



COLUMBIA COUNTY
GEORGIA

A Community of Pride • A County of Vision • Endless Opportunities

*PROFESSIONALISM * RESPECT * INTEGRITY * DEDICATION * EXCELLENCE*

2020
BENEFITS

A Note from the Chairman

Dear Fellow Employees,

The Columbia County Board of Commissioners is very thankful for the wonderful work you do every day for the citizens of Columbia County. We are proud of the continuous efforts by our staff to remain very fiscally conservative while still providing the residents of Columbia County first-class services. Our local, regional, state and national reputation for excellence is a direct reflection on you, our employees.

The Board is pleased to be able to provide this 2020 benefits package. We encourage you to spend some time reviewing all of the options as you make the best decisions for you and your family.

Your physical health and the welfare of your family impact your job performance and your quality of life.

The County will continue to pay a majority percentage of the premium cost for your medical and dental insurance; actual County participation will be according to the plan you choose. Columbia County also pays 100% of the basic life insurance.

Thank you for all you do for Columbia County and we wish you a year of good health and continued success.

Douglas R. Duncan, Jr., Chairman

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Benefits Eligibility

An employee must be actively at work for any benefit changes to become effective January 1, 2020. If an employee is absent from work due to an injury or illness on the date of enrollment or when changes would become effective, the effective date will be deferred until the date the employee returns to work for one full day as an active, full-time benefit eligible employee working at least 30 hours or more per week.

Eligibility status changes due to marriage, birth, adoption, or death must be made within **thirty (30)** days of such life event change. If you fail to request a change within the **thirty (30)** day provision, then you will not be able to enroll until the next open enrollment period. Children are covered up to age 19 or, if a full time student, to age 26 for all products EXCEPT medical and dental. Under the medical and dental plans, dependents are eligible for coverage up to age 26 whether or not they are a full time student.

New employees are eligible for benefits upon date of hire and have **thirty (30)** days to enroll. In the event the **thirty (30)** day period lapses, the employee cannot enroll until the next open enrollment period unless it is a life event change as stated above.

HIPAA Privacy Practices

Protecting the privacy and confidentiality of information about our employees is very important to the Columbia County Board of Commissioners. The separately issued Notice of Privacy Practices explains key elements of the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the HIPAA Omnibus Final Rule of 2013, and the related regulations concerning the privacy of protected health information.

If you have questions regarding this Notice or privacy practices or wish to make requests as described above, please contact the Employee Medical Plan Privacy Officer/Human Resources Manager, Columbia County Board of Commissioners, Building B, 630 Ronald Reagan Drive, Evans, GA 30809; by phone at (706) 868-3300 or by fax at (706) 868-3301. Please include your name and fax number.

Patient Protection & Affordable Care Act (PPACA)

The Patient Protection and Affordable Care Act (commonly called the Affordable Care Act) is a United States federal statute that was signed into law on March 23, 2010. This legislation represents the most significant government expansion and regulatory overhaul of the country's healthcare system since the passage of Medicare and Medicaid in 1965. This legislation affects all health insurance plans for organizations and individuals as well.

Columbia County's Employee Medical Plan meets all the requirements of this act including maintaining essential health benefits to include preventive care, wellness, prescription drugs, and hospital stays.

Beginning October 1, 2013 health care exchanges began initial operations to provide health insurance to individuals who do not have health insurance. Per PPACA, the purpose of an exchange is to help individuals and small businesses purchase affordable health insurance coverage. An actuarial study has been performed and the Columbia County Employee Medical Plan has been deemed "affordable" under the requirements of PPACA.

If you have any questions regarding Patient Protection & Affordable Care Act or the Columbia County Employee Medical Plan, please contact the Human Resources Department at 706-868-3300.

Life Status Changes

The coverage you elect as a new hire or during Open Enrollment will be effective January 1 through December 31. However, you may make certain changes to your coverage outside of the annual Open Enrollment period if you have a qualifying change in status. Examples include the following:

- Birth or adoption/placement for adoption of a child
- Death of a dependent
- Marriage or divorce
- You or your dependent lose coverage
- You or your dependent gain access to other coverage
- Changes in your other coverage (such as through a spouse's employer), which has a different plan year.

You have 30 days from the date of the qualifying change in status to submit an enrollment form and supporting documentation to change your coverage. Any changes submitted after 30 days of the qualifying change in status will not be accepted, and you will have to wait until the next Open Enrollment period to make a change. In most cases, dependents that lose eligibility are entitled to COBRA/Continuation Coverage for a limited time. Please see the COBRA/Continuation of Coverage section for more information. If you have questions regarding life status changes, then please contact the Human Resources department by phone at (706) 868-3300.

COBRA Coverage

An employee electing medical coverage under the Columbia County Group Health Plan will receive the COBRA Initial Rights Notification via mail as required. The COBRA Initial Rights Notification is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law [Public Law 99-272, Title X].

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event."

If you are an employee of Columbia County and covered by the Columbia County Group Health Plan, then you have a right to choose continuation coverage for yourself or your dependents if you lose coverage due to termination of employment, reduction in hours, or your dependents are no longer eligible. You and/or your dependents may continue under COBRA for up to 18, 29, or 36 months depending upon the qualifying event. The cost is 100% plus a 2% administration fee to the participant.

It is the intent of the Columbia County Board of Commissioners to comply with the requirements of federal law governing continuation of coverage.

If you have questions regarding COBRA, then please contact the Plan Administrator at Columbia County by phone at (706) 868-3300.

The Columbia County Employee Medical Plan is administered by United Healthcare. This plan does not require a referral for a specialist, nor do you have to choose a PCP (Primary Care Physician). Deductibles and co-insurance amounts apply to the plan. Please refer to page 7 of this booklet.

Area hospitals and centers of excellence, such as Mayo, Duke, Emory, etc., are in the United Healthcare plan network. A brief description of benefits and plan design for the Medical Plan can be viewed in this booklet. The Summary Plan Description can be viewed in the Human Resources Department or online at www.intranet.columbia.gov.

For medical/surgical/eye care services, employees should refer to their regular United Healthcare physician and provider directory.

MYUHC.COM

Visit the United HealthCare website @ www.myuhc.com where you can:

- Order prescriptions
- Check the cost of a particular drug
- Order a new card
- Check claims status
- Find a physician or hospital
- Print a temporary card
- Learn more about your coverage, e.g. co-pays, deductibles and out-of-pocket information
- Organize your medical bills online (select "Manage your Claims")
- Compare cost for a particular procedure (select "Find Care and Costs")

The Personal Health Record, which presents information on your recent health conditions, medications, medical procedures, and lab results, is all in one place so you can be more informed and in control of managing your health and well-being. The information in the Personal Health Record comes from your medical and pharmacy claims and lab results data sent to UnitedHealthcare. It is automatically updated as additional claims are submitted by your physician or facility. It is also a repository where you can record and track your personal and your family's health history information.

