



2024 BENEFITS ENROLLMENT GUIDE

**Human Resources
City of Johns Creek**

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**Benefit Advocates
NFP**

NFPseCustomerService@nfp.com
888-477-8722

WELCOME TO YOUR BENEFITS

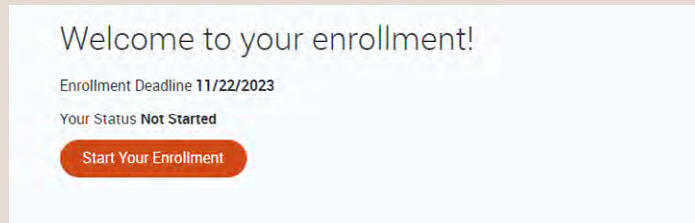
City of Johns Creek is pleased to offer our employees a variety of benefit programs to meet the needs of you and your family members. We offer Medical, Dental, Vision, Basic Life and AD&D, Short-Term and Long-Term Disability, and Telemedicine benefits for all employees. Employees have the option of electing one of two medical plans, contribute to an FSA or HSA, Voluntary Life and AD&D insurance, as well as other Voluntary Benefits. Your benefits will be effective the 1st of the month after your date of hire unless you are hired on the 1st of the month.

We are here to help you enroll and make benefit selections that are right for you.

NFP
888-477-8722
NFPseCustomerService@nfp.com

HOW TO GET ENROLLED

1. Go to: www.johnscreek.bswift.com
 - Your username will be your first initial + last name + last 4 of SSN
 - Your password will be the last 4 of SSN
2. From the Home Page, click on the “Start Your Enrollment” button to begin the election process.



3. You will be asked to verify your demographic information, and then you will be asked to verify your dependent information. If you wish to add dependents to coverage, please add them on the Family Information page.

Two side-by-side screenshots of the enrollment process. The left screenshot shows the 'Employee Information' page with fields for Demographics (Prefix, First Name, Middle Initial, Last Name, Suffix, Nickname, Social Security Number, Date of Birth, Gender, Marital Status, Tobacco User). The right screenshot shows the 'Family Information' page with a summary for Vanessa FTE Tester (Female Employee, 34 years old, SSN 132-11-1234) and an 'Add Dependents' button.

4. Under the benefit selection section, you are able to View Plan Options, choose the dependents you wish to cover, compare plans and make a plan selection. If you wish to waive coverage, simply click the “I don’t want this benefit (waive)” button. Your cost per pay period will begin to calculate based on the plans and/or amounts you select.

A screenshot of the benefit selection section. It shows four rows of benefits: Medical, Health Savings Account, Dental, and Vision. Each row has a 'View Plan Options' button and a 'I don't want this benefit (waive)' button. The Medical section shows 'NO PLAN SELECTED' and 'Your Cost per pay period \$0.00'. A 'Continue' button is visible at the bottom right.

5. Select your beneficiaries for Basic Life and Voluntary Life (if applicable).
6. Once you have reviewed and completed your enrollment, click on “I agree and I am finished with my enrollment”, then click on “Save My Enrollment”.
7. You will then be taken to the enrollment complete page where you can either view, print or email your confirmation statement.

A screenshot of the 'Your enrollment is complete!' confirmation page. It features a green checkmark icon, the text 'Your enrollment is complete!', and a calendar icon indicating 'You may make changes to your elections until: November 22, 2023'. Below this, it states 'Your enrollment is now complete. Please review your confirmation statement below. You may e-mail or print a copy of your confirmation for your records.' At the bottom, it says 'Your Confirmation Statement is ready' and provides buttons for 'VIEW', 'EMAIL', and 'PRINT'.



Medical Benefits

Your Medical Plan Options – POS & HDHP

compare >

City of Johns Creek offers two medical plan options through Aetna: a high-deductible health plan (HDHP) and a point of service (POS) plan. The main difference between the two plans is how and when you pay for your health care.

DID YOU KNOW?

If you enroll in the POS, and you contribute to a health care FSA, your full election amount for the plan year is available for use on qualified expenses on the day your plan starts.

