



THE BENEFITS GUIDE

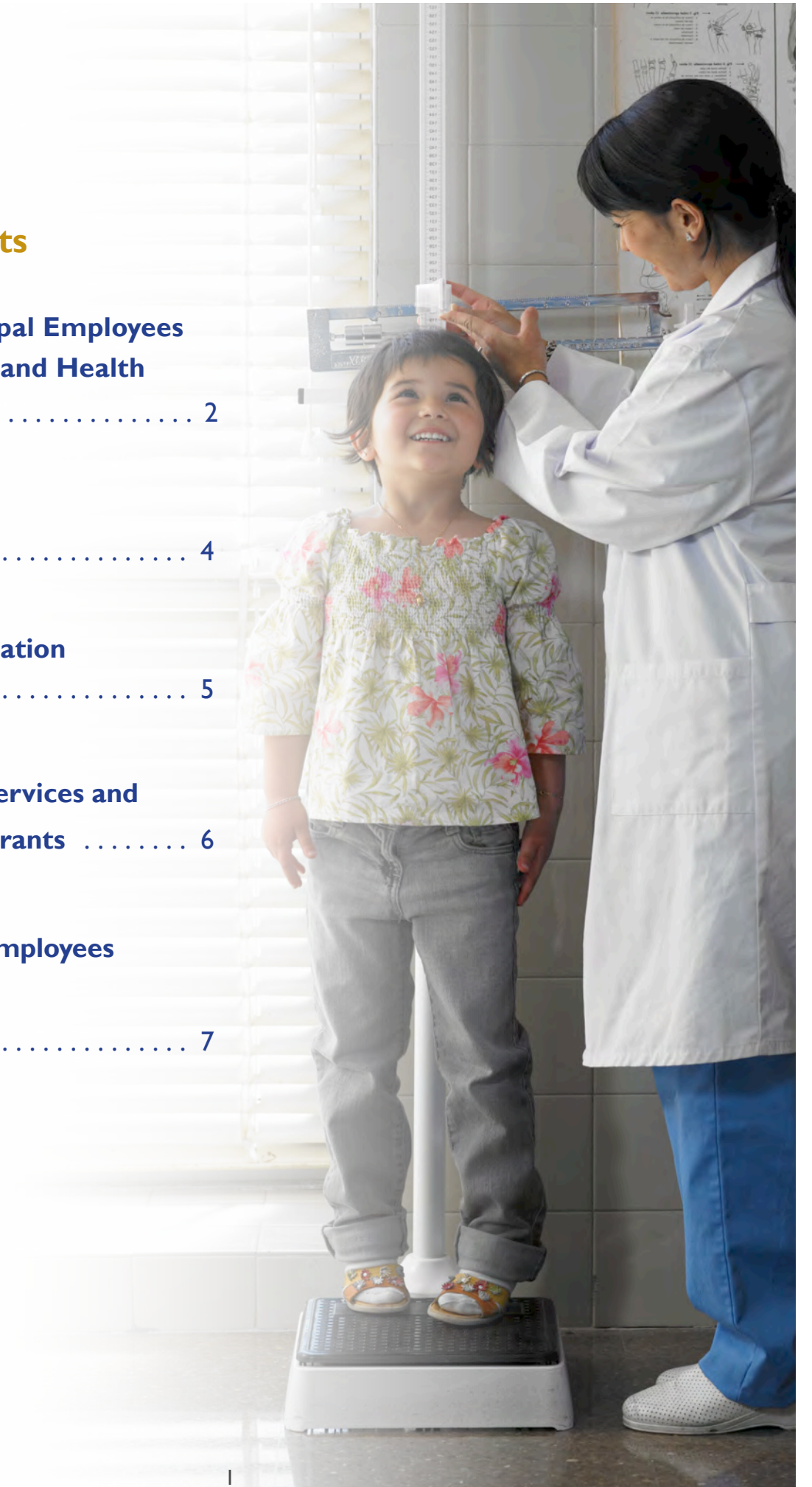
Health • Rx • Dental
Life/AD&D • Short Term Disability

The Georgia Municipal Employees
Benefit System Life and Health Insurance Fund



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The Georgia Municipal Employees Benefit System Life and Health Insurance Fund

SERVING LOCAL GOVERNMENT IS OUR ONLY BUSINESS

The GMEBS Life and Health Insurance Fund (the Fund) offers a Health Plan and a Dental Plan as well as Greater Georgia Life Insurance Company life, accidental death and dismemberment, and short-term disability products. Eligible Employers may offer these benefits to their eligible employees by entering into a Participation Agreement with the Fund. The Program administrator for the Fund is Georgia Municipal Association (GMA.)

