



DeKalb County
GEORGIA

Your 2025/2026 DeKalb County Benefits Guide



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Welcome to Enrollment!

DeKalb County, Georgia, provides a comprehensive selection of benefits that help support your and your family's health and well-being. The County provides some benefits at no cost to you, some you pay for, and other benefit costs are shared between DeKalb County and you. Once you select your benefit options, your elections remain in effect for the plan year (July 1, 2025 - June 30, 2026). FOLLOWING OPEN ENROLLMENT, YOU MAY ONLY CHANGE COVERAGE DUE TO A QUALIFIED LIFE EVENT AND MUST DO SO WITHIN 30 DAYS OF THE EVENT. PLEASE REFER TO THE LIST OF LIFE EVENTS ON PAGE 7 FOR MORE INFORMATION.

To find out more about the benefit options available to you, call center representatives are available during the Open Enrollment period (May 5 - May 19, 2025) at **404-458-0100**.

YOUR SINGLE SOURCE FOR BENEFITS INFORMATION:

yourdekalbbenefits.com

Use this site to explore your benefit options and learn more about how these plans can support your physical and financial health. The site is available during Open Enrollment and year-round, so be sure to visit often for important updates, including the latest wellness news and events.

What's New for 2025/2026

- We're happy to announce that once again employee payroll contributions for medical coverage will not increase.
- The deductible for the Blue Open Access HSA will increase slightly.



Resources for Medical Plan Members

To help you make the most of your medical plan, both Anthem and Kaiser offer multiple health management resources to members.

Mobile Apps, Available from the App Store or Google Play

Anthem's Sydney app



Sydney acts as a personal health guide, answers questions and connects you to the right resources at the right time. Sydney helps you:

- Find care and check costs
- Check all benefits and see your claims
- View and use digital ID cards

Kaiser Permanente app



- Email your doctor or Member Services with non-urgent questions
- Manage appointments and see information about past visits
- Refill prescriptions
- See your health history including allergies, immunizations and most lab test results

Advice Lines

Anthem's 24/7 NurseLine

Plan members can talk with a registered nurse about their health anytime, day or night. The nurse can also advise members where to go for care. Call **888-724-BLUE (2583)**.

Kaiser's 24/7 Care Advice

Plan members can get medical advice and care guidance in the moment from a Kaiser Permanente provider by calling **404-365-0966**.

Virtual Care

Anthem's LiveHealth Online

Using LiveHealth Online, plan members can have private video visits on the go. A board-certified physician will assess your condition, provide a treatment plan and send a prescription to your pharmacy if needed. Register at livehealthonline.com or download the app.

NOTE: Anthem does not cover telehealth visits with a primary care provider or specialist. Virtual care is only covered under the Anthem medical plans if you use LiveHealth Online.

Kaiser's Video and Telephone Visits

Video and Telephone Visits are available to plan members as convenient ways to receive care from home or while traveling for a wide range of same-day urgent care needs to planned, routine visits. Call **404-365-0966** to schedule an appointment.

Internal Health Advocate Resource

Our very own Jaimie Jones is now your dedicated Health Advocate resource! She serves as your primary contact for the following:

- Helping you identify the best-fit, high-quality medical doctors/providers
- Providing guidance in resolving claims and billing issues
- Researching appropriate DeKalb-sponsored and community resources you may need

Whether you are enrolled in a DeKalb-sponsored health plan, or just have general healthcare questions, please reach out to Jaimie at **404-371-2099**.

Employee Health Center

County employees, early retirees and dependents over age 2 who are enrolled in an Anthem medical plan can use the DeKalb County Employee Health Center, provided by Marathon Health. The Employee Health Center offers virtual and in-person care, plus 24/7 access to clinicians and primary health care services including:

- Annual physical exams and immunizations
- Chronic condition management
- Family medicine
- Mental health screenings
- Onsite lab work
- Select generic medications at no cost
- Sick and urgent care

Using the Employee Health Center offers cost savings compared to traditional community medical-based care, depending on which Anthem medical plan you're enrolled in and the type of care you receive. Visit yourdekalbbenefits.com for details.

Resources for Health Management

Transform Diabetes Care and Hypertension

If you enroll in an Anthem medical plan, you automatically are eligible for the Transform Diabetes Care and Hypertension program through CVS Caremark.

The program provides you with blood glucose meter and supplies, and a home blood pressure monitor, all at no cost to you. If you (or a covered dependent) have a diabetes diagnosis, you may receive an outreach communication from a Certified Diabetes Educator. These professionals are either Registered Nurses or Registered Dietitians, and they will work with you to help monitor and control your diabetes.

For questions about Transform Diabetes Care and Hypertension, call Caremark at **800-378-0772**.

Cancer Care Engagement from Anthem

A cancer diagnosis can be life-changing and overwhelming. If you are diagnosed with cancer and are enrolled in any Anthem plan (Blue Open Access POS, Blue Open Access HMO or Blue Open Access HSA), you have access to Concierge Cancer Care.

Concierge Cancer Care provides:

- **Guidance:** The right connections for every moment, from diagnosis through recovery.
- **Innovation:** Technology for transformative impact on outcomes, including Tytocare telehealth platform.
- **Partnerships:** Collaborations with leading cancer experts and world-class institutions and centers of excellence.

For questions about Cancer Care Engagement, call Anthem at the number on the back of your ID card.

Comprehensive Care for Chronic Conditions from Kaiser Permanente

Kaiser Permanente's integrated, patient-centered approach to health care and disease management programs supports members with chronic conditions such as asthma, cancer, depression, diabetes, hypertension, weight management and many others.

For questions about Chronic Conditions, call Kaiser at **888-251-6733** or visit kp.org.

Kaiser also offers wellness coaching for quitting tobacco use, weight management, eating healthy and reducing stress. Call **866-862-4295** or visit kp.org/wellnesscoaching.

What You Need to Know About Enrollment

★ **IMPORTANT REMINDER:** This year's enrollment is passive, which means your current medical, dental, vision, life insurance, Aflac short-term disability and other supplemental benefits and legal insurance elections will continue into the upcoming July 1 plan year. However, elections to the Health Savings Account (HSA), Flexible Spending Accounts (FSAs), and/or Transit One must be made annually. You **MUST** log on to CV-360, make an active election and enter your annual contribution amount to have Health Savings Account (HSA), Flexible Spending Accounts (FSAs), and/or Transit Card funds. **YOUR CURRENT CONTRIBUTION ELECTIONS FOR THESE COVERAGES WILL NOT ROLL OVER!**

Here are some of the basics about your DeKalb County benefits – including eligibility requirements and your coverage options.