You must submit claims to your health savings FSA for your qualifying 2023 expenses by March 15th, 2024, or you'll forfeit any unused funds.

The best way to find providers is by using the Aetna Health app or logging into the Aetna member portal.

How to Find In-Network Providers as a Guest:

- Visit "Find a doctor" on Aetna.com, and under "Guests," choose "Plan from an employer."
- Enter your home location (ZIP, city, county or state) to access providers specific to plan benefits
- You can enter the name of the plan and search, or you can scroll and choose **Managed Choice POS (Open Access) Network.**
- Search by provider name or provider type. You'll also have the option to search by category: Medical Doctors & Specialists, Hospitals & Facilities, Urgent Care, Walk-In Clinics, and more

If you can't find your provider, please call the number on the back of your ID card.

POINT OF SERVICE (POS) PLAN

- Higher employee cost per month
- Lower deductible, copays for doctor's visits
- You can budget for your out-of-pocket expenses by funding a health care flex spending account (FSA)

High Deductible Health (HDHP) PLAN

- Lower employee cost per month
- High deductible, coinsurance for doctor's visits
- You can budget for your out-of-pocket expenses by funding a health savings account (HSA)

Numbers To Know

DEDUCTIBLE

POS in-network deductible:

- Individual - \$1,500; Family - \$3,000

HDHP in-network deductible:

- Individual - \$3,200; Family - \$5,200

OUT-OF-POCKET MAXIMUM

POS in-network out-of-pocket maximum:

- Individual \$5,000 & Family \$10,000

HDHP in-network out-of-pocket maximum:

- Individual \$6,350 & Family \$12,700

COINSURANCE

POS in-network coinsurance:

- Aetna pays 80%, You pay 20%

HDHP in-network coinsurance:

- Aetna pays 100% after you meet the deductible

CONTRIBUTION LIMITS

Healthcare FSA contribution limits:

- Up to \$3,200 annually

Health Savings Account contribution limits:

- Up to \$4,150 for single and \$8,300 for family



Aetna Medical Plan - POS

Provider Search Network: Managed Choice POS (Open Access)	In-Network Single / Family	Out-of-Network Single / Family
Plan Deductible (per calendar year) Embedded: (no single individual on a family plan will have to pay a deductible higher than the individual deductible amount)	\$1,500 / \$3,000	\$5,000 / \$10,000
Coinsurance	You pay 20%	You pay 30%-40%
Out-of-Pocket Maximum (includes coinsurance, deductible and medical copays)	\$5,000 / \$10,000	\$10,000 / \$20,000
Preventive Services	Covered 100%	You pay 30% after deductible
Office Visits		
Primary Care Physician	\$25 copay	You pay 30% after deductible
Specialist	\$50 copay	You pay 30% after deductible
Emergency Services		
Urgent Care Clinic	\$50 copay	You pay 30% after deductible
Hospital Emergency Room	\$500 copay	\$500 copay
Hospital		
Outpatient Facility	You pay 20% after deductible	You pay 40% after deductible
Inpatient Facility	You pay 20% after deductible	You pay 40% after deductible
Prescriptions		
Preferred Generic	\$15 copay	<div>MEDICAL COST PER PAY PERIOD</div> <div>Employee \$74.83</div> <div>Employee + Spouse \$149.65</div> <div>Employee + Child(ren) \$142.17</div> <div>Family \$224.48</div>
Preferred Brand-Name	\$35 copay	
Non-preferred Generic/Brand-Name	\$65 copay	
Preferred Specialty	\$250 copay	
Non-preferred Specialty	\$500 copay	
Mail Order Copays (90 Day Supply)	\$37.50/\$87.50/\$162.50	



High Deductible Health Plan Reminder:

To help offset the higher deductible, City of Johns Creek will contribute to your Health Savings Account based on your election. We will match dollar for dollar up to \$1,000.

This contribution will be made quarterly (up to \$250 per quarter) and will be based on your completion of the required wellness activities.

2024 Health Savings Account Maximums:

Single: \$4,150

Family: \$8,300

If you are 55 or older, the IRS allows you to contribute an additional \$1,000.

