

# Your 2021 Medicare-Eligible Retiree Benefits Guide



# Welcome to Enrollment!

DeKalb County provides a comprehensive selection of benefits that helps protect your health and well-being. The County provides some benefits at no cost to you, some you pay for and other benefit costs are shared. As we all know, the cost of healthcare continues to rise. In turn, the County evaluates the performance, cost structure and competitiveness of the retiree benefit options each year. After extended negotiations with our vendor partners, the County is pleased to offer a sixth year of no contribution increases including a few plan enhancements. Read on to learn more!

Enrollment is your once-a-year opportunity to review your benefit elections and make changes for the year ahead if needed. Choose wisely. Your benefit elections will remain in effect for the plan year (January 1 - December 31, 2021). You may change coverage only if you experience a qualifying life event.

# What's Changing for 2021?

- Aetna and Kaiser Permanente monthly contributions will remain the same in 2021.
- NEW Aetna Medicare Advantage Plan benefits:
  - Meal delivery program: One week of free healthy, precooked meals provided to members recently discharged from an inpatient hospital stay (total of 14 meals)
  - Transportation benefit: Up to 24 non-emergency rides to medical appointments per year at 60 miles roundtrip—all at no cost to you
- NEW Kaiser Senior Advantage Plan benefit:
  - Over-the-Counter (OTC) wellness allowance. Members will receive \$50 per quarter, up to \$200 per year, to purchase OTC health and wellness products/supplies. Visit <u>www.kp.org/otc/ga</u> or call 844-232-6906 for additional information.
- Lower copays in Kaiser Senior Advantage Plan for 2021–see page 4 for details.

**Questions?** Contact Jaimie Jones at **404-371-2099** for further assistance.

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#### **Important Note:**

If you want to continue in your current retiree benefit Plan(s) and cover the same eligible dependent(s) for 2021, you do not need to take any action. However, if you would like to make changes for 2021, please refer to the paper enrollment form during enrollment (October 19 - November 6, 2020).

### What You Need to Know About Enrollment

Here are some of the basics about your DeKalb County benefits – including eligibility requirements and coverage options.

#### **Benefits Eligibility**

To be eligible for benefits, you must be a Medicareeligible retiree or a dependent of a Medicareeligible retiree. Eligible dependents include:

- Your spouse/domestic partner as recognized under state or federal law;
- You or your spouse/domestic partner's children, including natural children, stepchildren, newborns, legally adopted children, and children who the Plan has determined are covered under a Qualified Medical Child Support Order as defined by ERISA or any applicable state law; and
- Children from whom you or your spouse/domestic partner is a legal guardian or as otherwise required by law. (You are required to give the Employee Benefits Department a copy of any legal documents awarding guardianship of any new dependents.)

All enrolled children will continue to be covered until the age limit listed in the Schedule of Benefits for each Plan. Coverage may be continued past the age limit based on certain circumstances. Please review the Summary Plan Descriptions for further information. **Note:** You may be required to provide proof of continued eligibility for any enrolled child. Your failure to give this information could result in termination of a child's coverage.

#### **Coverage Categories**

You may select one of the following coverage levels:

- 1 Medicare-Eligible Retiree
- 2 Medicare-Eligible Retirees
- 1 Medicare-Eligible Retiree + 1 Non Medicare-Eligible Dependent
- 3 Medicare-Eligible Retirees
- 1 Medicare-Eligible Retiree + 2 Non Medicare-Eligible Dependents
- 2 Medicare-Eligible Retirees + 1 Non Medicare-Eligible Dependent

**Note:** You can choose different coverage levels for different benefits.

For a copy of the Benefits Guide for non-Medicare retirees or dependents, see the link at <u>https://www.dekalbcountyga.gov/retirement/dekalb-county-pension-plan-retiree-medical-info</u>.

#### **Domestic Partner Coverage**

For purposes of this Plan, a domestic partner shall be treated the same as a spouse, and a domestic partner's child, adopted child, or child for whom a domestic partner has legal guardianship, shall be treated the same as any other child.