Explanation of Benefits (EOB) may be viewed by clicking on the Claims Center tab. You may have your EOB's mailed to you or receive them online. In addition, this feature will show you how to appeal claims, download forms and view your Flexible Spending Account (FSA).

HEALTH 4ME SMARTPHONE APP

UnitedHealthcare Health4Me provides instant access to your family's critical health information – anytime and anywhere. You can find a physician near you, check the status of a claim or speak directly with a health care professional. You can even pull up your insurance card on your phone, and have the ability to fax or email your card directly to your provider. All the features of myuhc.com in a simple, convenient app.

The Health4Me app is available from the Apple iTunes App Store as a free download for the iPhone, iPod Touch and iPad. It is also available as a free download in the Android marketplace for Android phones.



| Medical Coverage | | | |
|--|--|--|--|
| UnitedHealthcare | | Gold Plan | |
| | | Silver Plan | |
| Annual Deductible | | | |
| Individual | | \$1,500 | \$3,500 |
| Family | | \$4,500 | \$7,000 |
| Annual Out-of-Pocket Maximum | | | |
| Individual | | \$5,500 | \$6,500 |
| Family | | \$11,000 | \$13,000 |
| Primary care office visit | | | |
| | | \$30 | \$35 |
| Specialty care | | | |
| Specialty care office visit | | \$50 | \$65 |
| Diagnostic out-patient testing | | \$50 | \$65 |
| Physical/Occupational/Speech therapy | | \$30 / \$50 / \$50 | \$35 / \$65 / \$65 |
| Allergy Testing | | \$50 | \$65 |
| MRI/CAT Scan/PET Scan/Nuclear Medicine | | Subject to deductible then 80% | Subject to deductible then 90% |
| Surgery Out-Patient | | Subject to deductible then 80% | Subject to deductible then 90% |
| Hospitalization | | Subject to deductible then 80% | Subject to deductible then 90% |
| Emergency Room | | \$500 | \$500 |
| Urgent Care Center | | \$100 | \$100 |
| Skilled Nursing Facility - 90 day limit per calendar year | | Subject to deductible then 80% | Subject to deductible then 90% |
| Home Health Care - 120 visit limit per calendar year | | Subject to deductible then 80% | Subject to deductible then 90% |
| Hospice Care - 180 day limit per calendar year | | Subject to deductible then 80% | Subject to deductible then 90% |
| Short Term Rehabilitation - 60 visits per calendar year | | \$50 | \$65 |
| Spinal Manipulation/Chiropractic Care - 20 visits per calendar year | | \$30 | \$35 |
| Ambulance | | Subject to deductible then 80% | Subject to deductible then 90% |
| Durable Medical Equipment - \$10,000 calendar year limit | | Subject to deductible then 80% | Subject to deductible then 90% |
| Hearing Aid Coverage - \$3,000 limited to a single purchase (including repair/replacement) every 3 years | | Subject to deductible then 80% | Subject to deductible then 90% |
| Infertility Services | | Payable - see contract for limitations | Payable - see contract for limitations |
| Mental Health and Alcohol/Drug Abuse Services | | | |
| In-Patient | | Subject to deductible then 80% | Subject to deductible then 90% |
| Out-Patient | | \$30 | \$35 |
| Maternity | | | |
| First OB Visit | | \$50 | \$65 |
| Hospital | | Subject to deductible then 80% | Subject to deductible then 90% |
| Preventive Care | | | |
| Routine GYN Exam | | 100% | 100% |
| Routine Wellness | | 100% | 100% |
| Routine Mammogram | | 100% | 100% |
| OptumRX Drug Program | | Tier 1 | Tier 2 |
| Retail Drug Card Program | | | Tier 3 |
| No deductible on Tier 1 and Tier 2 | | \$15 | \$35 |
| Individual \$100 / Family \$200 deductible per calendar year | | | \$65 after ded |
| Mail Order Maintenance Program | | | 10% max to \$150 after ded |
| No deductible on any Tier | | 3 month supply for the cost of 2 months copays | |

This is not a complete disclosure of the plans. The plan certificates contain specific qualifications, limitations and exclusions.

FAQ

(Frequently Asked Questions)

About Your Medical Plans

What is an EPO Plan?

EPO stands for Exclusive Provider Organization. With an EPO plan, the Plan pays benefits only when you see an in-network provider (except in an emergency) within a national network. An EPO plan only covers eligible services from providers and facilities that are contracted in the EPO plan network. Both of Columbia County plans are EPO plans and are available through United Healthcare. Both cover the same services, treatments and products, but the cost for coverage is different. See the chart on the previous page to compare these two plans.

When will I get my medical plan ID cards?

Once you enroll in a medical plan, you will receive ID cards in the mail, within 7 to 10 business days. However, you can obtain cards faster by visiting www.myuhc.com. Take these cards with you every time you receive medical services. Depending on the type of medical plan you choose, the way you receive medical services and how much you pay at the time of service will vary.

What is a deductible?

A deductible is the amount you pay for covered health care services before your insurance plan starts to pay.

What is the difference between a deductible and a copay?

Deductibles are paid once per year and copays are recurring until you have met your out-of-pocket maximum.

What is Coinsurance?

Coinsurance is your share of the costs of a health care service. It's a percentage of the amount allowed to be charged for services. You start paying coinsurance after you've paid your plan's deductible.

What is an Out-of-Pocket Maximum?

Out-of-Pocket Maximum is when the total amount of copayments and/or coinsurance you and/or your covered dependents reaches the out-of-pocket limits noted in the charts. The plan will pay 100% of your copays and coinsurance for the remainder of the plan year through December 31.

How do I find a in-network provider?

Go to www.myuhc.com and log in. Click on the blue "Find a Doctor" tab.

Are there pre-existing limitations?

There are no pre-existing condition limitations for any of the medical plans, but there may be exclusions. For further information on coverage exclusions, limitations, determination of medical necessity, preauthorization requirements, etc. Please contact UnitedHealthcare or the Human Resources Department.

What is coordination of benefits?

Coordination of Benefits (COB) occurs when a person has health care coverage under more than one insurance plan.



OPTUMRx[®]



Want to save money on your prescriptions? Hassle-Free Fill is an easy way to (1) have routine prescriptions mailed to your home, (2) save a co-pay on a 90-day supply, and (3) avoid making that trip!!!