Benefits Eligibility

To be eligible for benefits, you must be a permanent employee working 20 or more hours per week. Temporary employees are not eligible. Eligible dependents include:

- Your spouse/domestic partner as recognized under state or federal law;
- You or your spouse/domestic partner's children, including natural children, stepchildren, newborns, legally adopted children and children who the plan has determined are covered under a Qualified Medical Child Support Order as defined by any applicable state law; and
- Children from whom you or your spouse/domestic partner is a legal guardian or as otherwise required by law. (You are required to give the Employee Benefits Team a copy of any legal documents awarding guardianship of any new dependents.)

All enrolled children will continue to be covered through the end of the month in which they attain age 26. Coverage may be continued past the age limit based on certain circumstances. Please review the Summary Plan Descriptions, available on yourdekalbbenefits.com, for further information.

Note: You may be required to give proof of continued eligibility for any enrolled child. Your failure to give this information could result in termination of a child's coverage.

Coverage Categories

You may select one of the following coverage levels:

- **Employee** – coverage for yourself only
- **Employee + 1 Dependent** – coverage for yourself and your spouse/domestic partner or an eligible child
- **Employee + Family** – coverage for yourself and two or more dependents (spouse/domestic partner and/or children)

Note: You can choose different coverage levels for different benefits.

Are You a New Hire?

You have 30 calendar days (including your hire date) to make your initial benefit elections. If you do not make an initial election, you will not be permitted to enroll until the next Open Enrollment period, unless you experience a qualified life event. Please see page 7 for more information on qualified life events.

Working Spouse Surcharge

If your spouse/domestic partner is employed and eligible for 2025/2026 medical coverage through his or her employer and decides to enroll in DeKalb County's medical coverage, you will be required to pay the \$50 per month surcharge.

Why a Working Spouse Surcharge?

At DeKalb County, we believe we offer our employees high-quality, low-cost medical plan options. This surcharge will apply to you only if you elect to cover your spouse/domestic partner under one of DeKalb County's medical plan options and they are eligible for other coverage. This surcharge allows us to continue to provide the higher-quality and lower-cost plan options to you and your family, while managing our expenses.



Domestic Partner Coverage

For purposes of this plan, a domestic partner shall be treated the same as a spouse, and a domestic partner's child, adopted child or child for whom a domestic partner has legal guardianship, shall be treated the same as any other child.

Any federal or state law that applies to a Member who is a spouse or child under this plan shall also apply to a domestic partner or a domestic partner's child who is a Member under this plan. This includes, but is not limited to, COBRA, Family and Medical Leave Act (FMLA) and Coordination of Benefits (COB). A domestic partner's or a domestic partner's child's coverage ends on the date of dissolution of the domestic partnership.

To apply for coverage as domestic partners, both the eligible employee and the domestic partner must complete and sign the Affidavit of Domestic Partnership. Additionally, they must complete the enrollment changes online and meet all criteria stated in the Affidavit. Signatures must be notarized. The plan reserves the right to make the ultimate decision in determining eligibility of the domestic partner.

You and your domestic partner must submit an accurate and completed Declaration of Partnership Form and meet all the requirements listed on this form. Continued eligibility depends upon the continuing accuracy of this form. Domestic partner eligibility ends on the date a domestic partner no longer meets all the requirements listed on this form.

What's the Definition of Domestic Partner or a Domestic Partnership?

Domestic partner or domestic partnership means a person of the same sex who is the eligible employee's sole domestic partner and has been for 12 months or more. They must be mentally competent and cannot be related to the eligible employee by blood closer than permitted by state law for marriage. In addition, the domestic partner cannot be married to anyone else and is financially interdependent with the eligible employee.

Ready to Enroll?

Once you've reviewed your benefits materials, including this Benefits Guide and the information available on yourdekalbbenefits.com, and have shared your options with your family members (if needed), enrolling online is simple and convenient.



The Enrollment Process

Open Enrollment for 2025/2026 benefits is May 5 - May 19, 2025. This year's enrollment is passive, which means some of your current benefit elections will continue into the upcoming July 1 plan year. If you wish to make any changes, you must log on to CV-360. To have Health Savings Account (HSA), Flexible Spending Accounts (FSAs) and/or Transit Card funds in 2025/2026, you must enroll in coverage and make new contribution elections.

Hired between May 5 - June 30, 2025?

Your new-hire elections must be completed through CV-360 for coverage through June 30, 2025. If you want to make changes for the new plan year beginning 7/1/2025, you must contact a member of the DeKalb Benefits team at BenefitsDept@dekalbcountyga.gov.

How to Enroll

1. **Gather the right information.** You should have your personal, dependent and beneficiary information ready. You will need full names, dates of birth and Social Security Numbers (SSNs). Personal information you provide is confidential and for benefits use only.
2. **Please log on to DeKalb's CV360 self service system and access your benefits portal to complete your enrollment.**

If you have any issues with the system, please contact the help desk at **404-371-2363** or submit a ticket at the Helpdesk website:

<https://helpdesk.dekalbcountyga.gov/>.

3. **Questions?** During the Open Enrollment period only (May 5 - May 19, 2025), you can contact a call center representative at **404-458-0100**, Monday - Friday, 8 a.m. - 5 p.m., ET, for assistance or to help you complete your enrollment elections. You can preschedule an appointment to speak with a Benefit Counselor by visiting dekalbcounty.annualenrollment.net.

Helpful Hints

- Call center representatives are available to answer any questions you may have, help you formally record your elections or waive your benefits.
- You do not need to actively enroll in medical, dental, vision, life insurance, Aflac short-term disability and other supplemental benefits and legal insurance unless you want to make changes to your current elections for these benefits.
- You **MUST** make an active election and enter your annual contribution amount to have Health Savings Account (HSA), Flexible Spending Accounts (FSAs), and/or Transit Card funds available July 1, 2025. **Your current contribution elections for these coverages will not roll over!**
- To be eligible for benefits, you must be a permanent employee working 20 or more hours per week.

Qualified Life Event

Open Enrollment is your only opportunity to enroll or make changes to your benefit elections for the year, unless you experience a qualified life event such as:

- Change in status such as marriage, divorce, death, birth of child or adoption;
- Change in employment status; or
- Gain or loss of other coverage.