Provider Search Network:
Managed Choice POS (Open Access)

In-Network Single / Family

Out-of-Network Single / Family

Plan Deductible (per calendar year)

Embedded: (no single individual on a family plan will have to pay a deductible higher than the individual deductible amount)

\$3,200 / \$5,200

\$5,000 / \$10,000

Coinsurance

You pay 0% (after deductible)

You pay 30% (after deductible)

Out-of-Pocket Maximum

\$6,350 / \$12,700

\$10,000 / \$20,000

(includes coinsurance, deductible and medical copays)

Preventive Services

Covered 100%

You pay 30% after deductible

Office Visits

Primary Care Physician
Specialist

Covered 100% after deductible
Covered 100% after deductible

You pay 30% after deductible
You pay 30% after deductible

Emergency Services

Urgent Care Clinic
Hospital Emergency Room

Covered 100% after deductible
Covered 100% after deductible

You pay 30% after deductible
Covered 100% after deductible

Hospital

Outpatient Facility
Inpatient Facility

Covered 100% after deductible
Covered 100% after deductible

You pay 30% after deductible
You pay 30% after deductible

Prescriptions

Preferred Generic
Preferred Brand-Name
Non-preferred Generic/Brand-Name
Preferred Specialty
Non-Preferred Specialty
Mail Order Copays (90 Day Supply)

\$15 copay
\$35 copay
\$60 copay
Covered 20% up to \$200
Covered 20% up to \$200
\$37.50/\$87.50/\$150

MEDICAL COST PER PAY PERIOD	
Employee	\$25.21
Employee + Spouse	\$81.93
Employee + Child(ren)	\$77.83
Family	\$132.38



Dental & Vision



	Low Plan	High Plan
Deductible	\$50 individual/\$150 family	\$50 individual/\$150 family
Annual Maximum	\$1,000	\$2,000
Coinsurance Levels		
Preventive Expenses	100%	100%
Basic Expenses	100%	90%
Major Expenses	60%	60%
Orthodontia	Not Covered	50%
Lifetime Orthodontia Max	Not Covered	\$1,500
Out-of-Network Reimbursement	Negotiated Fee	Negotiated Fee

For dental treatments (greater than \$250) you should request a Pre-Determination of Benefits Statement from your dentist so that you will have an estimate of the out-of-pocket costs prior to beginning dental treatment.

The best way to search for in-network dentists is by using your Aetna Health app or logging into your Aetna member portal.

To search as a guest:

1. Go to www.aetna.com
2. Select Find a Doctor at the top of the page
3. Under Guests click Plan from an Employer
4. Enter your ZIP code or city/state and click search. This will allow you to search the entire directory or search for a specific dentist
5. Select "Dental PPO/PDN with PPO II and Extend" and click continue to search for a dentist

LOW PLAN COST PER PAY PERIOD

Employee	\$3.65
Employee + Spouse	\$8.08
Employee + Child(ren)	\$9.13
Family	\$11.65

HIGH PLAN COST PER PAY PERIOD

Employee	\$4.15
Employee + Spouse	\$9.18
Employee + Child(ren)	\$10.39
Family	\$13.26



City of Johns Creek provides you and eligible family members the opportunity to save on vision care services and products by purchasing vision coverage through Aetna. You can obtain eye care and supplies from any of the network's independent optometrists, ophthalmologists, opticians or at participating optical retailers. Limited benefits are also available if you choose non-network eye care professionals.