To set up your Home Delivery Pharmacy Service for prescriptions needed for a minimum of 90 days:

- Have your doctor write two prescriptions. The first prescription should be for a one-month supply that can be immediately filled at a local participating pharmacy. The second prescription should be for a 90-day supply of medication plus refills up to one year. Use this prescription to obtain your medications from Hassle-Free Fill.
- Complete the information form titled Ordering Medications from the Home Delivery Pharmacy Service. Mail the form with your prescription and payment in the envelope provided. (Mail order packets are available in Human Resources).
- First-time users will need to complete the Health, Allergy and Medication Questionnaire and return it with the prescription(s). This information is confidential and will only be used when appropriate to alert the pharmacist about possible problems each time you fill a prescription.

How to:

- Fill a prescription online ---Log onto the website at www.myuhc.com. Once logged in, click "Prescriptions" In the main menu and follow the online directions.
- Fill a prescription by fax ---Give your doctor your ID number and have them call 1-888-EASYRX1 (1-888-327-9791) to get instructions on how to fax your prescription to the pharmacy.
- Fill a prescription by mail ---Use the Home Delivery Order Form.
- Refill your order ---Have your ID number, prescription number (the 12 digit number on your refill slip) and credit card ready. Please make sure you have a two (2) week supply of medication on hand. Your prescription orders will be delivered within 7-11 days. Use the website at www.myuhc.com or call by phone at 1-800-4REFILL (1-800-473-3455). Be sure to record your confirmation number.
- Pay for your prescription ---You may pay by check, money order, VISA, MasterCard, Discover/Novus, American Express, or Diners Club. If you prefer to pay all orders by credit card, then you can set up an automated payment plan by calling 1-800-948-8779.
- Receive your order ---Order usually arrives within two weeks. Your package will include medication container(s), instruction(s) for refills, and information about your medication.

You have a choice:

The Prescription Drug List

When selecting medication, you and your physician should consult the Prescription Drug List. This list is a tool to assist in identifying and selecting medications that will save you money under your pharmacy benefit. To learn more about the Prescription Drug List, go to the United Healthcare Website at www.myuhc.com.

Generic Drugs

Ask your physician and pharmacist if a generic drug is available. Call the toll free Customer Service number at 1-800-791-7658, 24 hours a day, 7 days a week (except Thanksgiving and Christmas) with questions you may have.

| | |
|--|----------------------------------|
| Preventive Services – Group I Oral examinations X-rays Cleaning Topical fluoride treatment (through age 14) Sealants (through age 14) Space maintainers (through age 14) Thumb sucking and harmful habit appliances (through age 14) | 100% |
| Basic Services – Group II Emergency exams and palliative care for pain relief Oral surgery Amalgam, composite fillings Extractions (routine) Non-cast prefabricated stainless steel crowns Partial or complete denture repairs/adjustments Periodontics Endodontics (root canals) | 80% after deductible |
| Major Services – Group III Crowns Inlays and onlays Removable or fixed bridgework Partial or complete dentures Denture relines/rebases | 50% after deductible |
| Orthodontic – Group IV Covers adults Covers children to age 19 Lifetime Orthodontic Maximum | 50% no deductible \$1,000 |
| Calendar Year Deductible Individual/Family | \$50/\$150 |
| Annual Maximum (excludes orthodontic services) | \$2,000 |

United Concordia provides an in-network plan that uses Advantage PLUS Network providers or you can visit any dentist. In-network provider claims are paid on a fee schedule basis. Out-of-network provider claims are processed at the 90th percentile of usual, customary, and reasonable charges.

Easy To Use

No claim forms. Simply present your ID card at each dental visit.

Hassle-free customer service. Call 1-800-332-0366.

Dental Treatment Plans

• A treatment plan must be submitted by the dentist for recommended non-emergency services that exceed \$300. Refer to Pre-determination of Benefits in your plan certificate.

Late Entrant Waiting Periods

• A late entrant is a person who becomes insured more than 31 days after he/she is eligible. Charges incurred by a late entrant for Group II (basic) services will not be covered until 6 months from the date insured by the plan, Group III (major) services until 12 months from the date insured by the plan, and Group IV (orthodontics) services until 24 months from the date insured by the plan.

This is not a complete disclosure of the plan. The plan certificate contains specific qualifications, limitations, and exclusions.





SUMMARY OF BENEFITS

| Vision Care Services | In-Network Member Cost | Out-of-Network Reimbursement |
|--|--|-------------------------------------|
| Exam With Dilation as Necessary | \$10 Copay | Up to \$40 |
| Retinal Imaging | Up to \$39 | N/A |
| Frames | \$0 Copay, \$150 allowance, 20% off balance over \$150 | |
| Standard Plastic Lenses | | |
| Single Vision | \$25 Copay | Up to \$40 |
| Bifocal | \$25 Copay | Up to \$80 |
| Trifocal | \$25 Copay | Up to \$60 |
| Lenticular | \$25 Copay | Up to \$80 |
| Standard Progressive Lens | \$80 Copay | Up to \$80 |
| Premium Progressive Lens* | \$100 Copay - \$80 Copay, 20% off retail less \$120 Allowance | Up to \$80 |
| Tier 1 | \$100 Copay | Up to \$80 |
| Tier 2 | \$110 Copay | Up to \$80 |
| Tier 3 | \$125 Copay | Up to \$80 |
| Tier 4 | \$80 Copay -20% off retail less \$120 Allowance | Up to \$80 |
| Lens Options (paid by the member and added to the base price of the lens) | | |
| UV Treatment | \$0 | Up to \$12 |
| Tint (Solid and Gradient) | \$0 | Up to \$12 |
| Standard Plastic Scratch Coating | \$0 | Up to \$12 |
| Standard Polycarbonate - age 19 and over | \$40 | N/A |
| Standard Polycarbonate - under age 19 | \$40 | N/A |
| Standard Anti-Reflective Coating | \$45 | N/A |
| Premium Anti-Reflective Coating* | \$57 - \$68 | N/A |
| Tier 1 | \$57 | N/A |
| Tier 2 | \$68 | N/A |
| Tier 3 | 20% off Retail Price | N/A |
| Photochromic/Transitions | \$75 | N/A |
| Polarized | 20% off Retail Price | N/A |
| Other Add-Ons and Services | 20% off Retail Price | N/A |
| Contact Lens Fit and Follow-up (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed) | | |
| Standard Contact Lens Fit & Follow-Up: | \$40 | N/A |
| Premium Contact Lens Fit & Follow-Up: | 10% off Retail Price | N/A |
| Contact Lenses (Contact Lens allowance includes materials only) | | |
| Conventional | \$0 copay, \$105 allowance, 15% off balance over \$105 | Up to \$105 |
| Disposable | \$0 copay, \$105 allowance, plus balance over \$105 | Up to \$105 |
| Medically Necessary | \$0 copay, Paid-In-Full | Up to \$210 |
| Laser Vision Correction | | |
| LASIK or PRK from U.S. Laser Network | 15% off retail or 5% off promotional | N/A |
| Hearing Care | | |
| Hearing Health Care from Amplifon Hearing Network | 40% off hearing exams and low price guarantee on discounted hearing aids | |
| Frequency | | |
| Examination | Once every 12 months | |
| Lenses (in lieu of contact lenses) | Once every 12 months | |
| Contacts (in lieu of lenses) | Once every 12 months | |
| Frames | Once every 24 months | |



We've got you covered

Whether you're looking for an independent doctor or a retail provider with extended evenings and weekend hours, you can feel confident knowing there's an option just right for what you need. Here's a snapshot of eye doctors near you, but you'll want to check eyemed.com or the EyeMed Members App for the most up-to-date information.