If you experience a qualified life event and want to make changes, please enroll online **and** submit proof of your life event to the Employee Benefits Team within 30 days of your event. All qualified life events require approval before they take effect. If documentation is not received, the election changes will not process.



For Questions or Assistance:

During Open Enrollment (May 5 - May 19, 2025), call **404-458-0100** (this number is valid only during Open Enrollment).



Medical Coverage

Medical coverage is administered by Anthem or Kaiser Permanente.

Our medical plans are remaining the same for 2025/2026, with just a small increase to the Blue Open Access HSA deductible (shown in **bold** below). Use Open Enrollment as the opportunity to consider what your medical needs may be for the next year and if you're enrolled in the right coverage.

Benefit Overview	Blue Open Access POS		Blue Open Access HMO	Blue Open Access HSA		Kaiser HMO	Kaiser HSA
	In-Network	Out-of-Network	In-Network ²	In-Network	Out-of-Network	In-Network	In-Network
Medical/Rx Deductible Individual / Family	\$750 / \$1,500	\$1,500 / \$3,000	\$500 / \$1,500	\$1,700 / \$3,400	\$3,400 / \$6,800	\$350 / \$1,050	\$1,800 / \$5,400
Plan Year Out-of-Pocket Maximum Individual / Family	\$4,500 / \$9,000	\$7,500 / \$15,000	\$6,900 / \$13,800	\$5,200 / \$10,400	\$10,400 / \$20,800	\$6,900 / \$13,800	\$5,000 / \$10,000
Lifetime Maximum	Unlimited		Unlimited	Unlimited		Unlimited	Unlimited
Coinsurance	20% ¹	40% ¹	10% ¹	20% ¹	40% ¹	10% ¹	30%
Preventive Care							
Primary Care Physician	No Charge	40% ¹	No Charge	No Charge	40% ¹	No Charge	No Charge
Specialist	No Charge	40% ¹	No Charge	No Charge	40% ¹	No Charge	No Charge
Physician Services ³							
Primary Care Physician	\$25 copay	40% ¹	\$25 copay	20% ¹	40% ¹	\$25 copay	30% ¹
Specialist	\$40 copay	40% ¹	\$40 copay	20% ¹	40% ¹	\$40 copay	30% ¹
Emergency Services							
Hospital Copay	\$300 copay, then 20% ¹	\$300 copay, then 40% ¹	\$250 copay + deductible, then 10% ¹	20% ¹	40% ¹	\$250 copay + deductible, then 10% ¹	30% ¹
ER Copay	\$300 copay + deductible, then 20% ¹	In-network levels if emergency. If not emergency, coinsurance after deductible.	\$300 copay + deductible, then 10% ¹	20% ¹	40% ¹	\$300 copay	30% ¹
Urgent Care	\$75 copay + deductible, then 20% ¹		\$75 copay + deductible, then 10% ¹	20% ¹	40% ¹	\$50 copay	30% ¹
Ambulance	20% ¹		10% ¹	20% ¹	40% ¹	\$150 copay	30% ¹
Lab, X-Ray, and Hospital Services							
Diagnostic X-Ray & Lab	\$25 or \$40 copay	40% ¹	\$25 or \$40 copay ¹	20% ¹	40% ¹	100% covered	30% ¹
Maternity	20% ¹	40% ¹	\$25 first visit, then 100% covered	20% ¹	40% ¹	\$40 copay first visit, then 100% covered	30% ¹
Inpatient Hospital	\$300 per admission, then 20% ¹	\$300 per admission, then 40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹
Physician In-Hospital Services	20% ¹	40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹
Outpatient Hospital	20% ¹	40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹

¹ After the deductible has been met.

² Prior approval for out-of-network services is required.

³ Anthem does not cover telehealth visits with a primary care provider or specialist. Virtual care is only covered under the Anthem medical plans if you use LiveHealth Online (see page 2).

Prescription Drug Coverage

Prescription drug coverage is provided automatically when you enroll in one of DeKalb County's medical plan options. For Anthem plans, coverage is provided through CVS Caremark. Kaiser provides prescriptions through its own network of pharmacies. The chart below shows how much you will pay for prescription drugs, depending on the plan you select.

Prescription Drugs	Blue Open Access POS Provider: CVS Caremark		Blue Open Access HMO Provider: CVS Caremark	Kaiser HMO Provider: Kaiser
	In-Network	Out-of-Network	In-Network ¹	In-Network
Retail (30-day supply)				
Generic	\$15 copay	Not covered	\$15 copay	\$15 copay
Formulary	30% (\$40 min / \$100 max)	Not covered	30% (\$40 min / \$100 max)	30% (\$40 min / \$100 max)
Non-Formulary	40% (\$80 min / \$120 max)	Not covered	40% (\$80 min / \$120 max)	40% (\$80 min / \$180 max)
Specialty	30% (\$100 max)	Not covered	30% (\$100 max)	Applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.
Mail Order (90-day supply)				
Generic	\$30 copay	Not covered	\$30 copay	\$30 copay
Formulary	30% (\$80 min / \$200 max)	Not covered	30% (\$80 min / \$200 max)	30% (\$80 min / \$200 max)
Non-Formulary	40% (\$160 min / \$240 max)	Not covered	40% (\$160 min / \$240 max)	40% (\$180 min / \$360 max)
Specialty	Not covered	Not covered	Not covered	Applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.

¹ Prior approval for out-of-network services is required.

Prescription Drugs	Blue Open Access HSA Provider: CVS Caremark	Kaiser HSA Provider: Kaiser
	In-Network / Out-of-Network ²	In-Network
Retail (30-day supply)		
Generic	\$10 copay, after deductible	\$15 copay, after deductible
Formulary	\$30 copay, after deductible	30% (\$40 min / \$100 max), after deductible
Non-Formulary	\$50 copay, after deductible	40% (\$80 min / \$180 max), after deductible
Specialty	30% (\$100 max), after deductible	After deductible, applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.
Mail Order (90-day supply)		
Generic	\$20 copay, after deductible	\$30 copay, after deductible
Formulary	\$60 copay, after deductible	30% (\$80 min / \$200 max), after deductible
Non-Formulary	\$100 copay, after deductible	40% (\$180 min / \$360 max), after deductible
Specialty	Not covered	After deductible, applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.

² You will pay full cost at the pharmacy and file a claim for reimbursement.

Go Generic and Save Money!