Benefit Frequency
Exams, Lenses, Contacts, Frames
Once Every 12 months

	In-Network	Out-of-Network
Vision Exams	\$10 copay	Up to \$38
Frames	No copay; \$150 allowance, 20% off remaining balance	Up to \$75
Lenses		
Single Vision	All lenses covered in full after \$10 copay (does not include progressives)	Up to \$28
Bifocal		Up to \$44
Trifocal		Up to \$72
Lenticular		Up to \$72
Contact Lenses		
Elective	\$150 allowance	Up to \$120
Medically Necessary	Paid in Full	Up to \$200

Access Aetna Vision Preferred Network:

Visit www.aetnavision.com and click 'Find a Provider' at the top of the screen. Here you can:

- Find a New Provider
- You can find more details by clicking "View Full Details" on the provider's link. Some providers also provide links to schedule an appointment
- Check if your Current Provider is in network
- Click on the "Search by Name and Zip" tab and enter your provider's name and zip code
- Order glasses and contacts online
- Find Lasik Providers

Aetna Vision Preferred includes Lens Crafters, Target Optical, CVS Optical, Glasses.com and contactsdirect.com

For questions about your coverage, please call Aetna at 877-973-3238

VISION COST PER PAY PERIOD	
Employee	\$0.68
Employee + Spouse	\$1.30
Employee + Child(ren)	\$1.37
Family	\$2.01

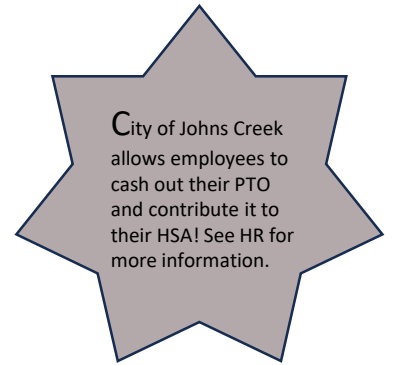


Budgeting for Your Healthcare

Health Savings Account (HSA)

If you enroll in the high-deductible health plan (HDHP), you may be eligible to open and fund an HSA.

An HSA is a personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.



HSA ELIGIBILITY

You are eligible to open and fund an HSA if:

- You are enrolled in the HDHP
- You are not covered by a non-HSA plan, health care FSA or HRA (health reimbursement arrangement)
- Health care FSA must be a zero balance as of January 1, 2024
- You and / or your dependents are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare, Medicaid or TRICARE for Life

USE YOUR HSA TO PAY FOR QUALIFIED MEDICAL EXPENSES

- You can use your HSA money to pay for eligible expenses now or in the future
- Funds in your HSA can be used for your expenses and those of your spouse and eligible dependents, even if they are not covered by the HDHP
- Eligible expenses include deductibles, doctor's office visits, dental expenses, eye exams, prescription expenses and LASIK eye surgery
- A complete list of eligible expenses can be found at www.irs.gov/pub/irs-pdf/p502.pdf

2024 IRS HSA CONTRIBUTION MAXIMUMS:

- Individual coverage: \$4,150 (\$3,150 with employer contribution)
- All other tiers: \$8,300 (\$7,300 with employer contribution)
- Catch-up contribution (if age 55+) \$1,000

You may change your annual election during the year or make one-time contributions throughout the year.

Contributions to a health savings account (including City of Johns Creek's contributions) cannot exceed the annual IRS contribution maximums.

City of Johns Creek will match your HSA contribution dollar for dollar up to \$1,000 upon your completion of the required wellness activities. You will receive a \$250 contribution to your HSA each quarter if you complete the quarterly wellness activities below:

1st Quarter: HEALTH SELF-AWARENESS Aetna Health Assessment online: <https://simplestepslife.aetna.com/SS/home> (must complete in 2024, not 2023). We will receive a report from Aetna that you completed the report with no details of your assessment.

2nd Quarter: FINANCIAL WELLNESS Complete a Blueprint with CAPTRUST in 2024. This is done by calling them at 1-800-967-9948, scheduling an appointment at www.captrustadvice.com, or meeting with them when they come onsite. Please do not send your financial details to us. CAPTRUST will send us a report stating you have completed it without confidential details.

3rd Quarter: Health & Wellness: Attend a lunch and learn by the Wellness Committee in the 3rd quarter of 2024. If you need to watch a recording of one, please email hr@johnscreekga.gov if you work offsite or a night shift. You can also complete a Challenge sponsored by the Wellness Committee.

4th Quarter: Health & Wellness: Attend a lunch and learn by the Wellness Committee in the 4th quarter 2024. If you need to watch a recording of one, please email hr@johnscreekga.gov if you work offsite or a night shift. You can also complete a Challenge sponsored by the Wellness Committee.