BENEFITS OFFERED THROUGH THE FUND

The Fund currently offers the following benefits:

- ◆ Health Plan (includes Prescription Drug benefits) – Claims Administration by BlueCross BlueShield of Georgia (medical) and Aetna (prescription drugs)
 - Several plan options are available (see page 4)
 - Employers offering the Health Plan are eligible for health promotion services and grants provided by Local Government Risk Management Services (see page 6)
 - Visit the BCBSGA website at www.bcbsga.com for a one-stop resource to locate doctors, hospitals and other health care providers in the BCBSGA network in your area.
 - Aetna offers a broad pharmacy network. Visit www.aetna.com for more information.
- ◆ Dental Plan – Claims Administration by Delta Dental. For Delta Dental's network of dentists and more information, visit www.deltadental.com.
- ◆ Greater Georgia Life Insurance ("GGL") Products – Fully-Insured by Greater Georgia Life Insurance
 - Life and Accidental Death & Dismemberment (AD&D)
 - Optional Life and AD&D
 - Short Term Disability

SERVICES INCLUDED WITH BENEFIT

- ◆ COBRA administration for the Health and Dental Plans
- ◆ Open Enrollment materials and forms
- ◆ Newly eligible employee materials and forms
- ◆ Annual Legal Notices
- ◆ Online Access to Booklets, Summaries of Benefits and Coverage and Schedules of Benefits that apply to your employees (www.gmanet.com/LifeHealth#Forms)
- ◆ Affordable Care Act compliance support
 - Training on Affordable Care Act compliance
 - Enrollment data files necessary for large employers to fulfill ACA reporting requirements
 - PDF ACA reports ready for distribution and filing with the IRS for small employers

GMA CONTACT FOR INFORMATION ABOUT FUND BENEFITS

For more information about benefits available through the Fund, please contact:

Eileen Thomas, Marketing Field Services Manager
Direct 678-686-6232, ethomas@gmanet.com

James Brent, Marketing Field Representative
Direct 678-686-6349, jbrent@gmanet.com

The Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund is a self-insured fund administered by the Georgia Municipal Association (GMA.) The Fund's membership consists of over 163 local government entities, covering 10,180 lives, with total assets of more than \$37 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 EMPLOYERS

By law, only municipalities, municipal authorities and commissions, housing authorities and regional commissions are eligible to offer benefits through the Fund.

ELIGIBLE EMPLOYEES (HEALTH AND DENTAL PLANS)

All Participating Employers that elect the Health Plan or Dental Plan must offer these Plans to "Regular Employees." A Regular Employee is one who resides in the U.S. and is employed in a salaried or hourly rated position that requires 30 or more Hours of Service per week and is expected to last at least 48 weeks. In general, an Hour of Service is an hour for which an employee is paid or entitled to payment. Most Participating Employers also offer the Health Plan to dependents (children up to age 26 and legal spouse).

A Participating Employer that is a city may offer the Health Plan or Dental Plan or both to members of their governing authority and their dependents. If the city offers the Plans to members of the governing authority, it also may offer the Plans to city attorneys and/or municipal judges and their dependents.

ELIGIBLE RETIREES

See www.gmanet.com/LifeHealth#Plans for information about Health and Dental Plans available to eligible retirees. To be eligible, a retiree must have been enrolled in the coverage at termination of employment and must immediately begin to receive a defined benefit retirement benefit from the former employer. For Health coverage, the retiree is not eligible unless he or she is under age 65. Once enrolled due to retiree status, health coverage terminates at age 65.

WANT TO OFFER THE GMEBS HEALTH OR DENTAL PLAN OR BOTH?

Underwriting (Health Plan only). A new Participating Employer submits a group underwriting questionnaire, a census form, and claims/loss information to GMA.

Employers with 50 or more employees also must submit a summary report of large claims. GMA coordinates with underwriting advisors and prepares a premium quote. An employer can expect to receive a premium quote approximately two weeks after submitting the required information. Whenever a Participating Employer wants to add a new eligibility class, underwriting information must be updated and a new quote will be provided.