Always ask your doctor if a generic medication is available – generics are less expensive than their brand-name counterparts and just as effective.

You also may want to consider enrolling in a medical plan with a Health Savings Account (HSA) or enrolling in a Flexible Spending Account (FSA) if you are not enrolled in the Blue Open Access HSA plan or the Kaiser HSA plan. HSAs and FSAs allow you to set aside pre-tax dollars to cover eligible expenses, including prescription drugs.

Health Savings Accounts (HSAs)



HSAs allow you to put aside pre-tax dollars from your paycheck to help pay for qualified expenses. Because of the tax advantages, the IRS limits the amount you can contribute to an HSA. In 2025, the maximum amount you can contribute to your HSA is \$4,300 (employee) or \$8,550 (family). If you are enrolled in the Blue Open Access HSA or the Kaiser HSA plan, a health savings account is automatically opened.

Because your benefits coverage crosses into two calendar years, whatever you elect to contribute to your HSA during Open Enrollment this year will also carry over into next calendar year.

The chart below shows how DeKalb County will help contribute to your HSA if you select the Blue Open Access HSA plan or the Kaiser HSA plan. DeKalb County will make these contributions in two equal installments – half in July and the other half in January.

DeKalb County's Contribution to Your Health Savings Account ¹		
Plan	Blue Open Access HSA	Kaiser HSA
Employee	\$750	\$750
Employee + 1 Dependent	\$1,500	\$1,500
Employee + Family	\$1,500	\$1,500

¹ You must actively enroll in the Blue Open Access HSA plan or the Kaiser HSA plan to contribute to a Health Savings Account in 2025/2026.

HSA: The Triple Tax Advantage

The HSA allows you to save on taxes in three ways.

1. When you deposit money, it goes in tax free.
2. When you invest your money, it can grow tax free.
3. When you withdraw your money for eligible medical expenses, it comes out tax free.

That's why it's called the "triple tax advantage."

HSAs have a couple of other advantages as well – your funds roll over and your account is portable. Each year, you are able to contribute up to the IRS limit to your Health Savings Account, tax free. You have the option of using the money to pay for current eligible medical expenses or saving it for future eligible expenses. In addition, whether or not you remain with DeKalb County, the money in your account is portable.

Limited Purpose Flexible Spending Account (LPFSA)

An LPFSA (administered by WageWorks) will allow you to reap the benefits of a regular FSA; however, you can use this plan to pay only for certain dental and vision expenses. This is an opportunity to use the LPFSA plan if you are expecting to have one or both of these services during the next plan year and save your HSA dollars. **Remember, any type of FSA is a use-it or lose-it plan and unused money is forfeited, while balances in the HSA roll over year to year. You must elect an LPFSA every year.**

How Much Should I Contribute?

If you decide to participate in an HSA for 2025/2026, you will need to decide how much you want to contribute. This amount will depend on your anticipated expenses and budget for the coming year. You'll also need to take into account the annual IRS limits on your contributions. This year, you and DeKalb County can contribute up to a combined \$4,300 for single coverage and \$8,550 for families. In addition, if you are age 55 or older and not enrolled in Medicare, you can contribute up to an additional \$1,000 to your HSA account, known as the "catch-up" contribution.

Eligible and Ineligible Expenses

Visit irs.gov/publications/p502 to review the list of eligible and ineligible medical expenses. This list is not all-inclusive. Remember, the IRS may modify its list of eligible expenses from time to time. IRS guidelines must be followed. As always, consult your tax advisor should you require specific tax information.

Restrictions

HSAs also have restrictions. These restrictions do not prevent you from enrolling in the plan, only from receiving any contributions (yours and the County's):

- You cannot be claimed as a dependent on someone else's taxes;
- You cannot be enrolled in a Flexible Spending Account through another employer;
- You cannot have any other medical plan, including Medicare parts A, B, C or D; and
- You cannot be covered by your spouse's medical plan unless he or she also is covered by an HSA plan.

Note: If you are currently enrolled in an FSA, and wish to enroll in the HSA medical plan (with the HSA), you must use all of your FSA funds by June 30, 2025, regardless of the grace period. Per IRS guidelines, no contributions can be made into your HSA for the first four months of the plan year if there is a balance in your previous plan year's FSA. In addition, once these contributions are available, you are not allowed to use them for any expenses incurred during the first four months of the plan year.

Additional Resources

For additional help, schedule time to discuss your options with a call center representative. Blue Open Access HSA plan participants can visit healthequity.com/ed/hsalearn and click on "Tools & Forms" to access an HSA calculator that can help you determine how much to contribute to an HSA. Kaiser HSA plan participants can visit <https://kp.visualcalc.com/kphsacalcs/kphsacontrib.html#:~:text=Tax%20Savings%20Calculator> to access an HSA calculator.



Examples: How Your HSA Plan Will Work

Single Coverage

- The calendar year 2025 HSA limit is \$4,300.
- DeKalb County contributes \$750 in two installments (\$375 in July 2025 and \$375 in January 2026).
- Sarah wants to max out her yearly contribution.

How does that work?

- Sarah is paid bi-weekly, which is 24 times per year, and her contribution amount will be taken out evenly across her paychecks.
- The \$4,300 IRS limit - the County's \$750 contribution = \$3,550 (Sarah's allowed contribution amount).
- $\$3,550 / 24 \text{ paychecks} = \$147.92 \text{ per pay period}$.

Family Coverage

- The calendar year 2025 HSA limit is \$8,550.
- DeKalb County contributes \$1,500 in two installments (\$750 in July 2025 and \$750 in January 2026).
- John wants to max out his yearly contribution.

How does that work?

- John is paid bi-weekly, which is 24 times per year, and his contribution amount will be taken out evenly across her paychecks.
- The \$8,550 IRS limit - the County's \$1,500 contribution = \$7,050 (John's allowed contribution amount).
- $\$7,050 / 24 \text{ paychecks} = \$293.75 \text{ per pay period}$.

Note: These examples are based on employees who continue the same elections throughout the plan year. Any changes will affect the total dollars contributed toward the calendar year HSA limit. If an employee changes from single coverage to family coverage effective July 1, 2025, he or she will use the \$8,550 to calculate the limit. Refer to the Family Coverage example above to calculate the limit.



