

BENEFITS CENTRAL

Building a path – to your good health!

Your Next Steps to Wellness



City of East Point
Your 2024 Benefits



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Moving Forward

Benefits Central is working to provide you with the best benefits possible, especially during this time of rising health care costs and overall inflation. The City of East Point is committed to maintaining high-quality coverage at affordable rates, even when most employers are raising theirs. That's why we've picked up 100% of the increased cost of benefits in 2024. You'll even see some enhancements, like with your Vision benefits (see pg. 10).

Annual Enrollment runs October 30 to November 13, 2023. Use this time to review your benefit options, reassess your needs – and move forward into 2024!

Important News About Your Health Care Benefits

We're pleased to move into new medical plans in 2024. The change was necessary due to Humana's decision to discontinue commercial insurance programs (like our plan). Benefits Central moved forward with **Aetna**. You'll find that Aetna not only matches your current options – but also offers you more. Aetna brings you expanded virtual care and a broad provider network.



What Will I Need to Do During the Oct 30 to Nov 13 Election Period?

During Annual Enrollment, you have the opportunity to:

- Add, remove, or update information on your dependents or beneficiaries
- Make changes in insurance elections or enrollments
- **Start, or continue, a Flexible Spending Account for the January 1- December 31 plan year.**

If you would like to keep your current coverages other than FSA, you do not need to take any actions this Open-Enrollment. Per IRS rules, you are required to enroll, each year, to continue a Flexible Spending Account. Log in to [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com), as usual, to make your benefit elections – and get on the path for 2024.

Don't forget!

Who is Eligible for Benefits Central?

- You, if you are a full-time City employee working 30 or more hours/week (or an eligible temporary employee)
- Your legally wed spouse
- A dependent child or legal guardian through the end of the month they turn age 26





Your New Aetna Medical Plans

Your next step to better wellness

With the introduction of **Aetna**, you'll gain access to Aetna's Managed Choice® POS plan. This plan works much like the current Humana plan. You'll have access to a broad network of doctors, specialists, and facilities. Aetna also offers highly competitive rates and coverages.

The next two pages review your new Aetna medical options. The structure of the plan is the same, but your needs may have changed over the past year. That's why it is important for you to view your choices with fresh eyes – to see that you choose what's best for your family and you in 2024.

If you decide you would like to keep the same level of coverage as last year, you don't need to make a new medical plan election. Because the plan structure is the same, you'll be re-enrolled in the same plan design with Aetna as you had with Humana. If you do decide to make changes, you can do so online using employee navigator by logging in at [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com).

Your Aetna Health App

One of the best ways to get connected quickly to your new medical benefits is with Aetna HealthSM app. It gives you ready access to coverage information, your online ID card, in-network provider directories, and your medical claims.

Use the QR code below to download the app, or visit [MyAetnawebsite.com](https://myaetnawebsite.com) to register.



Medical Plans – An Overview



As always, you have a choice of two medical plans. Both feature Aetna’s broad provider network and benefits as shown below.

	In Network Benefits	
	Open Access 80%	Open Access 85%
Copay Services (No deductibles)		
Primary Care	\$20 copay	
Specialty Care	\$40 copay	\$30 copay
Urgent Care	\$50 copay	
Emergency Room	\$200 copay waived if admitted	
Retail Prescriptions (31-day supply)		
Generic	\$15	
Preferred Brand	\$30	\$25
Non-preferred Brand	\$45	\$40
Specialty Drugs	\$150	
Mail Order Prescriptions (90-day supply)		
Generic	\$30	
Preferred Brand	\$60	\$50
Non-preferred Brand	\$90	\$80
Deductible/Coinsurance Services		
Annual Deductible	\$1,500 Individual; \$4,500 Family	
Out-of-Pocket Maximum	\$5,000 Individual; \$10,000 Family	
Coinsurance (coverage after the deductible)		
Hospital		
Other Major Services	20%	15%
Ambulance		

NOTE: Out-of-network care is covered with deductibles of \$4,500/Individual (\$13,500 Family), 30%/40% coinsurance depending on plan choice, and out-of-pocket maximums of \$15,000 Individual (\$30,000 Family)

PLAN OPTION 1

Open Access 80%

Open Access 80% is the lower-cost option with coverage similar to, and a network exactly the same as, the higher-cost plan.

Your Semi-Monthly Contributions	
Employee Only	\$ 33.63
Employee + One Dependent	\$ 119.73
Employee + Family	\$ 247.99



PLAN OPTION 2

Open Access 85%

Open Access 85% offers slightly more coverage than the Open Access 80% plan, at a higher contribution cost.

Your Semi-Monthly Contributions	
Employee Only	\$ 43.72
Employee + One Dependent	\$ 163.15
Employee + Family	\$ 319.63



Find Your Aetna Provider

You can look up participating providers and facilities on Aetna website, at www.DocFind.com, and on the Aetna Health app. While providers can change, the Aetna network includes such facilities as Wellstar, Northside/Gwinnett, and Children's Hospital of Atlanta.

Your care, your way

With CVS Health Virtual Care, you have access to virtual primary care visits with a dedicated provider and on-demand care with licensed providers 24/7 for things like colds or sinus infections. For more information, go to cvs.com/virtual-care/ and register.



