOW PLAN COMPARISON

2019 POS low plan versus 2018 POS plan

Plan Provision	Current POS - Low Plan		New for 2019 POS - Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$600 individual \$1,200 family	\$1,200 individual \$2,400 family	\$750 individual \$1,500 family	\$1,500 individual \$3,000 family
Out-of-Pocket Maximum	\$1,200 individual \$2,400 family	\$4,800 individual \$9,600 family	\$1,500 individual \$3,000 family	\$6,000 individual \$12,000 family
Preventive Care (see medical certificate for list of covered services)	Plan Pays 100% - Not Subject to Deductible	50% after deductible	Plan Pays 100% - Not Subject to Deductible	50% after deductible
Primary Care Physician	\$25 copay	50% after deductible	\$30 copay	50% after deductible
Specialist Visit	\$30 copay	50% after deductible	\$40 copay	50% after deductible
In-Office Labs & X-Rays	\$0 copay	50% after deductible	\$0 copay	50% after deductible
Retail Health Clinic	\$25 copay	50% after deductible	\$30 copay	50% after deductible
In-Office Surgery (PCP/Specialist)	\$25 / \$30 copay	50% after deductible	\$30 / \$40 copay	50% after deductible
Online Medical or Behavioral Health Visit (https://livehealthonline.com)	\$25 copay	50% after deductible	\$30 copay	50% after deductible
Inpatient & Outpatient Hospital (Facility & Physician Services)	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Emergency Room	\$150		\$150	
Urgent Care	\$35	50% after \$35 copay	\$40	50% after \$40 copay
Advanced Diagnostic Imaging (MRI, MRA, CT Scans, and PET Scans)	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Mental Health/Substance Abuse				
Inpatient (Facility and physician)	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Outpatient (facility and physician)	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Office services (physician fee)	\$25 copay	50% after deductible	\$30 copay	50% after deductible
Prescription Drugs	\$5 / \$20 / \$40 (30 day) \$10 / \$40 / \$80 (90 day)		\$5 / \$20 / \$40 (30 day) \$10 / \$40 / \$80 (90 day)	

2019 pre-65 retiree rates

LOW PLAN	Current Rate POS low	Proposed Rate 2019 POS low
Employee	\$36.00	\$45.00
E/Spouse	\$168.00	\$210.00
E/Child	\$132.00	\$165.00
Family	\$210.00	\$262.00

HIGH PLAN	Current Rate for PPO	Proposed Rate 2019 New POS high
Employee	\$90.00	\$90.00
E/Spouse	\$258.00	\$258.00
E/Child	\$216.00	\$216.00
Family	\$354.00	\$354.00