Locations near 30809 for the Insight network:

- | | | | |
|---|---|--|---|
| LENSCRAFTERS AUGUSTA MALL 3450 WRIGHTSBORO RD STE 1325 AUGUSTA, GA 30909 706-733-3937 | BROOME FAMILY EYECARE 510 N BELAIR RD EVANS, GA 30809 706-863-3030 | AMERICAS BEST 3435 WRIGHTSBORO RD STE 1108 AUGUSTA, GA 30909 706-736-7400 | FAMILY EYE CARE ASSOC 311 FLUCKER ST THOMSON, GA 30824 706-595-3502 |
| TARGET OPTICAL 235 ROBERT C DANIEL JR PKWY AUGUSTA, GA 30909 706-619-3204 | CASEY N ROLAND OD 4409 EVANS TO LOCKS RD EVANS, GA 30809 706-396-7671 | MARTINEZ EYE ASSOCIATES 3412 WRIGHTSBORO RD AUGUSTA, GA 30909 706-736-3937 | EYECARE ONE 3521 RICHLAND AVE W AIKEN, SC 29801 803-641-4646 |
| SEARS OPTICAL AUGUSTA MALL 3450B WRIGHTSBORO RD AUGUSTA, GA 30909 706-731-8689 | 1 HOUR OPTICAL PC 217 BOBBY JONES ESP STE B AUGUSTA, GA 30907 706-860-1171 | EYE CARE ONE 3152 WASHINGTON RD AUGUSTA, GA 30907 706-651-1291 | PHYSICIANS EYE CENTER 1055 SILVER BLUFF RD AIKEN, SC 29803 803-642-4339 |
| LENSCRAFTERS 2441 WHISKEY RD STE 188 AIKEN, SC 803-649-3937 | GULF COAST OPTOMETRY 258 BOBBY JONES EXP AUGUSTA, GA 30907 706-868-7000 | TIPPETTE EYECARE 701 DEVIKA DRIVE GROVETOWN, GA 30813 762-222-7104 | SPECS VISION OF AIKEN 792 SILVER BLUFF RD AIKEN, SC 29803 803-642-9902 |
| STANTON OPTICAL 3899 WASHINGTON RD AUGUSTA, GA 30907 706-955-7405 | AUGUSTA EYE MD PC 905 STEVENS CREEK RD AUGUSTA, GA 30907 706-922-6000 | FAMILY EYECARE CENTER 321 BACON STREET EDGEFIELD, SC 29824 803-637-3141 | EYEGLASS WORLD 258 BOBBY JONES EXP AUGUSTA, GA 30907 706-868-7000 |
| TIPPETT EYECARE 2465 WRIGHTSBORO AUGUSTA, GA 30904 706-738-1102 | DR K R BRAUN 724 RICHLAND AVE AIKEN, SC 29801 803-648-8974 | MORRIS OPTICIANS & HEARING AIDS 3839 WASHINGTON RD STE A AUGUSTA, GA 30907 706-860-9800 | AIKEN OPHTHALMOLOGY 110 PEPPER HILL WAY AIKEN, SC 29801 803-642-6060 |
| MURPHY & ROBINSON 1500 JOHNS RD STE 1 AUGUSTA, GA 30904 706-736-2020 | INSIGHT FAMILY EYE CARE 3836 WASHINGTON RD AUGUSTA, GA 30907 706-410-2038 | EYE CARE ONE 1120 15 TH ST STE BA2660 AUGUSTA, GA 30912 706-826-0049 | ALAN D DURANT 300 W 4 TH ST WAYNESBORO, GA 30830 706-554-2020 |
| DAVID W BLACKSTOCK OD 114 DAVIS RD AUGUSTA, GA 30907 706-863-4016 | JOHN W L SMITH OD 531 GEORGIA AVE NORTH AUGUSTA, SC 29841 803-279-5277 | WILKES EYE CENTER 23 EAST SQ WASHINGTON, GA 30673 706-678-4421 | MYEYEDR 503 FURYS FERRY RD AUGUSTA, GA 30907 706-860-8899 |
| CASELLA EYE CENTER 767 BROAD ST AUGUSTA, GA 30901 706-722-0817 | ORBIC EYE CARE 339 FURYS FERRY RD STE 1 AUGUSTA, GA 30907 706-432-9683 | MARTINEZ EYE CARE 403 FURYS FERRY RD STE 105 AUGUSTA, GA 30907 706-860-8899 | AIKEN OPHTHALMOLOGY 336 GEORGIA AVE STE 102 N AUGUSTA, SC 29841 803-442-3006 |
| THE VISION CENTER IN WAL-MART 2205 HARRISON ROAD THOMSON, GA 30824 706-595-9533 | | | |

Flexible Spending Accounts



You can save money by using pre-tax dollars to pay for health and/or dependent care.

Paying less in taxes is like saving 20 to 50 percent on eligible health care services, depending on your individual income and tax filing status, when you use a FSA.

You can pay less in taxes when you lower your taxable income by opening a FSA.

There are two types of FSAs.

A health care FSA for you and your dependents' out-of-pocket health care expenses.

- Allows you to put a portion of your pay aside, on a pre-tax basis, to reimburse yourself for eligible out-of-pocket medical, dental, and vision expenses. Over-the-counter items will only be allowable if your doctor writes a prescription for those specific medicines and supplies.
- Tax free – you cannot take income deductions for expenses you pay with your health care FSA.
- The FSA account reimburses IRS defined eligible expenses to an annual maximum of \$2,700.

A dependent care FSA for expenses related to care of eligible dependents.

- Allows you to reimburse yourself for dependent care expenses while you and your spouse work. These expenses must be related to care or services provided to children under age 13 or dependents that are mentally or physically incapable of caring for themselves.
- Tax free--you cannot take the federal tax credit for the same expenses you paid through the dependent care FSA.
- Eligible dependent care expenses are reimbursed up to the amount as defined by the IRS.