Flexible Spending Accounts (FSAs)



FSAs allow you to put aside pre-tax dollars from your paycheck to help pay for qualified expenses. Because of the tax advantages, the IRS limits the amount you can contribute. In 2025, the maximum amount you can contribute to the Health Care FSA is \$3,300, and the maximum amount you can contribute to a Dependent Care FSA is \$5,000. **You must actively enroll for coverage for 2025/2026, even if you currently contribute to one.**

Administered by HealthEquity, FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. DeKalb County offers a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.

- **Health Care FSA**

- \$3,300 annual maximum contribution.
- Eligible expenses include copays, deductibles, prescription drugs, over-the-counter medication, orthodontia.
- See IRS Publication [502](#) for a complete list of covered expenses.

- **Dependent Care FSA**

- \$5,000 annual maximum contribution (\$2,500 if married and filing separate tax returns).
- Eligible expenses include day care, nursery school, elder care expenses.
- See IRS Publication [503](#) for a complete list of covered expenses.



Important Notice for HSA Plan Participants

If you are enrolled in the Blue Open Access HSA plan or the Kaiser HSA plan and contribute to an HSA account, you cannot contribute to a general-purpose Health Care FSA. In these situations, your only option is to contribute to a limited-purpose FSA. The reason is that IRS rules state that you cannot have both an HSA and general-purpose Health Care FSA since both apply funds toward your medical expenses. A limited-purpose FSA allows you to continue to contribute to an HSA. You maximize your savings and tax benefits by restricting your FSA reimbursement to only vision and dental expenses. For more information, please see page 10, contact a call center representative or contact HealthEquity.

Use It or Lose It

Remember to calculate your expenses conservatively when making your Flexible Spending Account elections. IRS regulations require that you forfeit any money left in your account after the claims submission deadline. This is known as the “use it or lose it” provision.

Because our benefits fall into two calendar years, DeKalb County has incorporated a grace period into our FSA. This means that you have until September 15, 2026, to incur additional expenses. If you use your HealthEquity credit card during the grace period, it should pull from those funds first. If you have to file a paper claim for reimbursement, it must be submitted to WageWorks no later than September 28, 2026.

Note: If your salary is \$160,000 or more for the 2025/2026 plan year, you can contribute no more than \$2,500 to the Dependent Care FSA.

HSA vs. FSA: Which Option is Best for You?

Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) are two ways for you to set aside pre-tax money from your paycheck to use for qualified medical expenses. The biggest difference between the two types of accounts is how and when you can use them. An HSA is a savings account whereas an FSA is a spending account.

- FSA has a “use it or lose it” feature: you must use the money you contribute from your paycheck for medical expenses by June 30 each year.
- HSA is a way for you to save year after year: you can save your money and use it now or save it for medical expenses in the future. The money is always yours. You must be enrolled in the Blue Open Access HSA plan or the Kaiser HSA plan to open an HSA.

If you are participating in the Blue Open Access HSA plan or the Kaiser HSA plan and contributing to an HSA, you generally cannot contribute to a Health Care FSA.



Dental and Vision Coverage

Your dental and vision health are other important components of your overall wellness. DeKalb County offers affordable, high-quality coverage options for both dental and vision.

Dental Benefits

DeKalb County offers a choice of dental plans that cover routine check-ups and additional services needed for your dental health. To locate a United Concordia provider in your area, go to www.unitedconcordia.com.

Benefit Overview	High Option	Low Option
Yearly Maximum	\$2,000	\$1,000
Annual Deductible¹ – Individual / Family per Person	\$50 / \$150	\$50 / \$150
Preventive / Diagnostic	100%	100%
Basic Procedures	80%	75%
Major Procedures	60%	50%
Orthodontia (all plan participants)		
Deductible	\$0	N/A
Coinsurance	50%	N/A
Lifetime Maximum	\$3,000	N/A

¹ Deductible does not apply to Preventive Services.



Vision Benefits

As part of maintaining your overall health, routine eye exams should be scheduled on a regular basis. Dollar for dollar you get the best value from your EyeMed benefit when you visit an EyeMed in-network provider. To locate an EyeMed provider in your area, go to www.eyemedvisioncare.com.

Benefit Overview	High Option		Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exams (every 12 months)	\$15 copay	Up to \$35	\$20 copay	Up to \$35
Exam Options ¹				
Standard contact lens fit and follow-up	100%	Up to \$40	100%	Up to \$40
Premium contact lens fit and follow-up	10% off retail price, up to \$40	Up to \$40	10% off retail price, up to \$40	Up to \$40
Frames	Frequency - every 12 months		Frequency - every 24 months	
	\$15 copay, \$150 + 20% off balance over \$150	Up to \$75	\$20 copay, \$130 + 20% off balance over \$130	Up to \$65
Standard Plastic Lenses (every 12 months)				
Single Vision	\$15 copay	Up to \$40	\$20 copay	Up to \$40
Bifocal	\$15 copay	Up to \$60	\$20 copay	Up to \$60
Trifocal	\$15 copay	Up to \$80	\$20 copay	Up to \$80
Contacts (every 12 months) ²				
Conventional	\$170 allowance	Up to \$150	\$125 allowance	Up to \$125
Disposable	\$170 allowance	Up to \$150	\$125 allowance	Up to \$125
Medically Necessary	Paid in full	Up to \$210	Paid in full	Up to \$210

¹ Standard lens fitting – spherical clear contact lenses in conventional wear and planned replacement. Premium lens fitting – all lens designs, materials, and specialty fittings other than standard contact lenses. Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.

² Contact lens allowance covers materials only.

Coverage for Frames, Lenses and Contacts

If you wear glasses, contact lenses or both, it’s important to understand how your vision coverage works to avoid unexpected costs. As shown below, frames are allowed every year, but you can only use *either* your lens or contact lens allowance in that same plan year. For example, if you use your contact lens and frame allowance in the same plan year, you are no longer be eligible for eyeglass lenses. In this case, you would pay out of pocket for new lenses and could use the available 20% discount. If, however, you use your frame allowance and order new lenses for those frames, you can no longer use your contact lens allowance.



More Coverage with Aflac Supplemental Benefits

In addition to the protection that the medical plan provides, you may enroll in supplemental medical benefits for additional coverage and peace of mind. We partner with Aflac to offer these voluntary benefits, which will pay cash benefits for covered illnesses, injuries or death. Depending on the additional level of protection you choose, you can enroll in one, two or all of these benefits.

Critical Illness Insurance*

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered critical illness; you do not have to be disabled or terminally ill. The payment is in addition to benefits you may be eligible to receive from other insurance coverage.