Declaration of Coverage and Ordinance or Resolution. An employer completes a Declaration of Coverage Statement, which includes the waiting period, the plan options and the definition of Eligible Employees. The governing body of the employer enacts an ordinance (if a municipality) or a resolution (if not a municipality) adopting the Declaration of Coverage and agreeing to the Participation Agreement.

Notification of Claims Administrators. Once the ordinance/resolution is approved by GMA, enrollment and plan design information is sent to the claims administrators. Initial enrollment and plan design information must be received by these administrators 45 to 60 days before the effective date of coverage.

WHAT ABOUT FUTURE CHANGES?

If a Participating Employer wants to change eligibility classes or plan designs, the Participating Employer submits a revised Declaration of Coverage Statement and forwards it to GMA for approval. Once approved, the new enrollment and plan design information is sent to the claims administrators. New enrollment and plan design information must be received by these administrators 45 to 60 days before the effective date of the new eligibility class or new plan design.

WANT TO OFFER GREATER GEORGIA LIFE INSURANCE PRODUCTS?

Please see Greater Georgia Life Insurance information on page 4.

Health & Dental Plans; Greater Georgia Life Insurance Products

In-Network and Out-of-Network



◆ HEALTH PLAN OPTIONS

The Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund offers several health plan options, each of which includes prescription drug benefits. Plan options differ in design by **deductibles, co-insurance, copays, provider networks** and **out of pocket maximums** (see Key Terms below). Participating Employers may choose the plan options best suited to their specific needs and financial resources. For Schedules of Benefits for current health plan options, contact GMA or visit www.gmanet.com/LifeHealth#Plans.

KEY TERMS

Provider Networks. There are two types of medical provider networks: PPO (Preferred Provider Organization) and Open Access (supports HMO and POS plans). Primary care is encouraged, however; referrals to other participating network providers is not required.

In-Network—Describes benefits when participant uses Blue Cross Blue Shield of Georgia preferred providers, or if participant fills a prescription at a pharmacy in Aetna's network.

Out-of-Network—Describes benefits if participant uses non-preferred providers.

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

Copays. A fixed amount the participant pays for a covered health care service, usually when the service is received. Copays vary among the plan options.

Co-insurance. Once the deductible is satisfied, the participant pays co-insurance. Co-insurance is a percent of the allowed amount for a covered health service. For Out-of-Network services, the participant might have to pay the difference between the allowed amount and the provider's charges in addition to co-insurance. Co-insurance amounts vary among the plan options.

Out of Pocket Maximum. The most the participant pays during the year before the plan begins to pay at 100% of the allowed amount. Deductibles, co-insurance, and medical and pharmacy co-payments count toward meeting the out-of-pocket maximums. The out of pocket maximum varies among plan options.

Formulary. The formulary is the prescription drug claims administrator's list of brand name and generic drugs for which it has negotiated preferred pricing. Co-insurance amounts usually depend on whether a drug is on the formulary.

◆ DENTAL PLAN

The GMEBS Life and Health Fund offers the Dental Plan. The Dental Plan provides benefits for in-network and out-of-network dentists. Visit www.deltadental.com for information about in-network dentists. For the Schedule of Benefits for the Dental Plan, contact GMA or visit www.gmanet.com/LifeHealth#Plans.

◆ GREATER GEORGIA LIFE INSURANCE COMPANY (GGL) PRODUCTS

GGL products are governed by Georgia insurance laws and the terms of GGL's standard insurance Certificates. That means eligibility rules are different than the eligibility rules for the Health and Dental Plans, and GGL-approved forms are used.

BASIC LIFE/AD&D

Participating Employers must offer the Basic Life/AD&D coverage to all Eligible Employees.

AVAILABLE COVERAGE IN ADDITION TO BASIC LIFE/AD&D

Participating Employers offering Basic Life/AD&D also may offer Dependent Life Insurance, Optional Life & AD&D, and Short Term Disability Insurance.