In accordance with Section 129 of the Internal Revenue Code, an employee can generally exclude from gross income up to \$5,000 of benefits received under a dependent care assistance program each year. The limit is reduced to \$2,500 for married employees filing separate returns. The exclusion cannot be more than the earned income of either the employee or the employee's spouse.

| Goal Amount | Bi-Weekly Deduction | Monthly Deduction |
|-------------|---------------------|-------------------|
| 100 | \$ 3.85 | \$ 8.33 |
| 200 | \$ 7.69 | \$ 16.67 |
| 300 | \$ 11.54 | \$ 25.00 |
| 400 | \$ 15.38 | \$ 33.33 |
| 500 | \$ 19.23 | \$ 41.67 |
| 600 | \$ 23.08 | \$ 50.00 |
| 700 | \$ 26.92 | \$ 58.33 |
| 800 | \$ 30.77 | \$ 66.67 |
| 900 | \$ 34.62 | \$ 75.00 |
| 1000 | \$ 38.46 | \$ 83.33 |
| 1100 | \$ 42.31 | \$ 91.67 |
| 1200 | \$ 46.15 | \$ 100.00 |
| 1300 | \$ 50.00 | \$ 108.33 |
| 1400 | \$ 53.85 | \$ 116.67 |

| Goal Amount | Bi-Weekly Deduction | Monthly Deduction |
|-------------|---------------------|-------------------|
| 1500 | \$ 57.69 | \$ 125.00 |
| 1600 | \$ 61.54 | \$ 133.33 |
| 1700 | \$ 65.38 | \$ 141.67 |
| 1800 | \$ 69.23 | \$ 150.00 |
| 1900 | \$ 73.08 | \$ 158.33 |
| 2000 | \$ 76.92 | \$ 166.67 |
| 2100 | \$ 80.77 | \$ 175.00 |
| 2200 | \$ 84.62 | \$ 183.33 |
| 2300 | \$ 88.46 | \$ 191.67 |
| 2400 | \$ 92.31 | \$ 200.00 |
| 2500 | \$ 96.15 | \$ 208.33 |
| 2600 | \$ 100.00 | \$ 216.67 |
| 2700 | \$ 103.85 | \$ 225.00 |

These rates are based on 26 pay periods



BASIC LIFE

Basic Life is \$50,000 for Class I employees and \$25,000 for Class II employees that includes Accidental Death and Dismemberment coverage.

Dependent coverage is available for spouses and children in the amount of \$2,000. Children 14 days to 6 months are covered at \$200.

Coverage for unmarried children to age 19 or, **if a full-time student, to age 25.**

Basic Life is paid 100% by Columbia County.

VOLUNTARY LIFE

Program Basics

Eligible employees can purchase more coverage by enrolling in a supplemental term life insurance program (underwriting may apply). Supplemental life coverage is portable. If you change jobs or retire, you can keep your coverage.

Coverage Available

For You:

Voluntary Life coverage from \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times the employee's basic annual earnings.

For Your Spouse:

Voluntary Life coverage is available for spouse up to age 76 from \$10,000 to \$500,000 in \$10,000 increments. Spousal coverage amount can not exceed employee's coverage amount.

For Your Children:

Voluntary Life coverage is available for your children in the amount of \$10,000 if you or your spouse is covered. Benefit is limited to \$1,000 for children age 14 days to 6 months. Coverage for unmarried children to age 19 or, **if a full-time student, to age 25.**

Rate Information

The rate is based on your age at the start of the plan's current policy year.

Future rate changes due to age will be effective on the plan anniversary date following the date you enter the new age bracket. Children's rates are \$.88 bi-weekly and \$1.90 monthly for \$10,000 coverage for one or more children.

VOLUNTARY LIFE INSURANCE CHART - BI WEEKLY

| LIFE + ADD Cov | AGE <30 | AGE 30-34 | AGE 35-39 | AGE 40-44 | AGE 45-49 | AGE 50-54 | AGE 55-59 | AGE 60-64 | AGE 65-69 | AGE 70 & Over |
|----------------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------|
| \$ 10,000 | \$ 0.32 | \$ 0.37 | \$ 0.55 | \$ 0.83 | \$ 1.20 | \$ 2.12 | \$ 3.23 | \$ 4.71 | \$ 7.71 | \$ 15.55 |
| \$ 20,000 | \$ 0.65 | \$ 0.74 | \$ 1.11 | \$ 1.66 | \$ 2.40 | \$ 4.25 | \$ 6.46 | \$ 9.42 | \$ 15.42 | \$ 31.11 |
| \$ 30,000 | \$ 0.97 | \$ 1.11 | \$ 1.66 | \$ 2.49 | \$ 3.60 | \$ 6.37 | \$ 9.69 | \$ 14.12 | \$ 23.12 | \$ 46.66 |
| \$ 40,000 | \$ 1.29 | \$ 1.48 | \$ 2.22 | \$ 3.32 | \$ 4.80 | \$ 8.49 | \$ 12.92 | \$ 18.83 | \$ 30.83 | \$ 62.22 |
| \$ 50,000 | \$ 1.62 | \$ 1.85 | \$ 2.77 | \$ 4.15 | \$ 6.00 | \$ 10.62 | \$ 16.15 | \$ 23.54 | \$ 38.54 | \$ 77.77 |
| \$ 60,000 | \$ 1.94 | \$ 2.22 | \$ 3.32 | \$ 4.98 | \$ 7.20 | \$ 12.74 | \$ 19.38 | \$ 28.25 | \$ 46.25 | \$ 93.32 |
| \$ 70,000 | \$ 2.26 | \$ 2.58 | \$ 3.88 | \$ 5.82 | \$ 8.40 | \$ 14.86 | \$ 22.62 | \$ 32.95 | \$ 53.95 | \$ 108.88 |
| \$ 80,000 | \$ 2.58 | \$ 2.95 | \$ 4.43 | \$ 6.65 | \$ 9.60 | \$ 16.98 | \$ 25.85 | \$ 37.66 | \$ 61.66 | \$ 124.43 |
| \$ 90,000 | \$ 2.91 | \$ 3.32 | \$ 4.98 | \$ 7.48 | \$ 10.80 | \$ 19.11 | \$ 29.08 | \$ 42.37 | \$ 69.37 | \$ 139.98 |
| \$100,000 | \$ 3.23 | \$ 3.69 | \$ 5.54 | \$ 8.31 | \$ 12.00 | \$ 21.23 | \$ 32.31 | \$ 47.08 | \$ 77.08 | \$ 155.54 |
| \$150,000 | \$ 4.85 | \$ 5.54 | \$ 8.31 | \$ 12.46 | \$ 18.00 | \$ 31.85 | \$ 48.46 | \$ 70.62 | \$ 115.62 | \$ 233.31 |
| \$200,000 | \$ 6.46 | \$ 7.38 | \$ 11.08 | \$ 16.62 | \$ 24.00 | \$ 42.46 | \$ 64.62 | \$ 94.15 | \$ 154.15 | \$ 311.08 |
| \$250,000 | \$ 8.08 | \$ 9.23 | \$ 13.85 | \$ 20.77 | \$ 30.00 | \$ 53.08 | \$ 80.77 | \$ 117.69 | \$ 192.69 | \$ 388.85 |



SHORT-TERM DISABILITY

CIGNA provides disability income plans that offer protection against loss of income when you are disabled by illness or injury.