Here are some features of the coverage:

- You may elect coverage equal to \$10,000, \$20,000 or \$30,000.
- Benefits are paid directly to you (unless otherwise assigned).
- You can use the payment in any way you choose, such as to pay for out-of-pocket medical expenses, treatment not covered by your medical plan, transportation, mortgage payments or hiring household help.
- You can cover your spouse/domestic partner for an amount equal to 50% of your coverage amount.
- If you have children, each eligible dependent child is automatically covered for an amount equal to 50% of the amount of your coverage; this coverage is provided at no additional cost. Coverage for children ends when benefits for the last remaining insured adult are paid in full.
- There are no health questions or physical exams required to purchase coverage.
- Cost for coverage is paid through payroll deductions.

How Does Critical Illness Insurance Work?

If you are diagnosed with a covered illness, you will receive a lump-sum payment for covered illnesses, including:

- Heart attack (myocardial infarction)
- Cancer
- Stroke
- End-stage kidney failure
- Major organ transplant

For more information about this plan, visit Aflac at www.aflacgroupinsurance.com, or call 800-433-3036.

Additional Benefits

If you enroll in Critical Illness Insurance, you automatically have the coverages listed below:

- **Additional occurrence benefit** – If you collect full benefits for a critical illness and later are diagnosed with one of the other covered illnesses, you will receive a second full benefit amount for the additional illness, as long as the dates of diagnosis are at least six months apart and the subsequent critical illness is not caused by or contributed to by a prior critical illness that was previously paid.
- **Recurrence benefit** – If you collect full benefits for a covered condition and are later diagnosed with the same condition, you will receive another full benefit, as long as the dates of diagnosis are at least 12 months apart, or – in the case of cancer – as long as the recurrence occurs after 12 months without treatment.

Health screening benefits

You and your spouse/domestic partner will receive up to \$50 each year for any one covered health screening test, such as a mammography, a colonoscopy or a Pap smear.

**Cancellation of coverage of any Aflac product requires completion of the Aflac Service Request Form, which can be found at www.aflacgroupinsurance.com/docs/customer-service/servicerequest_aflac.pdf. Be sure to complete your information at the top, followed by section 6 (cancellation/change of coverage).*

Accident Insurance*

Accident Insurance pays benefits when you are injured as the result of a covered accident. For injuries and accidents, the plan covers a wide variety of services, such as:

- A Dismemberment benefit;
- Transportation and Lodging benefits;
- An Emergency Room Treatment benefit;
- A Rehabilitation Unit benefit; and
- Coverage for certain serious conditions, such as coma and paralysis.

You have two options when choosing Accident Insurance: the High Plan or the Low Plan. The benefits you receive will depend on your treatments and injuries, with the High Plan paying more generous benefits than the Low Plan. You also may elect coverage for your spouse/domestic partner and/or dependent children.

Here are some features of the coverage:

- Benefits are paid directly to you (unless otherwise assigned).
- You can use the payment in any way you choose, such as to pay for out-of-pocket medical expenses.
- Benefits are paid for covered injuries or accidents that occur on or off the job.
- There are no health questions or physical exams required to purchase coverage.
- Cost for coverage is paid through payroll deductions.

Health screening benefits

You and your spouse/domestic partner will receive up to \$50 each year for any one covered health screening test, such as a mammography, a colonoscopy or a Pap smear.

How Does Accident Insurance Work?

Accident Insurance pays a benefit, regardless of any benefits you receive from other insurance programs. The amount of the benefit is based on the plan you elect, the treatment/services received, and/or the type of covered injury. You can receive benefits for an ambulance ride, use of the emergency room, surgery, anesthesia, stitches, and casts.

Below are the most common benefits paid from Accident Insurance. For additional information about this plan, please refer to the Aflac brochures, visit Aflac at www.aflacgroupinsurance.com or call 800-433-3036.

	High Plan	Low Plan
Hospital Admission (once per calendar year)	\$1,000	\$750
Physical Therapy (up to six doctor-prescribed physical therapy treatments per covered accident)	\$50	\$35
Accident Follow-Up Visit (up to six treatments (one per day) per covered accident)	\$50	\$50
Emergency Room Treatment (only once per 24-hour period and only once per covered accident)	\$200	\$125
Dislocation	Up to \$3,000	Up to \$2,500
Fracture	Up to \$4,000	Up to \$3,000

Note: The insured must have received initial treatment within 72 hours of the accident.



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Additional Coverage Options

Your family depends on your income for their lifestyle today and in the future. That's why DeKalb County offers Life, Accidental Death and Dismemberment (AD&D) and Disability Insurance – so you can be prepared if the worst does happen.

DeKalb County offers a complete life insurance portfolio administered by The Hartford.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

DeKalb County covers the full cost of Basic Term Life and AD&D coverage described below. There is nothing you need to do to receive this coverage.

Basic Term Life: The benefit is equal to 2.25 times (1.125 times for part-time employees working between 20-39 hours weekly) your basic annual earnings, rounded to the next higher \$1,000, subject to a maximum of \$250,000 (\$125,000 for part-time employees).

Accidental Death and Dismemberment (AD&D): If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your Basic Term Life coverage. You are automatically enrolled in this plan.

Dependent Term Life: Flat benefit of \$5,000. This benefit is paid for by DeKalb County, and you are automatically enrolled in this plan.

Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance

The rate for Supplemental Life and AD&D depends on your age. See page 22 for your specific rate.

- **Employee:**

- **Supplemental Life:** One, two, three or four times your basic annual earnings (rounded to the next higher \$1,000) up to a \$1,000,000 maximum benefit (\$500,000 for part-time employees). Guarantee Issue (GI) is three times your annual earnings to a maximum of \$100,000. Amounts over the GI will require medical testing and/or a medical questionnaire.

- **Supplemental AD&D:** The benefit amount will be equal to your Supplemental Life coverage. You are automatically enrolled in this plan if you enroll in Supplemental Life.

- **Spouse:**

- **Supplemental Life and AD&D:** \$10,000 increments of employee Supplemental Life Insurance benefit; \$100,000 maximum benefit. Guarantee Issue of \$20,000. Amounts over the GI will require medical testing and/or a medical questionnaire.

- **Child(ren):**

- **Dependent Term Life and AD&D:** You may also purchase Supplemental Life Insurance for your dependent child(ren). All amounts are GI during initial enrollment and do not require Evidence of Insurability (EOI); flat benefit of \$5,000.