HEALTH CARE FSA

If you enroll in the health care FSA, you can contribute up to a maximum of \$3,200 in 2024. You will be able to rollover \$640 of unused funds into the 2025 plan year.

An advantage of enrolling in the health care FSA is that your full election is available for use on qualified expenses on the day your plan starts, even though your contributions are spread out over the calendar year. The Health Care FSA is only available for employees enrolled in the POS plan. If you are enrolled in the HDHP plan, you may only elect a Limited Purpose FSA that can be used only for Dental and Vision expenses.

Please note: You must use it or lose it! If you choose to use a health care FSA, remember to plan your contributions carefully. You can submit claims for your qualifying 2023 expenses through **January 31st, 2024**. Due to IRS rules, you'll forfeit any unused funds over \$610 from the 2023 plan year.

The following list provides examples of expenses eligible for reimbursement under IRS guidelines:

- Non-covered medical expenses that qualify under Section 217 of the IRS code
- Deductibles
- Office visit copays
- Prescription medication
- Over the counter medications
- Vision and dental expenses

Examples of non-eligible expenses include:

- Cosmetic surgery
- Electrolysis
- Toiletries
- Vitamins
- Health club dues

With a flexible spending account (FSA), you can set aside money on a pre-tax basis from your paycheck to cover health care (medical, dental and vision) and dependent care.

City of Johns Creek offers these flexible spending accounts through Medcom, whose services include:

- Medcom provides a way to immediately access the funds in your FSA via Visa debit card
- Expenses are limited to our elected annual maximum
- Automatic direct deposit in your bank or savings account

Limited Purpose FSA

If you enroll in the High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA), you will have the option to elect a Limited Purpose FSA which you can use for dental and vision expenses. The limited Purpose FSA cannot be used for medical expenses or prescriptions since you will be filing those expenses under your HSA.

The maximum contribution is \$3,200 and you are able to roll over \$640 of unused funds into the 2025 plan year.

For a complete list of eligible medical and dependent care expenses, you may access publications #502 (healthcare) and #503 (dependent care) on the web at www.irs.gov.



Flexible Spending Account (FSA)

DEPENDENT CARE FSA

If you have child or elder care expenses, consider taking advantage of the dependent care FSA. You can use the dependent care FSA to set aside up to \$5,000 per year pre-tax dollars for child / elder care expenses while you work. Examples of eligible dependent care expenses include:

- Adult and Child Day care
- Nursery school
- Before- and after-school programs
- Summer day camps

The dependent care FSA is subject to the same reimbursement rules as the health care FSA, including the “use it or lose it” rule. Important tax rules also apply to the dependent care FSA. You can’t be reimbursed from your FSA for any expense that is also covered by a tax credit on your federal tax return. However, unlike the health care FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.





Life & Disability

Life & Disability

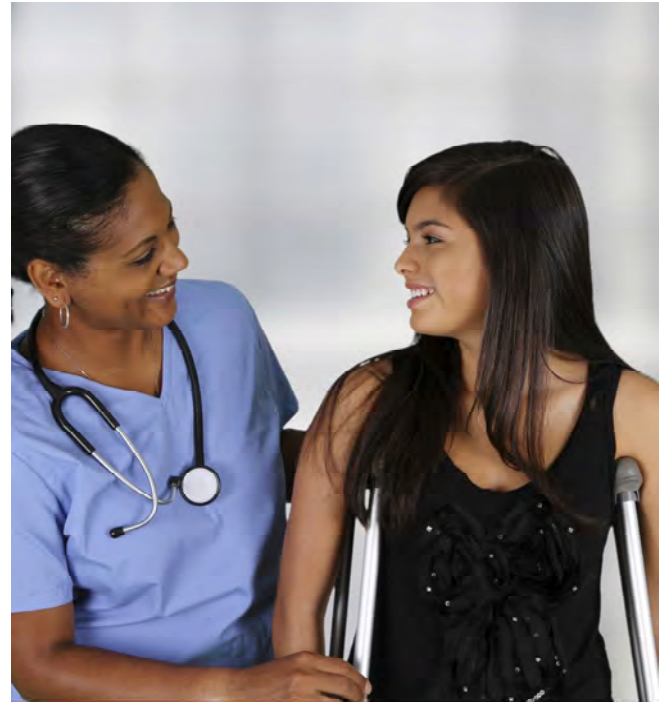
BASIC LIFE AND AD&D – The Standard (New Carrier)
 City of Johns Creek provides basic life insurance to all full-time employees with a payout benefit equal to 3x your annual earnings up to \$500,000.