WELLNESS FOR YOU! INVESTING IN YOUR GOOD HEALTH

It's been said that "An ounce of prevention is worth a pound of cure." While certainly true, it's not always clear what you need to prevent. For example, one in four adults has diabetes, hypertension, and early stages of heart disease – without even knowing it. With those odds, how can you protect your good health?

You can start by taking advantage of 100% coverage for annual checkups and other preventive tests. Avoiding health problems is always better than having to treat them!

Anything you and the City can do to help you identify your health needs – and improve your quality of life – is a sound investment in you. Let's pledge to work together in 2024 to get *you* on the path to your good health!

ComPsych

DON'T WANDER OFF ALONE!

Stress is a normal part of life. You can't avoid it. But you don't have to go it alone. The City invests in your well-being by paying the full cost of ComPsych, your Employee Assistance Program.

ComPsych is a free, confidential support service – with resources available to you and your family 24/7, 365 days a year. Help is always just a phone call away – at 800 272-7255.

ComPsych offers expert professional counseling to deal with challenges we all face – like conflicts with family members, financial and legal matters, health issues, substance abuse, anxiety, sleep, elder care, and tension at work. You can work with a counselor by phone or in face-to-face sessions (up to five for each family member). And you have access to the online portal at www.GuidanceResources.com

(Web ID: COM589).

Don't be the person who tries to carry the weight of the world. Let ComPsych lighten – and give you an easier path.



Your Guide to Health Care

If you're like most people, you may find insurance language somewhat hard to understand. But don't worry! Here are the terms you need to know – translated into plain English. (All examples, by the way, are based on using network providers. That keeps things easier to explain – and at the lowest cost to you!)

- **Premiums** – how much you contribute for coverage. The City pays the majority of the cost, by far. Your share is a biweekly premium, taken directly from your before-tax pay.
- **Network** – providers and facilities that deliver eligible services at agreed-to charges. These arrangements make network care the most cost-effective way to use your benefits. In contrast, Out-of-Network (OON) providers and facilities have not agreed to contracted terms. As a result, the cost of OON care will typically be higher – and you will have to pay more for it.
- **Copays** – the flat charge you pay for eligible services and medications. There are no deductibles, no coinsurance, no bills in the mail. Once you pay the copay, you're done!
- **Deductible** – the amount you pay each year before coinsurance comes into effect.

Okay, *that's* a bit technical – so let's break it down. Since nearly all services and medications are

covered by copays, you may rarely have to deal with a deductible. Remember: deductibles are generally associated with *non-copay services*, like outpatient surgery and hospital stays. For these, you pay 100% until you reach the deductible. Then, the plan picks up most of the rest.

- **Coinsurance** – the level of charges the plan pays once you've met the deductible. Let's say you're in Open Access 85%, have to go to the hospital – and receive a bill of \$7,500. Who pays what? First, you must meet the Individual deductible of \$1,500. After you pay this amount, the plan picks up 85% (\$5,100) of eligible charges and you pay the remaining 15% (\$900).
- **Out-of-Pocket Maximum** – the most you could spend on copays, the applicable deductible, and coinsurance in a given calendar year. In the previous example, your spend was \$2,400 (the \$1,500 deductible plus the \$900 hospital balance). If your copays and other eligible coinsurance payments brought your total out-of-pocket to \$5,000 (Individual max), the plan would pay 100% of your covered services – for the rest of the calendar year.

While the examples are based on network care, the terms and definitions apply to all coverage. Knowing how your plans work can help you make better decisions when selecting and using your benefits.



Your Dental Options

If you want to keep your current coverage, you don't have to re-enroll. It will continue automatically for the 2024 plan year.

Aetna

Aetna offers you a choice of two Preferred Provider options or a Dental Maintenance Organization plan. If you prefer the PPO approach, select either the Low or High plan, as shown below. For most of you, the Low plan will be the more cost-effective option. But, if you need higher coverage, or orthodontia for your children, you may want to consider the High plan.

PPO PLANS – YOUR CHOICE OF PROVIDERS

Aetna's Dental PPOs cover both in-network and out-of-network services. To keep your costs low, use only participating network providers. The network's online directory, DocFind, is at www.aetna.com.

PPO PLAN OPTIONS

	Low Plan	High Plan
Annual Deductibles	\$50 Individual, \$150 Family	
Preventive Services	100% Coverage (no Deductible)	
Basic Services	80% Coverage (after Deductible)	
Major Services*	50% Coverage (after Deductible)	
Dental Implants*	50% Coverage (after Deductible)	
Annual Maximum Benefit	\$1,000	\$1,500
Orthodontic Services <i>Children Only</i>	N/A	50% (no Deductible)
Lifetime Maximum Orthodontic Benefit <i>Each Child</i>	N/A	\$1,000

* Exclusions may apply. See the Aetna plan summary for details and call Aetna (877 238-6200) about coverage before starting an implant procedure.