 Any federal or state law that applies to a member who is a spouse or child under this Plan shall also apply to a domestic partner or a domestic partner's child who is a member under this Plan. This includes, but is not limited to COBRA, Family and Medical Leave Act (FMLA), and Coordination of Benefits (COB). A domestic partner's or a domestic partner's child's coverage ends on the date of dissolution of the domestic partnership.

To apply for coverage as domestic partners, both the eligible retiree and the domestic partner must complete and sign the Affidavit of Domestic Partnership in addition to completing the enrollment changes online and must meet all criteria stated in the Affidavit. Signatures must be notarized. The Plan reserves the right to make the ultimate decision in determining eligibility of the domestic partner.

You and your domestic partner must submit an accurate and completed Declaration of Partnership Form and meet all the requirements listed on this form. Continued eligibility depends upon the continuing accuracy of this form. Domestic partner eligibility ends on the date a domestic partner no longer meets all the requirements listed on this form.

# What's the Definition of Domestic Partner or a Domestic Partnership?

Domestic partner or domestic partnership means a person of the same sex who is the eligible retiree's sole domestic partner and has been for 12 months or more. He or she must be mentally competent and cannot be related to the eligible retiree by blood closer than permitted by state law for marriage. In addition, the domestic partner cannot be married to anyone else and is financially interdependent with the eligible retiree.

#### **Qualified Life Event**

Open Enrollment is your only opportunity to make elections or make changes to your benefit elections for the year, unless you experience a qualified life event such as:

- Change in status such as marriage, divorce, death, birth of child, or adoption;
- Change in employment status; or
- Gain or loss of other coverage.

If you experience a qualified life event and want to make changes, please contact the DeKalb County Benefits section to submit proof of your life event. All qualifying life events require approval before they take effect. If documentation is not received, the election changes will not process.

# Medicare and Prescription Drug Coverage

#### **Medicare Coverage**

Medicare coverage is administered by Aetna or Kaiser Permanente. DeKalb County reviews its Plans regularly and makes adjustments when needed to help balance increased healthcare costs and expenses, while continuing to offer quality benefit plans. Please review the benefits for both of the Plan options in the below table. 2021 changes are highlighted in **red**.

#### **Prescription Drug Coverage**

Prescription drug coverage is provided automatically when you enroll in one of DeKalb County's Medicare Plan options administered by Aetna or Kaiser Permanente. Below is a chart that shows how much you will pay by tier depending on the plan you select. 2021 changes are highlighted in **red**.

Medicare Plan	Aetna Medica	are Advantage	Kaiser Senior Advantage	
	2020	2021	2020	2021
Medical Deductible (annual), per individual	\$350	\$350	\$250	\$250
Hospital Copay per stay	\$150	\$150	\$150	\$150
Medical Annual Maximum Out-of-Pocket, per individual	\$2,500	\$2,500	\$2,500	\$2,500
Emergency Room	\$75	\$100	\$65	\$65
Urgent Care	\$20	\$20	\$30	\$30
Ambulance Services	\$75	\$100	\$75	\$75
Medical Visit Copay PCP / Specialist	\$20/\$35	\$25 / \$40	\$20 / \$35	\$20/\$35
Coinsurance After Deductible	100%	100%	100%	100%
Diabetic Supplies	100%	100%	\$25	100%
Outpatient Surgery	\$50 copay	\$75 copay	100%	100%
Outpatient Diagnostic (Lab, X-Ray, Imaging)	\$20	\$20	100%	100%
Outpatient Dialysis Treatments	\$20	\$20	\$35	\$30
Prescription Drug Coverage	Aetna Medicare Advantage		Kaiser Senior Advantage	
Retail (30-day supply)				
Tier 1: Generic	\$15	\$10/\$15	\$15	\$10
Tier 2: Preferred Brand	\$25	\$25	\$25	\$25
Tier 3: Non-Preferred Brand	\$50	\$50	\$50	\$50
Tier 4: Specialty Drugs	\$50	\$50	\$50	\$50
Mail Order (90-day supply)				
Tier 1: Generic	\$30	\$30	\$30	\$20
Tier 2: Preferred Brand	\$50	\$50	\$50	\$50
Tier 3: Non-Preferred Brand	\$100	\$100	\$100	\$100
Tier 4: Specialty Drugs	\$100	\$100	\$100	\$100

Aetna Medicare Advantage Members: If you go to a CVS pharmacy, you pay only the \$10 for generic drugs, whereas all other network pharmacies will continue to be a \$15 copay.