Accidental Death and Dismemberment (AD&D) provides benefits in the event of death or serious injury as a result of a covered accident. City of Johns Creek provides you with AD&D insurance in the amount equal to 4x your annual salary up to \$500,000.

You are automatically enrolled in these policies at no cost to you. When making your plan selections for Open Enrollment, be sure to designate a beneficiary for this benefit.



SHORT-TERM DISABILITY – THE STANDARD (New Carrier)
 For Short Term Disability, in the event you are unable to work due to an illness, injury, accident or pregnancy, you will receive 60% of weekly earnings to a maximum of \$2,000 per week. Benefits begin on the 15th day after an accident or for a sickness. Benefits are payable up to 11 weeks.



LONG-TERM DISABILITY – THE STANDARD (New Carrier)
 City of Johns Creek provides full-time employees long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. **After 90 days of being disabled, employees are eligible for this benefit. It will pay 60% of monthly earnings to a maximum of \$5,000 per month. Executives will receive up to \$10,000 per month.** Benefits are payable as long as you remain disabled and unable to perform the duties of your own occupation for a two-year period. After the two-year period, you may be eligible to continue to receive benefits until your Social Security Normal Retirement age as long as you are unable to perform the duties of any occupation.

Voluntary Life Benefits

VOLUNTARY TERM LIFE – THE STANDARD
 Employees are given the opportunity to purchase additional term life insurance coverage for themselves, their spouse and / or their child(ren). The cost of the coverage is based on the age of the employee or spouse and the amount of coverage elected. The cost of coverage for dependent children is based on the amount of coverage elected.

- **Employee:** Employees may purchase voluntary life coverage in \$10,000 increments, up to a maximum of \$500,000. Proof of good health is required for any amounts above the \$150,000 guarantee issue amount.
- **Spouse:** Employees may purchase voluntary life coverage on their spouse in \$5,000 increments up to a maximum of \$250,000 (not to exceed the employee life election). Proof of good health is required for any amounts above the \$30,000 guarantee issue amount.
- **Child(ren):** Employees may purchase voluntary life coverage on their child(ren) in the amount of \$10,000.

During this year’s open enrollment, employees may request up to the Guarantee Issue on themselves and their spouse without submitting proof of good health.

Note: Employees must participate in the Voluntary Term Life Plan in order to elect spouse or dependent life insurance coverage.

Monthly Cost to Employee Per \$1,000	
Age	Per \$1,000
less than 30	\$0.080
30-34	\$0.090
35-39	\$0.120
40-44	\$0.180
45-49	\$0.300
50-54	\$0.580
55-59	\$0.930
60-64	\$1.130
65-69	\$1.950
70-74	\$2.800
75 +	\$4.898
Voluntary Child Life	\$2.40 per month for \$10,000 benefit

To calculate your biweekly deduction, please use the formula below:

Bi-Weekly: $\frac{\text{Coverage Amount}}{1,000} \times \text{Age Bracket Rate} \times 12 \text{ (months in the year)} \div 26 \text{ (payroll deductions in the year)} = \text{Total Deduction Per Pay Period}$

Example: John is 45 and elects \$100,000 of Employee Voluntary Life

$100,000 \div 1,000 = 100 \times \$0.300 = 30 \times 12 = 360 \div 26 = \$13.85 \text{ Total Deduction}$

Please note the costs in the enrollment portal will be based on a bi-weekly pay schedule (26 pay periods).





