



The Georgia Municipal Employees Benefit  
System Life and Health Insurance Fund

# HealthRxDental InsurancePlanDesignSummary



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# The Health, Rx and Dental Insurance Plan Design Summary

The Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund offers several health insurance plan designs to give the membership an opportunity to select a plan more suited to their specific needs and financial resources. This document summarizes the different plan designs available through the fund and reflects only the major differences between those plans. For more specific information, or to discuss alternative plan designs available, please contact:

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## BLUE CROSS BLUE SHIELD OF GEORGIA WEBSITE

VISIT THE BLUE CROSS BLUE SHIELD OF GEORGIA WEBSITE AT [WWW.BCBSGA.COM](http://WWW.BCBSGA.COM) FOR A ONE-STOP RESOURCE TO LOCATE DOCTORS, HOSPITALS AND OTHER HEALTH CARE PROVIDERS IN THE BCBSGA NETWORK IN YOUR AREA.

### NEW MEMBERS JOINING THE FUND

To join the GMEBS Life and Health Insurance Fund, employers must submit census information as described below:

- Employers with 19 employees or less: Employer must submit a health questionnaire on each employee, a census form and a group underwriting form.
- Employers with 20 employees or more: Employer must submit a group questionnaire, a census form and, in some circumstances, claims information.

Once GMEBS receives all required information, GMEBS submits the information to Blue Cross Blue Shield of Georgia (BCBSGA) for underwriting purposes. After review, BCBSGA will submit their recommendation to GMEBS.

From the time that GMEBS receives all completed information from the employer, the employer can expect to receive a premium quote in approximately two weeks.

### NEW PLANS / PLAN CHANGES GOVERNING BODY MUST ADOPT ORDINANCE/RESOLUTION

If the employer elects to join the program or change plan designs, an ordinance/resolution must be adopted by the governing body of the employer and forwarded to GMEBS. GMEBS then submits the enrollment information to BCBSGA.

BCBSGA requires that the enrollment information be received no less than 45 to 60 days prior to the effective date of a new plan or alternative plan design.





# Plan Design Features

THE FUND OFFERS FIVE HEALTH INSURANCE PLANS THAT DIFFER IN DESIGN BY DEDUCTIBLES, CO-INSURANCE, COPAYS AND PROVIDER NETWORKS.

## PLAN DESIGNS

The plans offered by the GMEBS Life and Health Insurance Fund are:

**PPO 90/70**—PPO plan that pays 90% of eligible in-network claims, 70% of out-of-network claims and allows employers to choose one of four deductibles... \$500, \$750, \$1000 and \$1500.

**PPO 80/60**—PPO plan that pays 80% of eligible in-network claims and 60% of out-of-network claims and allows employers to choose one of four deductibles... \$500, \$750, \$1000 and \$1500.

**POS 80/60**—POS plan that pays 80% of eligible in-network claims and 60% of out-of-network claims and allows employers to choose one of four deductibles... \$500, \$750, \$1000 and \$1500.

**HMO 90**—HMO plan that pays 90% of eligible in-network claims, no coverage for out-of-network claims and no required deductible.

**HMO 80**—HMO plan that pays 80% of eligible in-network claims with no coverage for out-of-network claims and has an individual deductible of \$150 and a family deductible of \$450.

## BENEFITS

**In-Network**—Benefits paid if participant uses providers listed as Blue Cross Blue Shield of Georgia preferred providers.

**Out-of-Network**—Benefits paid at a lesser percentage, or not at all, if participant uses non-preferred providers.

## DEDUCTIBLES

The amount a participant must pay before the plan begins to pay benefits. All family members contribute toward satisfying the family deductible. No one member contributes more than the individual amount.

## CO-INSURANCE

The percentage paid by the plan after the deductible is met by the participant.

## OUT-OF-POCKET MAXIMUM

The deductible and percentage of covered expenses that the participant pays. If the maximum out-of-pocket expense is reached during a calendar year, the benefit percentage is 100% of eligible charges for the remainder of the calendar year, subject to any lifetime or annual maximum benefit limitations of the plan. Co-payments do not count toward meeting the out-of-pocket expense limit.

## LIFETIME MAXIMUM

Effective January 1, 2011 as mandated by federal law, the Patient Protection and Affordable Care Act (PPACA) commonly referred to as the Health Reform Act, now requires the removal of lifetime maximum benefit limitation for all plans.

## FORMULARY

The preferred drug benefit contains a list of drugs that are covered at different benefit levels. The list contains both brand name and generic drugs. Drugs that are not included on the formulary, or **preferred drug list, are referred to as “non-formulary” and are either covered at the highest co pay level or not at all.**

## COST-DIFFERENTIAL

A cost differential exists among the various plan designs. The cost differential is a reduction in premium (or reduction in price) **achieved by choosing alternative or less “rich” plan designs.** Actual percentage of reduction in premium may vary from member to member.



