

Columbus Consolidated Government

Employee Benefits At A Glance 2021

Medical – Anthem Blue Cross Blue Shield of GA

	Anthem BCBS Silver Plan	Anthem BCBS Gold Plan
Calendar Year Deductible		
• Single	\$2,000	\$1,000
• Family	\$4,000	\$2,000
Out-of-Pocket Maximum		
• Single	\$6,350	\$6,350
• Family	\$12,700	\$12,700
Coinsurance	80%	90%
Preventive Care	100% (no copay)	100% (no copay)
Office Visit Copay		
• Primary	\$30 (free at HWC)	\$20 (free at HWC)
• Specialist	\$40	\$30
Hospital/Inpatient Services	20% after deductible	10% after deductible
Emergency Room	\$200 + 20%	\$150 + 10%
Urgent Care	\$60 copay	\$60 copay
Pharmacy (retail 30 days)		
• Generic	\$20 copay	\$20 copay
• Brand	\$40 copay	\$40 copay
• Non-Preferred	\$60 copay	\$60 copay
• Specialty	\$150 copay	\$150 copay
• Lifestyle	50%	50%
Mail Order (90 days)		
• Generic	\$40 copay	\$40 copay
• Brand	\$80 copay	\$80 copay
• Non-Preferred	\$120 copay	\$120 copay



All medications are free when available at the HWC (Health & Wellness Center).

Dental – Anthem Blue Cross Blue Shield of GA

	Low Plan	High Plan
Calendar Year Deductible		
• Single	\$50	\$50
• Family Max	\$150	\$150
Annual Benefit Maximum	\$1,000 Calendar Year	\$1,500 Calendar Year
Diagnostic/Preventive Services	100% Coverage (no deductible)	100% Coverage (no deductible)
Basic Treatment	70% Coverage (subject to deductible)	80% Coverage (subject to deductible)
Major Treatment (now includes coverage on implants)	40% Coverage (subject to deductible)	50% Coverage (subject to deductible)
Orthodontia Services (Child Only)	Not Covered	50% Coverage Up To Lifetime Benefit Maximum of \$1,500

Vision – Anthem Blue Cross Blue Shield of GA

	In-Network	Non-Network
Vision Exam	\$10 copay	Up to \$30 allowance
Contacts Fitting	Member cost up to \$55 with 10% off retail price for premium.	Not Covered
• Standard		
• Premium		
Contact Lenses	Up to \$130 allowance Covered in full	Up to \$105 allowance Up to \$210 allowance
• Elective		
• Medically Necessary		
Standard Plastic Lenses	Covered in full after a \$10 copay	Up to \$25 Up to \$40 Up to \$55
• Single Vision		
• Bifocal		
• Trifocal		
Frames	Up to \$130 allowance; 20% off additional cost	Up to \$45 allowance
Benefit Frequency	Once every calendar year Once every calendar year Once every other calendar year	
• Exam		
• Lenses		
• Frames		

2021 Wellness Program: Employees will have the opportunity to participate in the Wellness Program to receive no increase to payroll deductions for medical coverage. In order to complete participation in the Wellness Program, eligible employees must complete a Personal Health Assessment (PHA) and attending coaching sessions (if required). Your need for participation in the health coaching sessions will be determined by the results of your PHA. If you are found to have moderate to high risk health factors based on the results of your PHA, then you will be required to attend health coaching sessions and remain compliant, as deemed by your health coach, in order for your participation in the Wellness Program to be considered complete. If you do not require health coaching your participating in the Wellness Program will automatically be considered completed. The deadline for completion of the PHA is October 30th. If you choose not to participate in the Wellness Program, you will see a 7.3% increase to medical payroll deductions. Employees that complete a PHA will also receive a certificate for one Wellness Day to be used prior to December 31, 2020.

To locate a medical or dental provider visit <http://www.bcbsga.com> and click on Find a Doctor.
Call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations

Basic Life/AD&D – MetLife

Columbus Consolidated Government provides all eligible employees with Basic Life & AD&D Insurance in the amount of 1.5 times their base annual income (not to exceed \$250,000) at no cost.

Supplemental Life/AD&D – MetLife

Eligible employees have the option to purchase additional term life insurance and AD&D. Employees can elect up to \$500,000 in \$10,000 increments. New Hires will have a guarantee issue amount of \$210,000 not to exceed 3 x your annual salary. All amounts over the guarantee issue amount will require an evidence of insurability form.

Dependent Life/AD&D – MetLife

Eligible employees can purchase term life insurance and AD&D for their Spouse and Dependent Children as well. Coverage up to \$10,000 is available in \$2,000 increments. The cost per \$2,000.00 of coverage is \$0.33, a \$10,000 benefit would cost \$1.66 per pay period.