Your Semi-Monthly Contributions

	Low Plan	High Plan
Employee Only	\$ 3.38	\$ 4.44
Employee + Family	\$ 15.27	\$ 18.94

LATE ARRIVALS

Good dental health depends on receiving care on a regular basis. So enroll right away when you're newly hired. And, once you have coverage, don't drop it. If you are a "late entrant" in the plan, or ever need to re-enroll, you'll start with coverage for Diagnostic and Preventive services only. After 12 months in the plan, you'll become eligible for Basic and Major coverage; and after 24 months, orthodontia.

DON'T GET DERAILED!

DMO coverage is the lowest-cost dental option – and the most restrictive. Other than emergency procedures, coverage is available only for services delivered by DMO providers. There are no benefits for care provided outside the DMO network. Coverage for specialized care is available following referral from your primary DMO dentist and pre-authorization by Aetna Dental.

The DMO may be your best option if your dentist is in the DMO network (which is a separate network from the PPO). You can see if your dentist is a DMO provider, click on DocFind at www.aetna.com.



DENTAL MAINTENANCE ORGANIZATION (DMO)

Your Share of the Cost for DMO Services	
Diagnostic Care	100% Coverage (no Deductible)
Prophylaxis Cleaning	\$12
Preventive Care	\$10 – \$12
Space Maintainers	\$15 – \$95
Restorative Services	\$15 – \$66
Crowns & Bridges	\$224 – \$345
Root Canal	\$140 – \$345
Inlay	\$255 – \$275
Onlay	\$255
Orthodontic Screening Exam	\$30
Orthodontic Diagnostic Records	\$150
Orthodontic Treatment <i>Adolescents</i>	\$1,945
Orthodontic Retention	\$275

Your Semi-Monthly Contributions	
Employee Only	\$ 0.82
Employee + Family	\$ 7.61

HOLDING THE LINE— AGAIN!

Good News! Your Dental plan rates for 2024 won't change. That's because the City has once again picked up 100% of premium increases. Since its launch, Benefits Central has insulated you from substantial increases in the cost of your benefits.

Your Vision Care Benefits

If you want to keep your current coverage, you don't have to re-enroll. It will continue automatically for the 2024 plan year.

BlueCross BlueShield of Georgia

Your Blue View Vision plan continues to give you access to one of the largest provider networks in the state. This year, we're pleased to introduce some benefit enhancements. In 2024, you'll have expanded coverage for lens treatments, a higher allowance for frames and contact lenses, and an increase in coverage for out-of-network services. All this – at no increase in cost to you.

You'll find a broad network of participating ophthalmologists, optometrists, and opticians – and such popular entities as LensCrafters, Target Optical, JC Penney Optical, and Pearle Vision.

Under Blue View Vision, you can see any provider. But, as with any other benefit, your costs are lowest when you obtain care within the Blue View Vision network.

	Network	Out of Network
Annual Exam	\$10 Copay	Up to \$42 Reimbursement
Eyeglass Frames <i>Every two years</i>	\$180 Allowance; <i>then 20% off any remaining balance</i>	Up to \$45 Reimbursement
Standard Eyeglass Lenses <i>Annual; includes Factory Scratch-Resistant Coating</i>	\$20 Copay <i>(single vision, bifocal, and trifocal lenses)</i>	Single Vision Lenses Up to \$40 Reimbursement Bifocal Lenses Up to \$60 Reimbursement Trifocal Lenses Up to \$80 Reimbursement
Lens Options	UV Coating: \$15 Tints: \$15 Transition Lenses: \$75 Progressive Lenses: \$55 - \$175 Anti-Reflective Coating: \$45 - \$85 Other Add-Ons: 20% Discount	N/A
Additional ("Backup") Eyeglasses	40% Discount	N/A
Annual Contact Lenses		
Elective Conventional	\$180 Allowance; <i>then 15% off any remaining balance</i>	Up to \$105 Reimbursement
Elective Disposable	\$180 Allowance	Up to \$105 Reimbursement
Non-Elective	Covered in Full	Up to \$210 Reimbursement



Your Semi-Monthly Contributions	
Employee Only	\$ 3.82
Employee + Family	\$ 9.18

STAYING SHARP

Want to see which providers are in your network – and covered at the highest benefits levels? Sign up for your BCBS account at anthem.com/register and have a look!

Your Flexible Spending Accounts

Health Care Flexible Spending Account (FSA)

Hundreds of employees save big each year by participating in the Health Care FSA. How about you?

You can sign up for the FSA whether or not you enroll in a City medical plan. The account is ideal for predictable, recurring health care costs — like medical, dental, and vision care expenses you know you'll have to pay in 2024. You can use your FSA for copays, deductibles, and coinsurance, as well as many other qualified expenses not covered by insurance.

Consider, too, the financial impact of maintenance drugs for such common conditions as high blood pressure, diabetes, cholesterol, sleep disorders, or anxiety. These monthly costs add up fast! And some maintenance meds are capped at a 90-day limit. Over the course of a year, you'll also have to cover the cost of four doctor visits to renew each of these prescriptions.

WHY THE HEALTH CARE FSA MAKES FINANCIAL SENSE

If you expect to have these types of expenses, FSA is the best way to cover them. That's because FSA contributions are taken from your before-tax income. Here's why that's so valuable.