Note: If you did NOT elect Supplemental Life and AD&D coverage (employee or spouse/domestic partner) during a past enrollment and now want to participate, you will be required to submit EOI.

Universal Life Insurance with Long-Term Care (LTC)

Universal Life Insurance with Long-Term Care (LTC), provided by Transamerica, helps to pay expenses for your care if you are diagnosed with a debilitating condition. It also provides protection if you need access to a loan, or for life insurance coverage for your dependents. Coverage is available for you, your spouse/domestic partner and your child(ren).

Disability Insurance*

Below is an overview of DeKalb County's Short-Term Disability plan administered by Aflac. This plan offers income replacement in the event you become disabled. It is another important level of protection for your long-term financial security.

Short-Term Disability (STD)

You have the option of enrolling in a group STD plan. It can help offer peace of mind if an unexpected sickness or injury occurs (due to a non-work-related illness or injury). It provides monthly cash benefits to help you replace lost income if you are unable to work. Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work. A pre-existing condition limitation does apply.¹

- The maximum income replacement is 20%, 40% or 60% of base annual pay (employee-level choice). Guarantee Issue (GI) is available up to \$4,000 in monthly benefits. Minimum benefit amount is \$300. The maximum benefit is the benefit amount that corresponds with the income replacement elected, not to exceed \$6,000 in monthly benefits. If the benefit amounts between \$4,000 and \$6,000 per month are chosen, health questions are required.
- **A physician must be consulted within 72 hours of incurring the injury or illness in order for a claim to be approved.**
- Choice of Benefit Period: 12 or 24 months
- Elimination Period: 30 days
- Pregnancy is covered like any other sickness as long as it meets the definition of total disability.

IMPORTANT: If electing a STD plan, any salary increase received does not automatically increase your coverage. You must take the following steps:

1. Contact the Employee Benefits Team to let them know that you would like to increase your STD amount due to receiving a salary increase.
2. The Employee Benefits Team will let you know when to log in to the system and complete the STD amount increase.
3. Be sure to submit the form at the very end, or your STD amount increase will not take effect.

The Aflac coverage described here is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochures, as this material is intended to provide general summaries of the coverage. These overviews are subject to the terms, conditions and limitations of the plans.

Accident, Critical Illness and Short-Term Disability Insurance are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands.

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*Cancellation of coverage of any Aflac product requires completion of the Aflac Service Request Form, which can be found at www.aflacgroupinsurance.com/docs/customer-service/servicerequest_aflac.pdf. Be sure to complete your information at the top, followed by section 6 (cancellation/change of coverage).

¹ This plan does not pay benefits for a disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed medications in the 12 months prior to the effective date of coverage. Credit will be given to current Short-Term Disability certificate holders.

Payroll Funded Transit Card

The Payroll Funded Transit Card is a pre-tax benefit used to pay for public transit as part of your daily commute to work. By using this benefit, you are able to put extra money in your pocket each month and make your commute more convenient and affordable.

Your transit benefit costs are deducted first and then you pay taxes on the remainder. This means you don't pay taxes on the money you spend for your qualified transportation expenses!

You may contribute up to \$325 per month to your Transit Card. You will be able to use the money on your card for transit expenses you

incur for transportation on a bus, subway or train while you commute to work in addition to transit passes such as:

- A pass;
- Token;
- Fare card;
- Voucher; or
- Similar item entitling a person to transportation on mass transit facilities or provided by a person who transports people for compensation or hire in a vehicle that seats at least six (6) adults, excluding the driver.



Legal Insurance from ARAG®

Legal insurance from ARAG can help you address everyday situations such as traffic tickets or buying a home. For as little as **\$12.00 per month for UltimateAdvisor Base** or **\$20.50 per month for UltimateAdvisor Plus™**, you can enroll in either plan and have access to a nationwide network of attorneys who can provide counsel, review documents and represent you, if needed. What's more, when you work with a Network Attorney, you don't pay any attorney fees for most covered matters.

Face Life's Legal Issues with More Confidence

When you encounter situations in life that could result in legal or financial issues, you can count on a wide variety of benefits and services to protect you and resolve the following:

- Consumer and fraud protection issues;
- Wills and estate planning;
- Real estate matters;
- Family law;
- Civil damage claims (defense);
- Criminal matters;
- Debt-related matters;
- Dispute with a landlord;
- Government benefits;
- Small claims court;
- Tax issues;
- Traffic matters; and
- Identify theft services.

For complete plan coverage details, call **800-247-4184** to speak with an ARAG Customer Care Specialist, or visit ARAGLegalCenter.com.

Want Increased Protection with Greater Coverage?

With UltimateAdvisor Plus™ legal insurance, not only do you receive all of the benefits offered with UltimateAdvisor, but you can also rely on additional benefits, more legal protection and more comprehensive coverage, such as:

- Child support, child custody or alimony matters;
- Other in-office legal services (for non-excluded, yet non-covered matters);
- Identity Theft Protection that offers credit monitoring, \$1 million identity theft insurance and more;*
- Financial Education and Counseling Services, which offers access to a Credit Counselor, a debt management plan, online tools and calculators and more;
- Caregiving Services, with access to caregiving services from Network Attorneys, eldercare experts and online resources; and
- Tax Services that provide access to a professional tax specialist for tax filing tips, advice regarding IRS audits and notifications, explanation of tax law changes and preparation of tax returns.**

**Eligibility, coverage, limitations and exclusions are governed by a separate coverage document. Please see the identity theft plan summary for details.*

***There is a \$50 cost for each tax preparation (federal or state). Tax preparation is limited to returns that include forms 1040, 1040A or 1040EZ including Schedule A (Itemized Deductions), Schedule B (Interest and Ordinary Dividends) and Schedule D (Capital Gains and Losses). Returns with additional schedules shall be prepared and billed at a rate of \$60 per hour.*

How Much Can You Save?

Common Legal Issues	Fees without ARAG ¹	Fees with ARAG ²
Debt collection issues	\$2,443	\$0
Neighbor dispute	\$2,870	\$0
Purchase/sale of a home	\$2,253	\$0
Will preparation	\$1,546	\$0

¹Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2017 or 2018 and paid by December 31, 2019, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to The Survey of Law Firm Economics: 2018 Edition, The National Law Journal and ALM Legal Intelligence, October 2018.

²Attorney fees are 100% paid in full when using an ARAG network attorney for most covered matters.