Flexible Spending Accounts – TASC

Employees have the ability to set aside pre-tax dollars into a Healthcare Flexible Spending account to be used for eligible healthcare, dental, or vision expenses. The maximum contribution amount for 2021 is \$2,750. Employees will receive a debit card from TASC as a way of accessing funds. Employee also have the ability to set aside pre-tax dollars into a Dependent Care Flexible Spending account to be used for eligible dependent care expenses.

Employee Assistance Program – Pastoral Institute

As a valued employee, you and your family have access to the EAP, at no cost to you. Through the Pastoral Institute, you and your family members can obtain a range of services, including confidential counseling, information, and personalized referrals to help you through difficult times or stressful situations.

TeleMedicine – NewBenefits

Employees have the ability to purchase a benefit discount package that includes Telemedicine. The telemedicine benefit gives employees and their immediate family members with 24/7 access to a board-certified physician by phone or online video consult– anytime, anywhere in the U.S. with no copay. Physicians offer diagnosis, treatment options and prescription if necessary.

Group and Individual Supplemental Benefits – Aflac

Whole Life: Employees can purchase Whole Life coverage up to \$100,000 for employees, \$50,000 for spouses, and \$25,000 for children.

Critical Illness: Employees can purchase a Critical Illness policy that pays out a lump sum amount upon diagnosis of a covered critical illness. Employees can election amounts up to \$50,000 for employees and \$25,000 for spouses. Children are automatically covered at 25% of the employee benefit amount.

Hospital Indemnity: Employees can purchase a Hospital Indemnity policy that provides employees with financial compensation for covered services based on a schedule of benefits.

Tobacco Surcharge

A tobacco surcharge of \$75.00 per month or \$34.62 biweekly surcharge above the premium rate will apply to all employees that certify they are a tobacco user or fail to complete the Tobacco Attestation Form. Employees will have access to two free cessation programs and can avoid the surcharge by completing the program and providing Human Resources with a certificate of completion. Within one month of providing your certificate of completion to Human Resources, any surcharge premiums you have been deducted since January 1st, 2021 will be refunded. Please visit the Benefit Resource Center to obtain the Tobacco Attestation Form and to access important information regarding the Tobacco Cessation Programs offered.

Online Enrollment Portal

Bswift is the platform for employee benefits enrollment. Here, you can enroll in your benefits, make information changes, update life events and get benefit information. Go to www.columbusga.bswift.com, your Username is the first letter of your first name followed by your last name and the last four digits of your SSN. Your password is the last four digits of your SSN.

Payroll Deductions – Medical is Bi-Weekly: Dental and Vision are Semi-Monthly

***The Tobacco Surcharge is not included in the medical payroll deductions listed below**

Benefit/Enrollment Questions

NFP
1-844-505-9158
www.nfp.com

Retiree Service Center

NFP
1-844-505-9458
www.nfp.com

Medical Benefits

Anthem Blue Cross Blue Shield
1-855-397-9267
www.bcbbsga.com

Pharmacy Benefits

PharmAvail
1-800-933-3734
www.pharmavail.com

Dental Benefits

Anthem Blue Cross Blue Shield
1-800-627-0004
www.bcbbsga.com

Vision Benefits

Anthem Blue Cross Blue Shield
1-866-723-0515
www.bcbbsga.com

Life and A&D Benefits

MetLife
1-800-638-5433
www.metlife.com

Whole Life, Critical Illness, & Hospital Indemnity

Aflac
1-800-433-3036
www.aflacgroupinsurance.com

Flexible Spending Accounts

TASC
1-800-422-4661
www.tasconline.com

NewBenefits Telemedicine

MeMD
www.memd.me/feelbetter

Employee Assistance Program

Pastoral Institute
1-800-649-6446
www.pastoralinstitute.org

CCG Health and Wellness Center

CareATC
1-800-993-8244
www.patients.careatc.com

Coverage Tier	Silver Plan w/ Wellness Incentive	Silver Plan w/Spousal Surcharge & Wellness Incentive	Silver Plan w/o Wellness Incentive	Gold Plan w/ Wellness Incentive	Gold Plan w/Spousal Surcharge & Wellness Incentive	Gold Plan w/o Wellness Incentive	Dental Low Plan (24 pay periods)	Dental High Plan (24 pay periods)	Vision (24 pay periods)
Employee	\$73.03	N/A	\$78.38	\$104.65	N/A	\$112.32	\$8.21	\$12.63	\$3.05
Employee + Spouse	\$137.29	\$302.05	\$147.35	\$196.74	\$361.50	\$211.15	\$16.41	\$27.97	\$5.33
Employee + Child(ren)	\$127.82	N/A	\$137.18	\$183.16	N/A	\$196.57	\$15.59	\$29.04	\$5.79
Employee + Family	\$202.31	\$367.07	\$217.13	\$289.90	\$454.66	\$311.13	\$24.63	\$44.83	\$8.84