Let's say you don't elect an FSA. You'd have to pay your (unavoidable) costs with take-home pay — the amount left over after the City withholds FICA, state, and federal income taxes. Depending on your tax bracket, that could be a considerable amount — 20% to 30% off the top of your gross income.

With an FSA, though, these taxes never leave your paycheck. They are paid instead — to you. You keep all of the taxes that would otherwise have been withheld from your pay.

Health Care FSA reduces your ultimate "cost" — and increases your take-home pay. Your savings are immediate, meaningful, and very hard to pass up.

HOW TO USE YOUR HEALTH CARE FSA

Add up all the medical, dental, and vision care expenses you think you'll have to pay out of pocket over the year, up to the IRS maximum for 2024, which is \$3,050. But don't speculate. Stick to what you know you'll spend on planned procedures, periodic treatment for certain conditions, insulin, and other qualifying medical supplies. Most of all, and the deciding factor for so many of us, consider the continual costs associated with maintenance meds.

Once you have the total, go to [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com), enroll in the Health Care FSA, and enter the contribution amount you calculated. That's all there is to it.

You can go to go to <https://participant.myameriflex.com/> for more information on your FSA plans as well as your claims and current funds.

Watch the mail for your new FSA debit card. It arrives fully funded with your entire annual allocation. That's another advantage for you — a pre-loaded debit card you fund at 0% interest and entirely tax-free! **Be aware that, unlike with other benefit plans, you cannot continue automatically in an FSA (Health or Dependent Care) from year to year. You must make an active FSA enrollment and contribution election each year.** With this one simple step — you can cover eligible out-of-pocket health care expenses, reduce your taxes, and increase your take-home pay!

GOOD NEWS: IF YOU DON'T USE IT – YOU WON'T “LOSE IT”

Nearly everyone has recurring, predictable expenses, such as maintenance medication. Yet relatively few elect to save money by using the Health Care FSA to pay for them. The No. 1 obstacle? For most of you, it's the “Use it or Lose it” rule, which requires that funds unspent by the end of the year be forfeited.

Well – good news! The IRS allows you to roll up to \$610 in unspent 2024 FSA funds into 2025 – in full and without penalty. With an additional 12 months to spend down these contributions, there is little risk you will have to lose them!

If you are one of the many City employees who can benefit from this FSA, but have hesitated to put your funds at risk, fear no more! 2024 is the ideal time for you to get started – and enjoy FSA's conveniences and savings!

IF YOU'RE STILL NOT SURE WHETHER FSA IS RIGHT FOR YOU

If you're still uncertain, here are two steps to make decision-making much simpler.

- **See how much you can do with your Health Care FSA.** You can use your FSA for more than you may think. Visit www.FSAstore.com search eligible items using the search bar (shown below). You can purchase these items at your local grocery store or pharmacy – or order them right from the site.

Search 100% FSA-Eligible Products



- **Let someone else do the math.** FSA Store has an outstanding **FSA calculator** you can use to walk through the planning process step by step, and estimate the total amount you'll save by using the FSA.

Dependent Care Flexible Spending Account

If you pay to care for your eligible child under the age of 13 or adult dependent(s) while you are at work, you can reimburse yourself, tax-free, with a Dependent Care FSA. Depending on your situation, you can contribute up to \$5,000 a year to this account.

In many cases, though, FSA savings are less than the deductions you could take for these services on your personal tax returns. Therefore, it is important that you compare savings under both scenarios before you decide to enroll in the Dependent Care FSA.

Your Life Insurance Options

If you want to keep your current coverage, you don't have to re-enroll. It will continue automatically for the 2024 plan year.

Dearborn National

Basic Life Insurance

All eligible employees receive \$40,000 in Basic Life Insurance plus an additional \$40,000 in Accidental Death & Dismemberment (AD&D) coverage. Your cost is only 73 cents per pay period.

This benefit includes basic life insurance for your spouse (\$1,000) and children (\$100 from 15 days after birth through six months; \$1,000, between the ages of six months and Age 26).

If you'd like *additional* coverage, Benefits Central offers you two tracks – Group Term and Group Whole Life – as well as plans for your spouse and children.

Supplemental Term Insurance

When you are first eligible to enroll for City benefits, you can purchase Supplemental Term Insurance in \$10,000 increments, up to five times your annual salary or \$300,000, whichever is less. The guaranteed-issue amount is \$100,000. For coverage above the guaranteed level, or to obtain supplemental life after your first eligibility period, you must complete a health questionnaire and obtain the insurer's approval.

Your premiums are based on your amount of coverage and age at the start of each plan year. The coverage amount you are eligible for reduces at age 65.

When you are first eligible

During your initial enrollment, you can also elect insurance for your spouse (in \$5,000 increments, up to half your coverage, or \$150,000, whichever is less) and dependent children (a flat \$10,000). For spousal insurance above \$20,000, Dearborn will require submission of a health questionnaire.

Be sure you have the dates of birth and Social Security numbers for anyone you wish to cover

Increasing Coverage

If you already have a supplemental benefit, you may be able to increase it by \$10,000 for you (up to a total benefit of \$100,000), \$5,000 for your spouse (up to \$20,000), and, if you don't already have it, \$10,000 for your children. Simply select a new benefit level when you enroll at [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com).