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Your 2025/2026 Employee Premiums

Medical 2025/2026 Biweekly Premiums			
	Employee Only	Employee + 1 Dependent	Employee + Family
Blue Open Access Medical Plan Options			
Blue Open Access POS	\$81.06	\$209.96	\$251.30
Blue Open Access HMO	\$98.44	\$254.96	\$305.16
Blue Open Access HSA	\$30.26	\$78.37	\$93.79
Kaiser Permanente Options			
Kaiser HMO	\$64.32	\$166.65	\$199.12
Kaiser HSA	\$25.38	\$65.64	\$78.43

Dental 2025/2026 Biweekly Premiums	High Option			Low Option		
	Employee Only	Employee + 1 Dependent	Employee + Family	Employee Only	Employee + 1 Dependent	Employee + Family
United Concordia Dental	\$4.90	\$9.79	\$14.68	\$3.50	\$6.82	\$8.75

Vision 2025/2026 Biweekly Premiums	High Option			Low Option		
	Employee Only	Employee + 1 Dependent	Employee + Family	Employee Only	Employee + 1 Dependent	Employee + Family
EyeMed Vision	\$2.63	\$5.00	\$7.34	\$1.63	\$3.09	\$4.54

Supplemental Employee/Spouse/Domestic Partner Life and AD&D	
Age (Rate changes on your birthday)	2025/2026 Monthly Rate Per \$1,000 of Coverage
Less than 30	\$.10
30 – 34	\$.11
35 – 39	\$.14
40 – 44	\$.17
45 – 49	\$.22
50 – 54	\$.35
55 – 59	\$.62
60 – 64	\$.78
65 – 69	\$1.44
70+	\$2.29

Glossary

Below is a list of some of the important terms used throughout this guide.

Coinsurance: After you meet your deductible, the plan will begin paying coinsurance for medical expenses. Coinsurance is your share of the costs of a covered service, calculated as a percent of the medical expenses for the service.

Copay: Predetermined (flat) fee that an individual pays for health care services in addition to what the insurance covers.

Covered Dependents: Your eligible dependents whom you have enrolled for coverage under one or more of DeKalb County's plan options.

Generic Drug: A drug product that is pharmaceutically equivalent and bioequivalent to another drug product that is customarily recognized as the brand-name product throughout the pharmacist's profession. A drug is pharmaceutically equivalent to another drug if it contains identical amounts of the same active drug ingredients in the same dosage form. A drug is bioequivalent to another drug if it has demonstrated comparable bioavailability when tested under similar conditions.

HMO (Health Maintenance Organization): Represents "pre-paid" insurance plans in which individuals or their employers pay a fixed monthly fee for services instead of a separate charge for each visit or service. The monthly fees remain the same, regardless of types or levels of services provided. Services are provided by physicians who are employed by, or under contract with, the HMO. HMOs vary in design. Depending on the type of the HMO, services may be provided in a central facility or in a physician's own office.

HSA (Health Savings Account): Combines high deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the deductible. Once the deductible is met, the insurance starts paying. Money left in the savings account earns interest and is yours to keep.

In-Network: Providers or health care facilities that are part of the health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider.

Out-of-Network: Physicians, hospitals or other health care providers who are considered non-participants in an insurance plan. Depending on the plan you choose, expenses incurred by services provided by out-of-network professionals may not be covered or may be covered only in part by your insurance.

Plan Year Deductible: The amount of covered expenses you must pay out of pocket before most medical benefits are payable from the plan. (In-network preventive services are covered at 100% and excluded from you paying the deductible.) Once the deductible is met, you and DeKalb County share in the cost of medical expenses, also known as coinsurance.

Plan Year Out-of-Pocket Maximum: This is the maximum amount you and your covered dependents need to pay each plan year toward your covered expenses before the plan pays covered expenses at 100%. The plan year out-of-pocket maximum includes deductibles, copays and/or coinsurance.

POS (Point of Service): As a member of a POS plan, you may be required to choose a primary care physician who will then make referrals to specialists in the health insurance company's network of preferred providers. Care rendered by non-network providers will typically cost you more out-of-pocket and may not be covered at all.

Contacts and Resources

Below is a list of contacts and resources to help answer any questions you may have now or during the year.

Type of Benefit	Who to Contact	Phone	Website/Email
General Employee Benefits Information	Daphne Horton	404-371-4972	dhorton@dekalbcountyga.gov
	Carolyn Johnson	404-371-4990	cajohnson1@dekalbcountyga.gov
	Princess Starr	404-371-2659	pmstarr@dekalbcountyga.gov
	Call Center Representatives (During Open Enrollment: May 5 - May 19, 2025)	404-458-0100	N/A
Health Advocate Resource	Jaimie Jones	404-371-2099	jbjones@dekalbcountyga.gov
Year-round benefit information	N/A	N/A	yourdekalbbenefits.com
Medical			
Anthem	Anthem	HSA: 855-889-5682 HMO & POS: 855-397-9269	www.anthem.com
Kaiser Permanente	Kaiser Permanente	404-261-2590	http://my.kp.org/dekalbcounty
Prescription			
CVS Caremark	CVS Caremark	888-766-8525 (Customer Service) 800-364-6331 (Pharmacy Help Desk)	www.caremark.com
Dental and Vision			
Dental	United Concordia	866-851-7564	www.unitedconcordia.com/dental-insurance
Vision	EyeMed	866-723-0514 High Option Plan ID: 9730599 Low Option Plan ID: 9730656	www.eyemedvisioncare.com
Other Benefits			
Legal Insurance	ARAG	800-247-4184	www.ARAGLegalCenter.com
Critical Illness/Accident/ Short-Term Disability	Aflac	800-433-3036	www.aflacgroupinsurance.com
Life Insurance and Accidental Death and Dismemberment (AD&D)	The Hartford	800-523-2233 Claims Customer Service: 888-563-1124 Policy Number: 395165	www.thehartford.com
Universal Life Insurance with Long-Term Care	Transamerica	888-763-7474	www.transamerica.com
Health Savings Account (HSA)	Blue Open Access HSA: HealthEquity	877-713-7712	www.healthequity.com
	Kaiser HSA: Kaiser	877-761-3399	www.kp.org/healthpayment
Payroll Funded Transit Card Flexible Spending Account (FSA) (DCFSA) Limited Purpose FSA	HealthEquity	866-242-3458 Account Reference is DeKalb County 63672	healthequity.com/wageworks