Maximum Weekly Benefit

The weekly benefit amount is based on 60% of your salary (basic rate of pay excluding overtime, bonuses, or special compensation). Premiums are based on age and salary.

Elimination Period

There is a 7 Day Accident and Sickness Elimination Period. Benefits begin on the 8th day.

Cost of Living Freeze

The benefit amount, once established, will not be reduced by cost of living increases payable from other income sources.

LONG-TERM DISABILITY

Monthly Benefit

The monthly benefit amount is based on 60% of your salary (basic rate of pay excluding overtime, bonuses, or special compensation). Premiums are based on age and salary.

Elimination Period

If you are totally disabled, benefits will begin after you have satisfied your elimination period of 180 days.

Maximum Benefit Period

Benefits start on the day following the elimination period and ends when you are no longer totally disabled or partially disabled or have reached normal social security retirement age (*as defined by the Social Security Administration*).

Monthly Benefit Adjustments

Adjustments to the monthly benefit amount due to change in salary are made on the anniversary date and are not to exceed the amount available for your salary.

Cost of Living Freeze

Same as short term disability.

Minimum Monthly Benefit

The \$100 minimum monthly benefit is guaranteed regardless of income received from other income sources.

Premiums for Short Term and Long Term Disability will be adjusted for changes in age or salary on the next plan anniversary date.

SHORT TERM DISABILITY BIWEEKLY

| Benefit | 0-29 | 30-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-99 |
|---------|---------|---------|----------|----------|----------|----------|----------|----------|
| 1000 | \$ 3.42 | \$ 3.78 | \$ 4.34 | \$ 4.71 | \$ 5.49 | \$ 6.83 | \$ 8.12 | \$ 9.88 |
| 1100 | \$ 3.76 | \$ 4.16 | \$ 4.77 | \$ 5.18 | \$ 6.04 | \$ 7.51 | \$ 8.94 | \$ 10.86 |
| 1200 | \$ 4.10 | \$ 4.54 | \$ 5.21 | \$ 5.65 | \$ 6.59 | \$ 8.20 | \$ 9.75 | \$ 11.85 |
| 1300 | \$ 4.44 | \$ 4.92 | \$ 5.64 | \$ 6.12 | \$ 7.14 | \$ 8.88 | \$ 10.56 | \$ 12.84 |
| 1400 | \$ 4.78 | \$ 5.30 | \$ 6.07 | \$ 6.59 | \$ 7.69 | \$ 9.56 | \$ 11.37 | \$ 13.83 |
| 1500 | \$ 5.12 | \$ 5.68 | \$ 6.51 | \$ 7.06 | \$ 8.24 | \$ 10.25 | \$ 12.18 | \$ 14.82 |
| 1600 | \$ 5.46 | \$ 6.06 | \$ 6.94 | \$ 7.53 | \$ 8.79 | \$ 10.93 | \$ 13.00 | \$ 15.80 |
| 1700 | \$ 5.81 | \$ 6.43 | \$ 7.38 | \$ 8.00 | \$ 9.34 | \$ 11.61 | \$ 13.81 | \$ 16.79 |
| 1800 | \$ 6.15 | \$ 6.81 | \$ 7.81 | \$ 8.47 | \$ 9.89 | \$ 12.30 | \$ 14.62 | \$ 17.78 |
| 1900 | \$ 6.49 | \$ 7.19 | \$ 8.24 | \$ 8.94 | \$ 10.44 | \$ 12.98 | \$ 15.43 | \$ 18.77 |
| 2000 | \$ 6.83 | \$ 7.57 | \$ 8.68 | \$ 9.42 | \$ 10.98 | \$ 13.66 | \$ 16.25 | \$ 19.75 |
| 2100 | \$ 7.17 | \$ 7.95 | \$ 9.11 | \$ 9.89 | \$ 11.53 | \$ 14.34 | \$ 17.06 | \$ 20.74 |
| 2200 | \$ 7.51 | \$ 8.33 | \$ 9.54 | \$ 10.36 | \$ 12.08 | \$ 15.03 | \$ 17.87 | \$ 21.73 |
| 2300 | \$ 7.86 | \$ 8.70 | \$ 9.98 | \$ 10.83 | \$ 12.63 | \$ 15.71 | \$ 18.68 | \$ 22.72 |
| 2400 | \$ 8.20 | \$ 9.08 | \$ 10.41 | \$ 11.30 | \$ 13.18 | \$ 16.39 | \$ 19.50 | \$ 23.70 |
| 2500 | \$ 8.54 | \$ 9.46 | \$ 10.85 | \$ 11.77 | \$ 13.73 | \$ 17.08 | \$ 20.31 | \$ 24.69 |



Accident Plan Highlights

- Provides 24-hour protection
- Coverage is guaranteed issue
- Benefits for both in-patient and out-patient treatment of accidents
- Supplements and pays in addition to any other insurance
- Premiums are pre-tax
- Wellness benefit of \$75
- Accidental death benefit

Portability (Accident)

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee must have been continuously insured for at least six (6) months prior to termination of employment. The employee will continue the coverage that is in force on the date employment ends including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the employee fails to pay the required premium, or the date the group master policy is terminated, whichever is earlier. Coverage may not be continued if the employee fails to pay any required premium, the insured reaches age 70, or the group master policy terminates.

Eligibility

Accident coverage is available to full-time, benefit-eligible employees working at least thirty (30) hours or more per week, their spouse, and dependents. A dependent child is an employee’s unmarried child who is under age 19 (age 26 if a full time student) and qualifies as a dependent if they are recognized as naturally born, adopted or step children.

| BI-WEEKLY RATES | | MONTHLY RATES | |
|-------------------------|---------|-------------------------|---------|
| Employee | \$6.82 | Employee | \$14.78 |
| Employee and Spouse | \$11.34 | Employee and Spouse | \$24.57 |
| Employee and Child(ren) | \$12.13 | Employee and Child(ren) | \$26.67 |
| Family | \$16.65 | Family | \$36.08 |



**Personal
Accident
Insurance**



CURRENT PROVIDER

The Columbia County Board of Commissioners Retirement and Deferred Compensation Plans are defined contribution plans which provide 401(a) employer based contributions and voluntary 457 employee-deferred compensation administered by ICMA-RC. Defined contribution plans allow an employer and/or employee to contribute a percentage of salary to an account in the employee's name. Employees choose from a range of investment options and receive quarterly statements which detail the deposits, earnings, and other activities in their individual account(s).