Requests for higher coverage levels will require evidence of insurability. If your application is rejected, the denial will apply to all of the requested coverage increases.

Aflac

Supplemental Whole Life Insurance

Group Whole Life can be a highly valuable benefit. Unlike Term insurance, Whole Life premiums are fixed, based on your *age when you sign up*. Though Whole Life premiums start out higher, they stay the same your entire life; they never increase. Plus, over time, your policy accumulates Cash Value – funds you can “cash in” should you choose to end your coverage or premium payments.

Whole Life insurance is available in \$10,000 increments, up to \$300,000. During your initial enrollment as a new hire, you can obtain up to \$50,000 in coverage, guaranteed, with no medical questions asked. And, if you'd like higher amounts, complete a brief health questionnaire to see if you qualify.

You can also get Whole Life for your Spouse, in \$5,000 increments, up to your policy amount or, if less, \$100,000. During your new-hire enrollment, \$10,000 is guaranteed, with higher levels subject to a medical questionnaire and Aflac approval.

For dependent children, you can choose \$10,000 or \$25,000, guaranteed, during your new-hire enrollment.

To learn more about Whole Life benefits, rates, and application/enrollment, call the Benefit Central Hotline at 855 827-3033.

YOUR BENEFICIARIES

It is critical that you name someone to receive life insurance benefits in the event of your death. You can elect a primary beneficiary to get it all, or split the proceeds between beneficiaries. It's also a good idea to name a contingent beneficiary – a person (or persons) to receive benefits if your primary beneficiary is no longer alive. If you add Dependent Life Insurance, you are automatically the beneficiary.

Be sure to review your beneficiaries regularly to make sure they're up to date. You can make changes at any time, at [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com).

Your Disability Insurance Options

If you want to keep your current coverage, you don't have to re-enroll. It will continue automatically for the 2024 plan year.

Dearborn National

Here are some alarming statistics. According to medical data, those between ages 35 and 45 have a 50% chance of a disability, lasting 90 days or more, during their working years. And, nationwide, one in eight Americans can expect to be disabled even longer.

What if it happened to *you*? How would you pay bills and support your family?

At Benefits Central, you're covered for Long-Term Disability (LTD) automatically – the City pays the entire cost. If you'd like, you can add Short-Term Disability (STD) benefits at low group rates.

Both plans protect your income if you're unable to work due to a qualifying disabling condition. You'll receive a fixed benefit amount, on a regular basis, for as long as your condition continues to qualify.

Long-Term Disability (LTD)

The City provides and pays for this valuable benefit. LTD can replace up to 60% of your basic earnings, up to a maximum monthly benefit of \$5,000. Benefits can begin after a 90-day waiting period – so there's a seamless transition between STD and LTD plans. And, depending on your specific condition, coverage can last through Age 65 (in some cases, even longer).

Your LTD plan includes advantageous features, like incentives for rehab and return to work, survivor benefits, partial disability benefits, and a dedicated resource center. By phone or online, you'll have 24/7 access to clinicians for help with assessments, counseling (including face-to-face, individual sessions), and referrals to qualified specialists.

Short-Term Disability (STD)

Short-term disability insurance is available to you on an optional basis. The per-paycheck cost is only 23.7 cents for each \$10 of weekly benefit you're eligible to receive.

For example, the semi-monthly cost of STD benefits for someone earning \$45,000 is only \$6.15.

STD can replace up to 60% of your basic earnings, up to a maximum weekly benefit of \$1,000. For qualifying conditions, including pregnancy, you'll receive benefits after a 14-day waiting period. Coverage can continue for up to 11 weeks or until your LTD coverage begins, whichever comes first.

The STD plan also has valuable provisions. You're eligible for partial disability benefits, incentives for rehab and return to work, waiver of premium during Family Medical Leaves, workplace modification benefits, and provisions for recurring disabilities. STD coverage is a great way to protect your financial security.

PREMIUMS MADE EASY

You don't need a calculator to figure out how much benefits cost. The work has already been done for you! You can find your exact premium, for every Benefits Central option, as you go through each benefit screen at [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com).

PRE-EXISTING CONDITIONS

Because disability insurance is designed for *future* injuries and illnesses, these plans exclude pre-existing conditions. Still, under Benefits Central, the terms are more favorable than usual – for you. During your first 12 months of coverage, the exclusion applies only to conditions diagnosed or treated during the *three months before your coverage began*. This "look-back" is shorter than most other plans'. And, after you complete 12 continuous months without becoming disabled, the restriction is removed altogether. Yet another example of how Benefits Central gets you where you want to go, fast!

Your Other Benefit Options

If you want to keep your current coverage, you don't have to re-enroll. It will continue automatically for the 2024 plan year.

Aflac

According to medical data, someone becomes seriously ill – every minute of the day. Each year, over 40 million Americans go to the emergency room for treatment of serious injuries. And chronic conditions, like diabetes, obesity, and cardiovascular disease, are on the rise across the U.S. – including here in East Point.

Your East Point health care benefits cover your medical costs. But what about the many *other* bills you'll incur?