## Georgia Municipal Employees Benefit System (GMEBS)



## Life and Health Insurance Fund



### Summary of Health and Rx

PPO 90/70

PPO 80/60

POS 80/60

HMO 90

HMO 80

Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund  
**Summary of PPO 90/70, PPO 80/60, POS 80/60, HMO 90 and HMO 80**

DESCRIPTION OF COVERAGE	PPO 90/70		PPO 80/60	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> Individual Family	\$500, \$750, \$1000 or \$1500 \$1500, \$2250, \$3000 or \$4500		\$500, \$750, \$1000 or \$1500 \$1500, \$2250, \$3000 or \$4500	
<b>Co-Insurance</b>	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%
<b>Out-of-Pocket Maximum</b> Individual (excludes deductible) Family (excludes deductible)	\$1,000 \$3,000	\$2,000 \$6,000	\$2,000 \$6,000	\$4,000 \$12,000
<b>Lifetime Maximum</b> Combined in-network and out-of-network	Unlimited		Unlimited	
<b>Physician Office Visits</b> Primary Care Physician Specialist Urgent Care	\$25 copay \$30 copay \$60 copay	Plan pays 70% after deductible	\$30 copay \$35 copay \$60 copay	Plan pays 60% after deductible
<b>Preventative Care Physician Office Visits Primary Care Physician</b>	\$0 copay \$0 copay \$0 copay	Plan pays 70% after deductible	\$0 copay \$0 copay \$0 copay	Plan pays 60% after deductible
<b>Inpatient Hospital</b> Per Admission	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Outpatient Services</b> Facility Physician Lab/X-Ray	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Emergency Room</b>	\$150		\$150	
<b>Pharmacy</b> <b>Retail(30-day max)</b> Generic Formulary Brand Non-Formulary Brand <b>Mail-Order (90-day max)</b> Generic Formulary Brand Non-Formulary Brand	\$15 copay \$30 copay \$50 copay  \$10 copay \$30 copay \$50 copay	Claim must be filed by participant	\$15 copay \$30 copay \$50 copay  \$10 copay \$30 copay \$50 copay	Claim must be filed by participant

THIS IS ONLY A BRIEF OUTLINE OF BENEFITS AND SERVICES.  
 A MORE COMPLETE EXPLANATION OF COVERED SERVICES IS PROVIDED IN THE SUMMARY PLAN DESCRIPTION.

POS 80/60		HMO 90	HMO 80
In-Network	Out-of-Network	In-Network	In-Network
\$500, \$750, \$1000 or \$1500 \$1500, \$2250, \$3000 or \$4500		No deductibles	\$150 \$450
Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 80%
\$2,000 \$6,000	\$4,000 \$12,000	\$1,000 \$3,000	\$2,000 \$6,000
Unlimited		Unlimited	Unlimited
\$25 copay \$35 copay \$60 copay	Plan pays 60% after deductible	\$20 copay \$25 copay \$60 copay	\$25 copay \$30 copay \$60 copay
\$0 copay \$0 copay \$0 copay	Plan pays 60% after deductible	\$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay
Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% No deductible	Plan pays 80% after deductible
Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90%	Plan pays 80% after deductible
\$150		\$150	\$150
\$15 copay \$30 copay \$50 copay	Claim must be filed by participant	\$15 copay \$30 copay \$50 copay	\$15 copay \$30 copay \$50 copay
\$30 copay \$50 copay \$80 copay		\$30 copay \$50 copay \$80 copay	\$30 copay \$50 copay \$80 copay

THIS IS ONLY A BRIEF OUTLINE OF BENEFITS AND SERVICES.  
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# Dental Plan Benefit Summary

Delta Dental Insurance Company

## Yearly Maximum – based on Maximum Plan Allowance (MPA)

Maximum per calendar year per Participant . . . . **\$1,500**

Calendar Year Deductible . . . **\$50**

The Plan considers the Deductible met for you and all your insured Dependents for the rest of a benefit period if three (3) insured members of your family each meet the Deductible in that benefit period.

### Type 1

#### Preventive and Diagnostic Services

*(Not subject to the Calendar Year Deductible)*

Percentage payable based on Contract Allowance . . . 100%

*The following services are subject to the Calendar Year Deductible.*

### Type 2

#### Basic Restorative Services and Periodontic Services

Percentage payable based on Contract Allowance . . . 80%

### Type 3

#### Additional Basic Services and Prosthetic Services

Percentage payable based on Contract Allowance . . . 50%

### Type 4

#### Orthodontic Services

Lifetime Maximum Benefit per Participant . . . \$1,000

Percentage Payable based on Contract Allowance . . . 50%

Deductible Amount . . . None

## Types of Coverage

- ◆ **Single** – Coverage for you only
- ◆ **Family** – Coverage for you, your spouse and your eligible children

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Providing life and health benefits to municipal employees for over 20 years



## HEALTH PLANS

- PPO Plans
- HMO Plans
- POS Plan



## GMEBS Life and Health Insurance Fund

### SERVING LOCAL GOVERNMENT IS OUR ONLY BUSINESS

The Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund is a self-insured fund administered by GMA. The fund's membership consists of nearly 160 local government entities, covering approximately 6,600 lives, with total assets of more than \$30 million. Oversight for the fund is provided by a 15-member board of trustees comprised of elected and appointed officials from among the fund's membership.