401(a)
Employer Base Contribution
4% of salary

457 Deferred Compensation
Employee Contribution
0%-up to \$18,500 for 2019
Limits subject to change for 2020

Columbia County will match half of what an employee defers up to 8% of salary. For example, if an employee defers 8% of their salary into the 457, the County will deposit a match contribution of 4% in the employee's 401(a) account.

Eligibility

For purposes of determining years of service and breaks in service for purposes of computing a participant's non-forfeitable right to the account balance derived from employer contributions, the twelve (12) consecutive month period will commence on the date the employee first performs an hour of service and each subsequent twelve (12) consecutive month period will commence on the anniversary of such date.

Vesting Schedule For 401(a)

Year 1 – 0 %
Year 2 – 25 %
Year 3 – 50 %
Year 4 – 75 %
Year 5 – 100 %

Upon leaving employment with Columbia County, employees may withdraw both funds in a lump sum or roll over to an IRA or into another qualified employer's plan. The 401(a) distribution is subject to meeting the vesting schedule.

The toll free number for ICMA-RC is (800) 669-7400 or visit the website at www.icmarc.org. The ICMA-RC representative for Columbia County is Melissa Doughty at Mdoughty@icmarc.org, phone number (866) 328-4673.



Employee Assistance Program

The EAP is a confidential counseling, assessment and referral program designed to help you manage work and life problems. Just as health insurance is designed to address your physical well being, your EAP program is designed to address your emotional and mental well being, as well as to help you to manage work/life problems and achieve a healthy work/life balance. It's a comprehensive and confidential program in your benefit package that is fully paid by your employer. A few of the problems that may be addressed are:

Marriage or relationship problems / Physical and emotional abuse / Depression / Grief and loss / Substance abuse and addictions / Family issues / Eating disorders / Divorce / Childcare and eldercare / Legal problems / Debt counseling / Adoption services / Financial planning

Who can use The EAP?

EAP services are available to you and any members of your immediate family. Please call us if you have any questions about who in your family is eligible for services.

How do I access EAP services?

By phone: call 1-800-252-4555, available 24 hours a day, 7 days a week. Public Safety may call 1-800-535-4841

Online: Access a variety of resources and tools at www.theeap.com or www.publicsafetyeap.com.

Will my employer know I am using EAP services?

When you contact your EAP it is confidential and information is not shared with your employer. None of your information – including your name – will be shared with anyone without your written permission. (In accordance with applicable state laws, exceptions must be made for certain reports of child abuse or significant threats to your safety or the safety of others.)

What is the cost for using The EAP?

There is no cost to you for using our professional services. The program has been prepaid by your employer as a benefit to you and to your eligible family members. Our counselors will explain the range of services that our program provides and answer any questions you may have. (Some life problems may require the help of outside professionals and we might refer you to other service providers such as attorneys or mental health specialists. External service providers are not covered by this program and might entail fees.)

Can I make an appointment to meet with a counselor?

Many of the questions we receive can be answered conveniently and quickly on our website or through telephonic counseling. In some cases, however, it just makes sense to schedule a face-to-face meeting. We suggest you discuss this with your case manager when you call.

Health 4Me2 Program

January 1 – December 1, 2020

The Health 4Me2 program is based on employees accumulating points towards an award through participation in healthy activities. There are two award levels available:

1000 points = \$50

2000 points = \$100 or 8 Hours PTO

PLEASE USE THIS FORM AS A GUIDE TO COMPLETE YOUR HEALTH 4ME2 PACKAGE AND SUBMIT ALL DOCUMENTS AT ONE TIME BY DECEMBER 1, 2020

Payment for the cash award will be made on the last paycheck of 2020 to active and eligible employees. The option of receiving 8 hours PTO (Paid Time Off) will be made available for use beginning the second pay period of 2021. All program awards are taxable, and only employees who are active at the time of distribution will be eligible to receive award.

HEALTH 4ME2 POINT STRUCTURE

| ACTIVITY | POINTS | DOCUMENTATION |
|---|-------------|---|
| Online Health Assessment for Employee (example: www.myuhc.com "Rally" assessment) | 200 | None (provided by UHC) |
| Online Health Assessment for Spouse (example: www.myuhc.com "Rally" assessment) | 100 | None (provided by UHC) |
| Online Dental Assessment for Employee (example: www.unitedconcordia.com "2-Minute My Dental Assessment") | 50 | Printout of confirmation page |
| Annual Medical Exam (Includes one of the following listed below) Annual Physical, Mammography, Colorectal & Cervical Screenings, or Prostate-Specific Antigen (PSA) test | 200 | Receipt from visit |
| Dental Exam | 100 | Receipt from visit |
| Vision Exam | 100 | Receipt from visit |
| Dermatologist Exam | 50 | Receipt from visit |
| Attendance at Columbia County Employee Wellness Expo (Health Fair) | 200 | None – sign in at HF |
| Flu Shot | 150 | Receipt – if not provided by Col Cty |
| Exercise 5 points per workout - 30 minute minimum for each workout 450 points maximum per program year | 450 | Calendar of activity or gym sign-in log |
| Lunch & Learns (100 points each) Maximum of 4 per year | 400 | None – if attending complete survey – if watching video |
| Charity or Organization Walk (Heart Walk, Relay for Life, etc.) | 300 | Registration receipt |
| Columbia County Walking Club | 100 | Provided by P.Ludlow |
| Blood Pressure Clinics (100 points each) Maximum of 2 per program year | 200 | None – sign in at BP clinic |
| TOTAL POINTS AVAILABLE | 2600 | |
| <u>Additional Program Details:</u> | | |
| <p>Proof of all activities must be turned into the HR Department by December 1.</p> <p>Maximum points allowed per program year are 2000. Maximum award per program year is \$100 or 8 hours PTO. All Columbia County employees are eligible to participate in program.</p> | | |

Fitness Center

As part of an ongoing commitment to health and wellness Columbia County provides an employee fitness center free of charge to employees and their spouses.

Some of the great features include:

- Free fitness consultations
- Open 24 hours a day, 7 days a week with access card
- Numerous instructor led classes including Zumba, Pilates, Cardio and Strength Boot Camps, Line Dancing and more
- Open basketball and volleyball sessions
- Nutrition education is offered during the year
- Several different types of equipment are offered including weights, treadmills, rowing machines, elliptical machines, fitness ropes and more

FITNESS CONSULTATIONS AVAILABLE

Monday-Thursday 11:00 am or 4:00 pm

This facility is located in Building G2 on Ronald Reagan Drive.



Please contact the Fitness Specialist, Pam Ludlow, at 706-312-7443 with any questions or to schedule an appointment.

Education Reimbursement

Eligible employees are encouraged to participate in education programs which will further their skills and knowledge for use in their current or future position.