To address these needs, you can elect Aflac Accident and Critical Illness insurance. These plans can protect your financial health – leaving you free to concentrate on your physical well-being.

Accident Insurance

An accidental injury can wreak havoc. In addition to medical costs, you'll face a range of other expenses needed to support your household while you recuperate.

Accident Insurance can give you immediate financial relief. You can receive direct, cash benefits for eligible services – at each stage of care, for each covered family member. Examples include ambulance transport (\$400), urgent care or emergency room visits (up to \$250 each), outpatient and inpatient surgery (broad range of cash benefits), hospitalization (\$1,250 for admission, \$300 per day of confinement), intensive care (\$300 per day), and lodging for family members (\$200 per day).

The plan also pays cash benefits for conditions that commonly result from an accident, such as concussion (\$500), traumatic brain injury (\$5,000), coma (\$10,000), fracture (ranging from \$240 to \$8,000), dislocations (\$180 to \$6,000), and lacerations (up to \$800).

To recover from the *financial* effects of an unexpected injury, consider signing up for Accident Insurance.

GET AN EXTRA \$25 TO \$75

Both of these plans offer you and your enrolled spouse a \$25 to \$75 cash incentive simply for having a qualifying annual check-up. If you enroll in both plans, you can receive *two* payouts! And, under the Accident plan, even your enrolled children are eligible.

See the next page for information on how to get your extra benefits.

Critical Illness Insurance

Critical Illness insurance is one of the most sought-after benefit plans. And it's easy to see why. Chronic health conditions are spreading at epidemic proportions!

- According to the American Heart Association, one in every four heart attack victims did not know he or she was even at risk.
- Overall, heart disease remains the nation's leading cause of death. More than 700,000 Americans die from heart disease each year – a rate of one every 36 seconds, 24/7, 365.
- For those over Age 50, the leading cause of death is cancer, a disease that is growing faster than ever. The CDC projects that, by 2050, the number of U.S. cancer cases will increase by 50%.

Critical Illness coverage is available to you at up to \$20,000, guaranteed, without evidence of insurability. When you enroll, Aflac also covers your children, automatically, at 50% of the amount you select – at no cost to you.

The plan pays you cash benefits in the event of the following serious health conditions.

- Cancer (including non-invasive)
- Heart attack (myocardial infarction)
- Stroke
- Kidney failure (incl. end-stage renal failure)
- Major organ transplant
- Bone Marrow transplant (incl. stem cells)
- Sudden cardiac arrest
- Coronary Artery Bypass Surgery

FEATURES SHARED BY BOTH PLANS

- The Aflac plans are separate, voluntary benefits that supplement your medical coverage.
- Accidents, hospital stays, and critical illnesses can create significant financial pressure. But the Aflac plans can give you security – and protect your peace of mind – when you’re dealing with serious health conditions.
- You can select either plan, or both, based on your personal situation and benefit needs.
- Both plans offer coverage for family members
- Both plans pay cash benefits – *directly to you*.
- You can use the cash to cover out-of-pocket costs, deductibles, coinsurance, living expenses, child care, and a range of other financial needs. Plus you can take your coverage with you when you leave East Point.

PROTECT AGAINST THE UNEXPECTED

If you’re ever in a situation where you need Accident or Critical Illness benefits, you’ll be glad you have this coverage. To make the most of your options, see the information posted on [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com).



Special Plan Features

- No pre-existing condition exclusions
- No benefit reductions due to age
- Portable plans (you can take coverage with you if you leave East Point)
- \$25 to \$75 additional cash benefit, each year, for qualifying health screenings and immunizations

ANNUAL HEALTH SCREENING & WELLNESS BENEFIT

The separate Accident and Critical Illness plans each offer you and your covered spouse a \$25 to \$75 annual incentive to get a qualifying check-up. Under the Accident plan, your enrolled children are also eligible. To receive *your* additional benefits, call Aflac Customer Service, at **800 433-3036**. Or download your claim form at www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx

If you have had qualifying screenings in the past – but didn’t file for this benefit – you may still be able to collect! Just contact Aflac. They will be glad to help you file for it!

If You Need to Make Benefit Changes or Want an FSA for 2024

You'll have to enroll only if you want to make benefit changes or start/continue a Flexible Spending Account

If you simply want to keep the insurance you have now, it will continue and you do NOT have to re-enroll

Go directly to page 20

You have between October 30 to November 13 to make benefit changes – or enroll in a Flexible Spending Account – for the 2023 plan year. It's easy! Just go to [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com). When you do, you'll see the screen to the right.

If you are a returning user, enter your Username and Password; then click **Login**. (If you need help remembering, click **Reset a forgotten password**.)

If you have never used the system, click on **Register as a new user**.

Username
Password
Login
Reset a forgotten password
Register as a new user

WHAT YOU CAN DO WITH EMPLOYEE NAVIGATOR

- Explore the options available to you and your family and enroll for benefits
- Add and update personal information, such as addresses and contact information, for yourself and your eligible dependents
- Access and download important resources, like benefit plan summaries and Evidence of Insurability forms
- Log in at any time to access information and review your coverage

For New Users Only

CREATE YOUR ACCOUNT

1. Type in your **legal name**.
2. For the "Company Identifier," enter **East Point**.
3. Next, enter your PIN. Your start-up PIN is the **last four digits of your Social Security number**. Once you're in the system, you can change your PIN.
4. Enter your birthday in **MM/DD/YYYY format**, using slashes between dates.
5. Click **Next**.