# **Dental and Vision Coverage**

Your dental and vision health are other important components of your overall wellness. DeKalb County offers affordable, high-quality coverage options for both dental and vision.

#### **Dental Benefits**

Good oral health leads to better overall health and well-being. That's why DeKalb County offers a choice of Dental Plans that cover routine check-ups and additional services needed for your dental health. You can maximize your United Concordia benefits by using a network dentist within the Elite Plus network. To locate an Elite Plus network dentist, go to www.unitedconcordia.com.

Benefit Overview	High Option	Low Option
Yearly Maximum	\$2,000	\$1,000
Annual Deductible <sup>1</sup> – Individual / Family per Person	\$50 / \$150	\$50 / \$150
Preventive / Diagnostic	100%	100%
Basic Procedures	80%	75%
Major Procedures	60%	50%
Orthodontia (all Plan participants)		
Deductible	\$0	N/A
Coinsurance	50%	N/A
Lifetime Maximum	\$3,000	N/A

<sup>1</sup> Deductible does not apply to Preventive Services.

#### **Vision Benefits**

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As part of maintaining your overall health, routine eye exams should be scheduled on a regular basis. Dollar for dollar you get the best value from your EyeMed benefit when you visit an EyeMed in-network provider. To locate an EyeMed provider in your area, go to <u>www.eyemed.com</u>. Get your choice of available eyeglass framesany brand, any price-for \$0 out-of-pocket expense when you shop at Sears Optical or Target using: OFFER CODE: 755288

Benefit Overview	High Optic	on	Low Option		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Exams (every 12 months)	\$15 copay	Up to \$35	\$20 copay	Up to \$35	
Exam Options <sup>2</sup>					
Standard contact lens fit and follow-up	\$10 copay	Up to \$40	\$10 copay	Up to \$40	
Premium contact lens fit and follow-up	\$10 copay, 10% off retail price less \$40 allowance	Up to \$40	\$10 copay, 10% off retail price less \$40 allowance	Up to \$40	
Frames (every 12 months for High Option; every 24 months for Low Option)	\$15 copay, \$170 + 20% off balance over \$170	Up to \$85	\$20 copay, \$130 + 20% off balance over \$130	Up to \$65	
Standard Plastic Lenses (every 12 months)					
Single Vision	\$15 copay	Up to \$40	\$20 copay	Up to \$40	
Bifocal	\$15 copay	Up to \$60	\$20 copay	Up to \$60	
Trifocal	\$15 copay	Up to \$80	\$20 copay	Up to \$80	
Contacts (every 12 months) <sup>3</sup>					
Conventional	\$170 allowance	Up to \$150	\$125 allowance	Up to \$125	
Disposable	\$170 allowance	Up to \$150	\$125 allowance	Up to \$125	
Medically Necessary Paid in full		Up to \$210	Paid in full	Up to \$210	

<sup>2</sup> Standard lens fitting – spherical clear contact lenses in conventional wear and planned replacement. Premium lens fitting – all lens designs, materials, and specialty fittings other than standard contact lenses.

<sup>3</sup> Contact lens allowance covers materials only.

# **Additional Coverage Options**

Retiree Basic Life Insurance is an important part of your total financial picture. This benefit can provide you with income security when you need it the most.