Voluntary & Additional Benefits

AFLAC Accident Insurance

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



COVERAGE TIER	BIWEEKLY COST
Employee	\$6.68
Employee & Spouse	\$11.80
Employee & Dependent Children	\$14.56
Family	\$19.68

AFLAC Critical Illness Insurance

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who’s been diagnosed with a critical illness. You can’t help notice the difference in the person’s life—both physically and emotionally. What’s not so obvious is the impact a critical illness may have on someone’s personal finances.

That’s because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That’s the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

But it doesn’t stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How It Works:

Aflac Group Critical Illness coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of: \$10,000
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	

Amount payable based on \$10,000 Initial Diagnosis Benefit.

Your cost will be calculated based on age, tobacco status, and coverage amount.
 You may view your rate in the enrollment portal when enrolling.

AFLAC Hospital Indemnity Insurance

The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

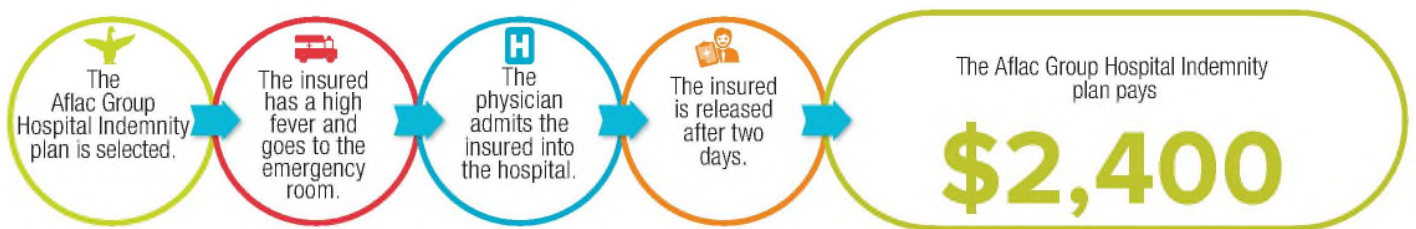
It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit
- Successor Insured Benefit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000), and Hospital Confinement (\$200 per day).

COVERAGE TIER	BIWEEKLY COST
Employee	\$13.09
Employee & Spouse	\$26.56
Employee & Dependent Children	\$20.82
Family	\$34.28

Aetna Wellness Programs

•Get Healthy, Get Rewarded

Earn \$50 in rewards!

•Would you like to be rewarded for being healthy? You and your spouse can each earn a \$50 gift card by completing a health assessment and at least one online health coaching program. Gift cards may be redeemed at aetnarewards.com

•To Register:

1. Login to your member website at aetna.com
2. Take your health assessment
3. Complete at least one online health coaching program
4. Once you have completed your health assessment, you will receive an email from Aetna rewards with instructions on how to redeem your \$50 reward

•Aetna Discount Programs

Savings for You

•Vision

- Discounts on designer frames, prescription lenses, etc.
- Savings on LASIK eye surgery
- Replacement contact lenses delivered to your door

•Wellness

- Save on gym memberships, health coaching, fitness gear, and nutrition products
- Discounts on natural products and services, like therapeutic massage, acupuncture, and chiropractic care

•Dental

- Discounts on teeth whitening, electronic toothbrushes, and various oral health kits

•Hearing

- Save on hearing aids, hearing exams, and hearing aid repairs

•Log in to your member website at Aetna.com to find a vision, hearing or natural therapy professional, sign up for a weight-loss program, buy health products, and more.

•MindCheck Online Tool

•Manage your emotional health

•Part of being healthy involves taking care of your feelings. Positive thinking is linked to many health benefits, such as better sleep, fewer colds, and a greater sense of happiness. The MindCheck online tool asks four simple questions so you can be aware of how you are feeling.

- You'll be matched to a color and level to provide insight into your emotional health
- Get immediate feedback and resources to maintain a positive outlook
- MindCheck provides tips, articles, and videos on topics such as Relationships, Stress, Depression, Substance Abuse, etc.
- The MindCheck site tracks your history, so you can see how your results change over time

•Go to mindchecktoday.com to get started

Aetna Additional Benefits & Resources

Teladoc

Access quality care virtually!

