



LAGRANGE
GEORGIA

Employee Benefits At A Glance January 1, 2023 – December 31, 2023

GREAT NEWS! There are NO employee cost increases or plan design changes for 2023!

Medical Benefits – Allied/Aetna Plan Overview



To locate a medical provider, please visit www.alliedbenefit.com. Choose Provider Networks and then Aetna Signature Administrator Network. For medical coverage, employees can choose between a PPO plan or High Deductible Health Plan.

Benefit Features	PPO Plan (Traditional)				High Deductible Health Plan (HDHP)			
	Employee Only	Employee & Child(ren)	Employee & Spouse	Family	Employee Only	Employee & Child(ren)	Employee & Spouse	Family
Deductible	\$ 1,250	\$ 2,000	\$ 2,250	\$ 2,500	\$ 1,750	\$ 3,250	\$ 3,250	\$ 3,250
Out of Pocket Max: In-Network	\$ 2,500	\$ 3,050	\$ 3,850	\$ 5,000	\$ 4,750	\$ 6,650	\$ 6,650	\$ 6,650
Primary Care Office Visit	\$25 copay				20% after deductible			
Specialist Office Visit	\$50 copay				20% after deductible			
Emergency Room / Urgent Care	\$250 copay / \$35 copay				20% after deductible			
Biweekly Cost by Coverage Tier	\$95	\$135	\$210	\$230	\$55	\$95	\$150	\$190

A bi-weekly tobacco surcharge of \$50 will be added to employees that use nicotine products. A bi-weekly spousal surcharge of \$100 will be added if the spouse is enrolled in The City's Plan and has waived their own employer's health plan.

Sample Medical & Prescription ID Card:

ALLIED PROVIDERS: Please call Allied at 866-455-8727 to confirm benefits and verify eligibility, or verify electronically via the Provider Fast Track at www.alliedbenefit.com

Subscriber
Employer: City of LaGrange
Group #: T12345
Subscriber: JOHN SAMPLE
Subscriber ID: SMPL0001

Medical Plan
aetna
Coverage: Family
Deductible/Out-of-Pocket

Pharmacy Plan
RxBIN: 017076
RxCN: 9999
RxCRP: XXXX
US-Rx Care
www.us-rxcare.com
Member & Pharmacy: 877-200-5533

Additional Information
All dialysis providers are out-of-network. This Plan does not access or use the Aetna network for dialysis providers.
Contact Allied for questions 866-455-8727

Medical Claims Submission
This plan is administered by Allied EDI: Payer ID 37308
Mail: Allied Benefit Systems, LLC
PO Box 909786-60690
Chicago, IL 60690
866-455-8727

Eligibility
Contact Allied 866-455-8727
Mon-Thursday 7:30-7:00 CST, Fri 8:00 to 5:00 CST, Sat 9:00-12:00 CST.
Online: www.Alliedbenefit.com

This card does not guarantee coverage or eligibility. Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.

Pre-Certification
Contact Allied Care for Pre-certification: 866-458-2995
Contact Allied for all other questions: 866-455-8727
See plan description for details. Penalty may apply for failure to pre-certify according to requirements.

WELLSTAR
West Georgia Medical Center

Please note ID cards will not list covered dependent names but will include coverage tier.

It will list your copays.

It will have important contact information on the back for you and your providers.

Additional cards can be requested on the member portal, www.alliedbenefit.com.

Prescription Benefits with www.usrxcare.com or 1-877-200-5533



Benefit Features by Drug Classification	PPO Plan (Traditional)		High Deductible Health Plan (HDHP)	
	Retail Copay 30-Day Supply	Retail / Mail Order Copay 90-Day Supply	Retail Copay 30-Day Supply	Retail & Mail Order Copay 90-Day Supply
Generic	\$15.00 copay	\$45.00 Copay / \$37.50 Copay	20% Coinsurance after deductible	20% Coinsurance after deductible
Brand Formulary	\$50.00 copay	\$150 Copay / \$125 Copay		
Non-formulary Brand	20% Coins to \$150	20% Coins to \$450 Retail 20% Coins to \$375 Mail order		
Specialty Drug	20% Coins to \$150	N/A	20% Max to \$150	N/A

Pharmacy Savings Program by **ANGEL-Rx**

Angel Rx Medication Assistance Program: Manufacturers have funds available to lower the cost of drugs but make it difficult to obtain the savings. Angel Rx can help!