FUNDING AND PARTICIPATION REQUIREMENTS

Type of Coverage Employer May Offer	Funding Requirements	Participation Requirements
Employee Basic Life & AD&D	Employer must pay 100%	100% of Eligible Employees
Dependent Life	Employer may pay a portion or none	100% of Eligible Dependents if employer pays 100%; if not, 50%
Employee Optional Life & AD&D	Employee must pay 100%	At least 20% of Eligible Employees must enroll
Short Term Disability	Employer must pay 100%	100% of Eligible Employees

AMOUNT RESTRICTIONS

Participating Employers may offer different amounts of coverage to different job classes. The following amount restrictions apply.

Type of Coverage Employer May Offer	Amount Restrictions (Maximum amounts employer can offer)
Employee Basic Life & AD&D	\$1,000 increments up to a maximum of \$30,000 (employers with 9 or fewer employees) or \$50,000
Dependent Life	Lesser of 50% of Employee Basic amount or \$20,000
Employee Optional Life & AD&D	Must be same amount as Employee Basic Life & AD&D
Short Term Disability	Any whole dollar amount from \$50 - \$300 per week

WANT TO OFFER GREATER GEORGIA LIFE INSURANCE PRODUCTS?

Questionnaire. In order to offer GGL products, an employer completes a Life Insurance Products questionnaire. By completing this questionnaire, the employer documents its desired choices for products, amounts, and eligibility. GMA uses the completed questionnaire to prepare an Employer Application and Participation Agreement ("EAPA").

Certificate. Once the EAPA is approved, GGL creates a Certificate of Coverage for the Participating Employer.

Health Promotion Services and Health Promotion Grants – for Participating Employers Offering GMEBS Health Plan

ADMINISTERED BY LOCAL GOVERNMENT RISK MANAGEMENT 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 Participating Employers offering the GMEBS Health Plan. These services improve employee productivity, educate employees about healthy lifestyles and help control health care costs.

WORKPLACE HEALTH PROMOTION PROGRAM

The Workplace Health Promotion Program is designed to support these Participating 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

Employees enrolled in the GMEBS Health Plan have access to Blue Cross Blue Shield of Georgia well-being services through programs such as Condition Care (diabetes, congestive heart failure, asthma, chronic obstructive pulmonary disease (COPD) and coronary artery

disease) and the 24/7 Nurse Line, a nurse advice line, and LiveHealth Online, an online doctor visit using two-way video chat over a computer or mobile device.

See www.bcbsga.com for details. LGRMS helps promote awareness of these services.

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.

LiveHealth ONLINE

Getting quick and easy access to quality medical care is now easier than ever. Using LiveHealth Online, consumers can connect to U.S.-based, board-certified doctors 24 hours a day, 7 days a week in minutes by two-way video using their smartphone, tablet or computer. All with no appointments or long wait times. Best of all, the cost of an online visit using LiveHealth Online is FREE for GMA members enrolled in Blue Cross Blue Shield of Georgia.

LGRMS helps promote awareness of these services.



Georgia Municipal Employees Benefit System (GMEBS): Health Insurance Plans

Schedules of benefits can be found on the GMA website: www.gmanet.com/LifeHealth#Plans

PPO 90/70 • \$500 Deductible
 PPO 90/70 • \$750 Deductible
 PPO 90/70 • \$1000 Deductible
 PPO 90/70 • \$1500 Deductible

PPO 80/60 • \$500 Deductible
 PPO 80/60 • \$750 Deductible
 PPO 80/60 • \$1000 Deductible
 PPO 80/60 • \$1500 Deductible
 PPO 80/60 • \$2000 Deductible

Open Access
 POS 80/60 • \$500 Deductible

Open Access
 POS 80/60 • \$750 Deductible

Open Access
 POS 80/60 • \$1000 Deductible

Open Access
 POS 80/60 • \$1500 Deductible

Open Access
 POS 80/60 • \$2000 Deductible

Open Access
 POS 90/70 • \$500 Deductible

Open Access
 POS 90/70 • \$750 Deductible

Open Access
 POS 90/70 • \$1000 Deductible

Open Access
 POS 90/70 • \$1500 Deductible

Open Access
 HMO 80% • \$150 Deductible

Open Access
 HMO 90%





The Burgess Building
201 Pryor Street, SW
Atlanta, Georgia 30303

Mailing Address:
PO Box 105377
Atlanta, Georgia 30348

Phone: 404.688.0472
Toll-free: 1-888.488.4462
Fax: 678.686.6316
www.gmanet.com