First Name
Last Name
Company Identifier
(provided by HR)
PIN
(Last 4 Digits of SSN / ID)
Birth Date
(mm/dd/yyyy)
Next >

Type **East Point** here

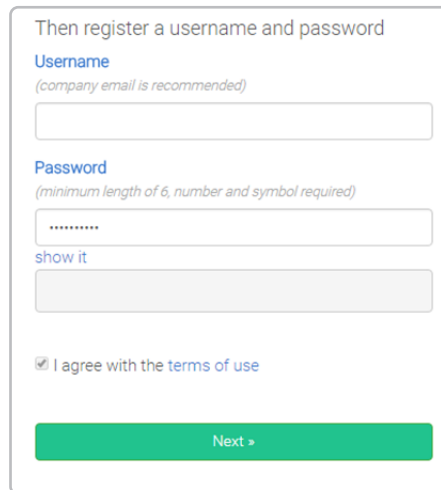
Example: **04/07/1976**

CREATE YOUR USERNAME & PASSWORD

6. Enter a **Username** of your choice. We suggest your work or personal email address so it's easier to remember later.
7. Create a **Password**. It must be at least six characters — and include a number and capital letter.

Be sure to write your password down and keep it somewhere secure for future reference.

8. Click **Next**.



Then register a username and password

Username
(company email is recommended)

Password
(minimum length of 6, number and symbol required)

show it

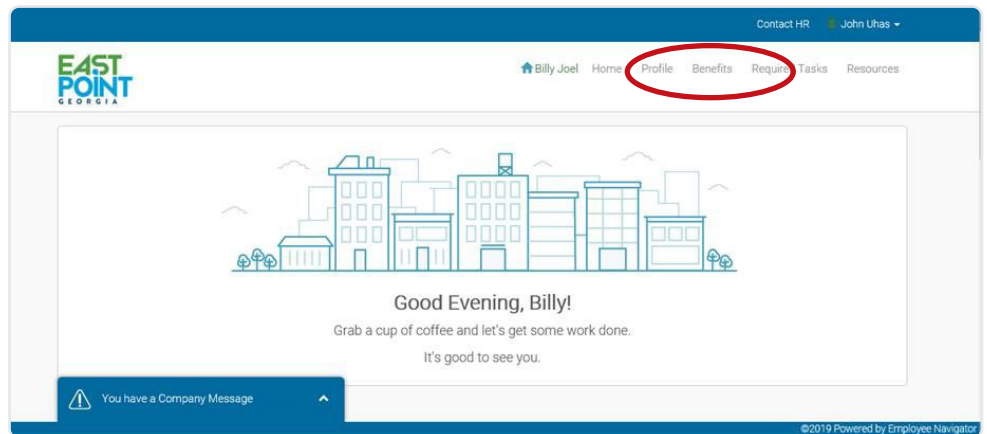
I agree with the terms of use

Next >

Here's a typical Home Page.

Click on **Benefits** to:

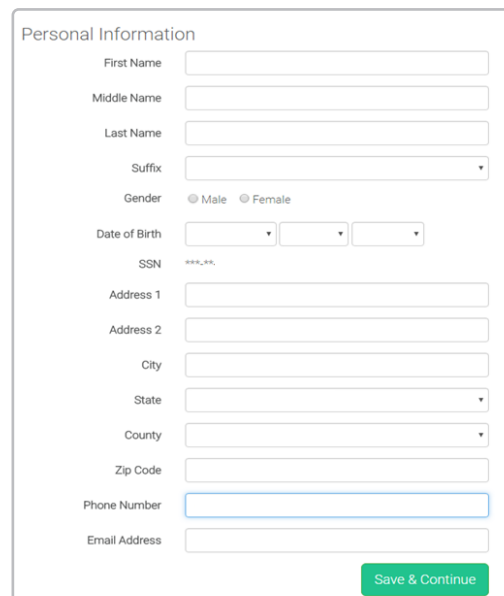
- Review a summary of your current coverages, including benefit levels, costs, and the names of those you've enrolled for coverage
- View your current benefit enrollment options
- If you've just become an East Point employee, sign up for New Hire Benefits.



YOUR PERSONAL INFORMATION

When asked to input your information, please be as thorough as possible. If you see outdated or incorrect data, either update it in the system or notify HR of the need to do so.

The program will automatically upload personalized information, such as the plans available to you and the per-paycheck cost for each option. This way, you can model combinations of benefits — and see which mix provides the most value for you.



Personal Information

First Name

Middle Name

Last Name

Suffix

Gender Male Female

Date of Birth

SSN

Address 1

Address 2

City

State

County

Zip Code

Phone Number

Email Address

Save & Continue

VIEW BENEFITS

After you review your personal and dependent information, go through each of the benefits and review your current plans. During this enrollment period, you can make new elections.