- Over 1,200 brand name maintenance, specialty and high-cost medications can be filled at a low OR no cost to you.
- Angel Rx will notify HR as to who qualifies for the program and then a local Angel Rx rep will contact you directly to help you complete the application process. Please note, Angel Rx will call you at the phone number on file. These are not telemarketers – please make sure to take or return the call as soon as possible so there isn't a delay in getting medications.
- Once approved, the 90-day supply will be shipped directly to your home; again, at no cost to you.

Health Savings Account (HSA) - available to employees selecting the HDHP. The City matches up to \$500 per employee or \$1000 per family unit. Maximum contribution is \$3,850 for individual and \$7,750 for family.

Flexible Spending Account (FSA) - available for employees to set aside pre-tax dollars to pay for eligible expenses. The 2023 maximum contribution is \$3,050. FSA cannot be used with the HDHP. The City will match up to \$1,000 of contributions.

Dependent Care Flexible Spending Account – available for employees to set aside pre-tax dollars to pay for child or dependent care expenses. The 2023 maximum is \$5000 for a married couple filing jointly or single parent, and \$2500 for married person filing separately.

Download the app, visit www.medcombenefts.com or call 1-800-523-7542 option 1 for account assistance.

Dental Benefits

Benefit Features	Employee Only	Family
Deductible	\$50	\$150
Preventative	100%	100%
Basic services	80%	80%
Major services	50%	50%
Calendar year maximum benefit	\$1000	\$1000
Biweekly Cost by Coverage Tier	\$14.00	\$40.00



The plan year deductible is waived for preventative services.

Please note that you will receive a separate ID card for dental coverage.

Vision Benefits

Benefit Features	In Network		Out-of-Network	
Eye exam - once every 12 months	\$10 copay		up to \$35	
Frames in lieu of contacts	\$0 copay; 20% off balance over \$120 allowance		Up to \$60	
Lenses - single/bifocal	\$25 copay		up to \$25	
Contacts in lieu of frames	\$0 copay; 15% off balance over \$135 allowance		up to \$108	
Biweekly Cost by Coverage Tier	Employee Only	Employee & Child(ren)	Employee & Spouse	Family
	\$2.76	\$5.52	\$5.25	\$8.12



For more information, visit www.eyemed.com or call 1-866-804-0982.

Please note that you will receive a separate ID for vision coverage.



Life & Disability Benefits



Basic Group Life/AD&D: Eligible employees and elected officials are offered a \$50,000 group term life and accidental death and dismemberment insurance policy with The City paying the majority of the cost. Biweekly payroll deduction for this benefit is \$2.76.

Dependent Group Life Insurance: Employees can elect coverage on eligible dependent, spouse and/or children. If both parents are employees, only one parent can cover children, and employees cannot be covered as both an employee and a dependent. Coverage options are: \$10,000 Spouse & \$5000 ea child is \$.86 biweekly, \$5000 Spouse & \$2000 ea child is \$.38 biweekly and \$1000 Spouse & \$1000 ea child is \$.13 biweekly.

Employee Group Supplemental Life: In addition to basic life, employees can elect additional life insurance coverage in increments of \$10,000 up to \$300,000, limited to five times annual earnings. Any amount in excess of the guaranteed issue of \$150,000 will require an Evidence of Insurability (EOI) questionnaire or any amount for late enrollees. Coverage can be increased at Annual Enrollment of two increments without an EOI being required. Biweekly rates are based on a combination of age and amount of coverage selected.

Short-Term Disability Plan: Disability coverage is offered as a way to help supplement your income in the event of an illness or off job accident. This coverage provides for a weekly benefit from \$100-\$400, not to exceed 70% of earnings. Benefits begin on the 8th day of disability and continue as long as disabled for a maximum of 26 weeks or 180 days. This benefit cannot be paid in addition to sick leave – you must choose one or the other. Bi-weekly deduction is based on weekly benefit selection and ranges from \$1.94-\$7.75. There is a pre-existing exclusion of 12 months after the effective date of coverage.

Long-Term Disability Plan: The City provides, at no cost, a monthly benefit equal to 40% of base earnings with a maximum basic benefit of \$3,000. Employees can elect to increase this benefit to 60% of base earnings with a maximum buy-up of \$5,000. This benefit begins on the 181st day of disability and continues as long as disabled up to age 65. Biweekly rates are based on amount of coverage selected. There is a pre-existing exclusion of 12 months after effective date of coverage.

Unum Individual Whole Life with Long-Term Care: Employees may elect to cover themselves, their spouse and/or children with individual life policies. Whole Life provides guaranteed level of premiums and death benefits for the life of the contract. A Long-Term Care rider is included for policies over \$10,000.



STRONGSIDE SOLUTIONS
INSURANCE BROKERAGE PLUS