The County will reimburse an eligible employee up to 100% of the cost of tuition for approved technical, undergraduate, and graduate level courses up to a maximum of \$3,500 per calendar year.

To be eligible to participate in the Education Reimbursement Program, an employee must have completed one year of service with the County as of the date the course begins.

Forms and policy information can be downloaded from the County website at

<http://www.columbiacountyga.gov/government-/departments-d-k/human-resources/education-reimbursement>

For additional information and to obtain an Education Reimbursement application, please contact the Human Resources Department at (706) 868-3300.



Employee Benefits Summary Effective January 1, 2020

Medical and Hospitalization Coverage

Employees may choose the medical plan through United Healthcare. The premium is shared by the employee and employer.

| <u>Coverage</u> | <u>Gold Cost Bi-weekly</u> | <u>Gold Cost Monthly</u> | <u>Silver Cost Bi-weekly</u> | <u>Silver Cost Monthly</u> |
|-------------------------|----------------------------|--------------------------|------------------------------|----------------------------|
| Employee Only | \$ 63.36 | \$ 137.28 | \$ 34.91 | \$ 75.64 |
| Employee + 1 Dependent | \$ 130.04 | \$ 281.75 | \$ 71.65 | \$ 155.24 |
| Employee + 2 Dependents | \$ 201.26 | \$ 436.06 | \$ 110.88 | \$ 240.24 |
| Family (4 or more) | \$ 236.26 | \$ 511.90 | \$ 145.88 | \$ 316.07 |

Dental Insurance

Dental coverage is provided by United Concordia. The plan provides \$2,000 of coverage annually per family member. Premium cost includes both child and adult orthodontia. The premium is shared by the employee and employer.

| <u>Coverage</u> | <u>Bi-weekly</u> | <u>Monthly</u> |
|-----------------------|------------------|----------------|
| Employee Only | \$ 3.54 | \$ 7.65 |
| Employee + Spouse | \$ 7.60 | \$ 16.47 |
| Employee + Child(ren) | \$ 7.88 | \$ 17.07 |
| Family | \$ 12.15 | \$ 26.32 |

Vision Insurance

Employees may elect a standalone vision plan provided by EyeMed. The premium costs are paid by the employee.

| <u>Coverage</u> | <u>Bi-weekly</u> | <u>Monthly</u> |
|-----------------------|------------------|----------------|
| Employee Only | \$ 2.35 | \$ 5.10 |
| Employee + Spouse | \$ 4.25 | \$ 9.21 |
| Employee + Child(ren) | \$ 4.95 | \$ 10.73 |
| Family | \$ 6.88 | \$ 14.91 |

Flexible Spending Account

Employees may elect to have a medical and/or dependent care account to pay for these expenses with pre-tax dollars in accordance with Section 129 of the Internal Revenue code.

Basic Life Insurance

Basic Life Insurance is provided for the employee and dependents. The premium is paid 100% by Columbia County.

Voluntary Life Insurance

CIGNA Voluntary Life Insurance is available for the employee, spouse, or eligible dependents. Life Insurance rates per \$1,000 are based on age. The employee pays all premium cost. Employee or spouse must elect coverage in order to elect child(ren) coverage.

Short-Term and Long-Term Disability

Both short-term and long-term disability products are available through CIGNA for eligible employees. Premiums for both of these products are based on age and income. Premium costs are paid by the employee.

Supplemental Insurance Product

Employees may select the accident supplemental product through Unum. The employee pays all premium cost.

401(a) Defined Contribution Retirement Plan

Employer contributes 4% of eligible employee's salary into a retirement account.

457 Deferred Compensation Retirement Plan

Employee contribution only.

Employer Matching Contribution Retirement Plan

Employer will contribute half of what the eligible employee contributes, not to exceed the four percent of an employee's compensation in any one year into the employee's 401(a) account.

Employee Reporting Hotline



Columbia County provides a third-party reporting hotline for employees to anonymously report any of the following incidents:



Fraud

Fraud reports are related to embezzlement, fraudulent reporting or accounting issues, auditing violations, internal control matters and any securities violations.

Compliance & Ethics

Compliance and Ethics reports are related to compliance and regulation violations, code of ethics violations, conflicts of interest, and waste and abuse of company equipment and resources.

Human Resources

Human Resources reports are related to employee relations, abuse of benefits, discrimination, harassment and work environment.

Please note: Regular business issues and matters not requiring anonymity should be directed to the employee's supervisor or HR department.

ANONYMOUS REPORTING

www.lighthouse-services.com/columbiacountyga

or call: 844-440-0067

All calls are confidential and the identity of the caller will remain anonymous.

A service provided by Lighthouse Services, LLC

www.lighthouse-services.com



Confidentiality Commitment: Lighthouse is an independent provider that assists your company to identify improper activity. We are committed to protecting the identity of all persons who use our secure reporting system. Reports are submitted by Lighthouse to the company's designee, and may or may not be investigated at the sole discretion of the company. Although we will not disclose your identity without your express permission, it is possible that your identity may be discovered during an investigation of the matter reported because of information you have provided.

CONTACT US

| Plan | Phone | Website / Email |
|---|----------------|--|
| Medical Plans | | |
| UnitedHealthcare | 1-866-633-2475 | www.uhc.com or www.myuhc.com |
| Prescription Drug Plan | | |
| Optum RX | | www.optumrx.com |
| Customer Service | 1-800-791-7658 | |
| Refills | 1-800-473-3455 | |
| Specialty Pharmacy | 1-888-739-5820 | |
| Flexible Spending Accounts | | |
| UnitedHealthcare | 1-866-755-2648 | www.myuhc.com |
| Vision Plan | | |
| Eyemed | 1-866-804-0982 | www.eyemed.com |
| Dental Plan | | |
| United Concordia | 1-800-332-0366 | www.unitedconcordia.com |
| Life Insurance | | |
| CIGNA | 1-800-238-2125 | |
| Disability | | |
| CIGNA | 1-800-732-1603 | |
| Accident Plan | | |
| Unum | 1-800-635-5597 | www.unum.com |
| Retirement Plans | | |
| ICMA-RC | 1-800-669-7400 | www.icmarc.org |
| Melissa Doughty | 1-866-328-4673 | Mdoughty@icmarc.org |
| Angela Hobbs | 1-866-792-3256 | Ahobbs@icmarc.org |
| Employee Assistance Program | | |
| ESI Group | 1-800-252-4555 | www.theeap.com |
| Helpful Contacts | | |
| Elizabeth McBurney, Assistant HR Manager | 1-706-868-3307 | emcburney@columbiacountyga.gov |
| Paula Sutphin, Senior Benefits Specialist | 1-706-650-4984 | psutphin@columbiacountyga.gov |
| Kristen Price, Benefits Specialist | 1-706-312-7376 | kprice@columbiacountyga.gov |