As you look through each option, be sure to click **Select** on the one you want, and then press **Save & Continue** on the bottom of each screen.

Medical

Enrolling in Medical Insurance can protect you from paying the full cost of medical services when you're injured or sick. Select a plan below to safeguard your financial security in the event of a health care emergency.

Progress: 15 of 16

Who am I enrolling?
Myself

Which plan do I want?

Plan Name	Cost per pay period	Effective on	Action
2021-22 Cigna Local Plus 85% Medical Plan	\$33.65	07/01/21 Employee	Selected
2021-22 Cigna Open Access Plus (OAP) 80% Medical Plan	\$81.27	07/01/21 Employee	Select

Don't Forget! Save & Continue

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

Signature required
You've elected all your benefits, but we still require a signature before advancing.

Please review the acknowledgment below.

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Sign to complete enrollment

Click to Sign

GET THE COVERAGE YOU NEED

After you make your benefit elections, and update personal and dependent information, review your Enrollment Summary. It will start as you scroll down on the screen shown to the left. Be sure to scroll back up to press the **Click to Sign** button once you are satisfied with your choices.

Please print a copy of your Enrollment Summary for your records.

“NAVIGATING” EMPLOYEE NAVIGATOR

If you need help with Employee Navigator,
call the Benefits Central Hotline

855 827-3033

October 30 to November 13, 2023, 9 a.m. to 5 p.m.

Tips for Navigating Your Path

BENEFITS CENTRAL

Building a path – to your good health!

Have Your Key Documents at Hand

- **Enroll.EmployeeNavigator.com** is not only great for learning about your options and making good choices. It's also a vehicle to keep your "itinerary" up to date.
- Use Employee Navigator to designate your beneficiaries for Life Insurance.
- Check your dependents. If the system shows family members who are no longer eligible for coverage, like ex-spouses, or children over 26 or more, remove them. If you have eligible dependents who are not enrolled in the plans you want, add them.
- No matter what, make sure you obtain the documentation you need before you enroll and, have **your dependents' dates of birth and Social Security numbers**. Without this information, you won't be able to add family members to your coverage.

STAY ON THE TRAIL

Benefits can be changed mid-year only if you have a Qualifying Life Event

- You can go into, and change elections, in Employee Navigator as many times as you'd like between now and November 13, 2023.
- The benefit elections and dependents enrollments in the system at 11:59 p.m. on November 13 are final and cannot be changed.
- Your coverage will start on January 1, 2024 and remain in effect until December 31, 2024.
- Under IRS rules, you cannot make benefit changes between enrollment periods – *unless you have a Qualifying Life Event*. Examples include getting married or divorced, having a baby or adopting a child, death of an eligible dependent, a child turning 26 (so no longer eligible for City benefits), and a dependent's loss of existing health coverage.
- After a Qualifying Life Event, you have a limited time to make benefit changes. You must enter all applicable information into Employee Navigator within 30 days of the Qualifying Event, and submit the required paperwork to HR. If you do, your benefit changes can be backdated to the date of the Event. If you do *not* make this deadline, though, you will have to wait until the next enrollment period.

Contact Information

Name	Policy Numbers	Phone	Email/Website
City of East Point			
Michelle Hebert, HR Manager		404 270-7064	mhebert@EastPointCity.org
Andrea L. Austin, Senior HR Generalist		404 270-7066	aaustin@EastPointCity.org
Aetna – Medical	Policy #237089		
Employee Service Number		833 398-0758	www.aetna.com
Aetna Dental	Policy #842848		
Employee Service Number		877 238-6200	www.aetna.com
BCBS of GA Vision	Policy #9827812		
Employee Service Number		866 723-0515	www.bcbs.com
ComPsych EAP	Policy #31529		
Employee Service Number	East Point ID: EAP Complete	800 272-7255	www.GuidanceResources.com
Dearborn National – Group Life & Disability	Policy #F015406		
Life/AD&D Service Number		800 348-4512	www.DearbornNational.com
LTD/STD Service Number		877 348-0487	www.DearbornNational.com
Ameriflex FSA			
Employee Service Number		888 868-3539	www.myameriflex.com
AFLAC Whole Life, Accident & Critical Illness Insurance	Policy #12435		
Employee Service Number		800 433-3036	www.AflacGroupInsurance.com

BENEFITS CENTRAL HOTLINE

If you need help enrolling, call the Benefits Central Hotline at **855 827-3033**.

The toll-free line is open 9 a.m. to 5 p.m. during the October 30 to November 13 enrollment period.

We recognize and respect your desire for privacy regarding your personal and benefit information. Accordingly, we protect online information according to established security standards and practices and continually evaluate new technologies for safeguarding data.

This enrollment overview document focuses on highlights of your Jan 1 – Dec 31, 2024 benefit options. East Point reserves the right to modify, change, revise, amend, or terminate these plans at any time.

For more detailed information about your benefits, refer to the plan summary documents posted on [Enroll.EmployeeNavigator.com](https://enroll.employeenavigator.com) as well as the applicable Summary Plan Descriptions. Be aware that, in the event of inadvertent discrepancies between this booklet and the legal documents associated with the respective plans, the plan documents will govern.

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