#### **Retiree Basic Life Insurance**

Your family depends on your income for their lifestyle today and for the resources necessary to make their dreams – such as a college education – a reality. Like anyone, you don't like to think of a scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

DeKalb County knows how difficult it can be to provide this peace of mind on your own, which is why we offer life insurance administered by The Hartford.

DeKalb County provides retirees who were former employees (i.e., not beneficiaries of former employees) with a flat amount of \$7,000 for Retiree Basic Life Insurance coverage at no cost to you.

Medicare Plan							
2021 Monthly Contributions*	1 Medicare	2 Medicare	1 Medicare & 1 Non-Medicare	3+ Medicare	1+ Medicare & 2+ Non-Medicare	2 Medicare & 1+ Non-Medicare	
Aetna Medicare Advantage & Blue Open Access POS	\$93.84	\$187.68	\$512.46	\$281.52	\$1,178.05	\$606.30	
Aetna Medicare Advantage & Blue Open Access HMO	\$93.84	\$187.68	\$705.36	\$281.52	\$1,677.66	\$799.20	
Aetna Medicare Advantage & Blue Open Access HSA**	\$93.84	\$187.68	\$250.76	\$281.52	\$500.26	\$344.60	
Kaiser Senior Advantage & Kaiser HMO	\$93.60	\$187.20	\$345.32	\$280.80	\$549.33	\$415.25	
Kaiser Senior Advantage & Kaiser HSA**	\$93.60	\$187.20	\$287.19	\$280.80	\$480.00	\$380.39	

# Your 2021 Contribution Rates

\* Medicare rates are valid through December 31, 2021; non-Medicare rates may change July 1, 2021.

\*\* Health Savings Account (HSA) is only applicable to non-Medicare tiers. Medicare members only have access to the Medicare Advantage Plans.

Dental	High Option			Low Option		
2021 Monthly Contributions	Retiree Only	Retiree & 1 Dependent	Retiree & Family	Retiree Only	Retiree & 1 Dependent	Retiree & Family
United Concordia Dental	\$10.52	\$21.04	\$31.57	\$7.04	\$14.07	\$17.59

Vision	High Option			Low Option		
2021 Monthly Contributions	Retiree Only	Retiree & 1 Dependent	Retiree & Family	Retiree Only	Retiree & 1 Dependent	Retiree & Family
EyeMed Vision	\$5.26	\$10.00	\$14.68	\$3.26	\$6.18	\$9.08



## **Contacts and Resources**

Below is a list of contacts and resources to help answer any questions you may have now or during the year.

Type of Benefit	Whom to Contact	Phone	Website / Email
General Retiree Benefits Information	Jaimie Jones	404-371-2099	jbjones@dekalbcountyga.gov
Medical and Prescription			
Aetna Medicare Advantage	Aetna	888-267-2637	www.aetnamedicare.com
Kaiser Senior Advantage	Kaiser Permanente	404-261-2590 or 800-232-4404	http://my.kp.org/dekalbcounty
Dental and Vision			
Dental	United Concordia	866-851-7564	www.unitedconcordia.com
Vision	EyeMed	866-723-0514 or 866-299-1358	www.eyemed.com
Other Benefits			
Retiree Basic Life Insurance	The Hartford	Customer Service: 800-523-2233	www.thehartford.com
		Enrollment Support (available only during Open Enrollment): 877-426-6483	
		Policy Number: 395165	
Other Contact Information			
Medicare	Medicare	800-MEDICARE (800-633-4227)	www.medicare.gov
		TTY users should call 877-486-2048	
The United States Social Security	Social Security	800-772-1213	www.ssa.gov
Administration	Administration	TTY users should call 800-325-0778	
Your State's Medicaid Office	Your State	-	Visit the website for contact information for your state <u>www.medicaid.gov</u>

The benefits described in this document are general in nature. Receipt of this information does not guarantee eligibility or benefits coverage. The Plan documents provide a full description of the benefits offered and will always govern if there is a discrepancy between this document and any of the Plan documents. To obtain a copy of the Summary Plan Description (SPD) for each Plan, contact a member of the Retiree Benefits Staff.