### ELIGIBLE MEMBERS

Municipalities, municipal authorities and commissions, housing authorities and regional commissions are eligible to participate in the fund.

### ELIGIBLE EMPLOYEES

To be eligible for group life and health coverage, each employee must be an active, permanent, full-time employee who is employed on at least a 30-hour per week basis, for at least 48 weeks during the year. Elected officials are eligible to participate.

### SERVICE PROVIDERS

- Blue Cross Blue Shield of Georgia - claim administration and physician networks
- Greater Georgia Life - life, AD&D, supplemental life, supplemental AD&D, and short-term disability coverages
- Aetna Rx - prescription benefits
- Delta Dental - dental coverage

### SIGNIFICANT FEATURES AND ADVANTAGES

- Discounted medical and prescription drug costs
- Dedicated BCBSGA customer service telephone line
- In-network claims filed by providers not by employees
- No balance billing on in-network claims
- Five plan designs with varying deductibles to meet the needs of employees and the available financial resources of the employer
- Forms available online
- Savings with Vision Discount Program
- Proactive wellness service

## Other Available Coverages

### GROUP TERM LIFE INSURANCE

Members have the flexibility to choose the amount of coverage of life insurance offered to employees and dependents.

### SUPPLEMENTAL LIFE INSURANCE

Supplemental life allows an employee to purchase life insurance in addition to the amount provided by the employer. In order to add this benefit, 30% of employees must elect to participate.

### ACCIDENTAL DEATH AND DISMEMBERMENT

AD&D covers death or specific types of injury as a result of an accident.

### SHORT-TERM DISABILITY COVERAGE

Disability coverage provides a weekly benefit amount to employees who become totally disabled due to an illness or accidental injury. The amount of benefit an employee receives is dependent upon the amount the member has chosen for its short-term disability plan. Members choose the amount of coverage to provide for employees.

### DENTAL INSURANCE

The dental plan offers a yearly maximum of \$1500 with 100% coverage for preventative treatment and diagnostic exams, 80% for basic prosthetic treatment, 50% for major and restorative work and 50% up to a lifetime maximum of \$1,000 for orthodontia.

### RETIREE LIFE INSURANCE

Members of the GMEBS Retirement Fund or GMEBS Life and Health Fund can participate in a program offering term life insurance benefits for retirees. The benefit must be 100% employer paid and all premium charges will be billed on a monthly basis by GMA to the employer.

# Health Promotion Services and Health Promotion Grants

ADMINISTERED BY LOCAL GOVERNMENT RISK MANAGEMENT SERVICES



## Health Promotion Services

In 1988, GMA and the Association County Commissioners of Georgia (ACCG) jointly created the Local Government Risk Management Services (LGRMS) to provide safety and loss control services to the risk management fund members of GMA and ACCG. In 2000, Health Promotion Services was added as an additional service to GMEBS health insurance members to improve employee productivity, to educate employees about healthy lifestyles and to help members control health care costs.

### WORKPLACE HEALTH PROMOTION PROGRAM

In addition to member-wide services, the Workplace Health Promotion Program is designed to support employers in their efforts to promote health and wellness initiatives. The program concentrates on four major areas:

- Awareness
- Health communication campaigns
- Prevention and health education programs
- Behavioral change

### BLUE CROSS BLUE SHIELD SERVICES

Members have access to Blue Cross Blue Shield services which are comprised of disease management programs (diabetes, congestive heart failure, healthy pregnancy and high cholesterol) and a subscription to the *DiaBeat* newsletter; utilization of a complimentary medicine discount and access to the BlueChoice On-Call service, a nurse advice line.

### HEALTHY WORKPLACE CONSULTATION

The Health Promotion Services staff assists leadership in building a healthier work culture through workplace consultations. Services include health improvement planning, group health profile analysis, benefits policy consultation, non-smoking policy development and implementation of the Healthy Workplace Award program.

## Health Promotion Grant Program

Health research has shown that employee health promotion programs have a positive effect on health care expenses over time. The GMEBS Life and Health Insurance Fund offers a health promotion grant program to assist members in developing new or improving existing workplace health promotion and wellness programs. Over \$350,000 has been given back to the membership in grant funds since inception of the program.

Applicants are evaluated based on financial need, their ability to meet prescribed criteria and the ability to demonstrate in-kind support.

Grants are awarded by employee population groups:

- Members with more than 400 employees
- Members with 150 – 400 employees
- Members with less than 150 employees

For more information about the Health Promotion Grant Program, contact:

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