Get Everyday Care for \$47 or less per visit

- Talk to a licensed doctor for non-emergency conditions 24/7

Get Mental Health Care

- Talk to a therapist 7 days a week (7am to 9pm) for \$85 or less per visit
- Talk to a psychiatrist for \$190 or less for the initial visit and \$95 or less for ongoing visits

Dermatology consult for \$75 or less

- Upload images of skin issues online and get a custom treatment plan within two days

Set up your account by going to [Teladoc.com/Aetna](https://teladoc.com/Aetna) or calling 1-855-835-2362

MinuteClinic

Aetna-covered services available.

MinuteClinic Walk-ins

- Available at select CVS and Target locations
- No appointments are needed
- Open seven days a week, including evenings and weekends

Services Available

- Wellness services, such as weight management or tests based on individual needs
- Monitoring Services, such as diabetes monitoring and high blood pressure evaluation

An Easy Process

- Sign in at a clinic kiosk
- Choose your service
- Show your Aetna ID Card

•Go to MinuteClinic.com to find the closest location, make appointments, or view wait times.

•24/7 Nurseline

•Reach a Registered Nurse by calling 800-556-1555.

•If you need a quick answer to a health question and can't wait until you see your doctor, talk to registered nurses day or night on Aetna's Medicare Nurse Hotline to get help with:

- Deciding whether to visit a doctor or urgent care center
- Understanding your symptoms
- Managing chronic conditions
- Learning about treatment options and medical procedures

•Maternity Program

•Everything for a Healthy Pregnancy

•Support and Resources at no extra cost

- What to expect before and after delivery
- Newborn Care
- Early Labor Symptoms
- Coping with Postpartum Depression

•Go to aetna.com to sign up or call 1-800-272-3531



Employee Assistance Program (EAP)

Welcome to your Employee Assistance Program (EAP). By accessing its information, resources and referrals, you can find the support you need to become your best—in all facets of life.

•Your member portal and app provide access to information and resources, including many expanded services, such as health and lifestyle assessments, personal development training, and unlimited peak performance coaching. Services are free, confidential and available to you and your family members. When you use your EAP, everyone benefits. We have stronger employees, families, workplaces and communities.

•EAP Benefits:

•Short-term Counseling- Up to 5 sessions per year:

- Alleviate emotional stress
- Enhance interpersonal relationships
- Tackle family/parenting challenges
- Deal with substance misuse
- Manage strong feelings
- Build on personal strengths
- Navigate life transitions
- Work through grief and loss

•Legal Benefit- One session per issue:

- Bankruptcy, foreclosure
- Home sale/purchase or lease agreement
- Separation or divorce
- Adoption
- Child custody/child support
- Free simple will
- Traffic, civil or criminal matters
- Elder law
- Legal document review
- Simple dispute resolution

•Financial Benefit- Unlimited consultations:

- Manage expenses and debt
- Prepare a realistic budget
- Deal with tax-related questions
- Plan for retirement
- Identity theft solutions
- Invest in a college education
- Student loan coaching
- Home purchase education
- Credit report review

•Work-Life Benefit- Unlimited consultations and referrals:

- Life Coaching
- Childcare
- Adoption
- Elder care
- Dependent care
- K -12 & higher education resources
- Medical Advocacy
- Personal Assistant

•How To Use Your EAP

•Your assistance program offers a wide range of benefits to help improve mental health, reduce stress and make life easier— all easily accessible through your member portal and app.

- Video, Chat and Telephonic Access: 24/7/365 access to request mental health sessions and life management referrals.
- Thousands of Self-Care Articles and Resources: explore videos, provider resource locators, personal assessments, calculators and tools.
 - Events Calendar and Free Webinars: Sign up for the latest webinars and online training sessions.
 - Exclusive Discounts: Save money on entertainment, gifts, travel and consumer goods.



•Getting Started is Easy

•Contact the EAP toll-free at the number below. All calls are CONFIDENTIAL and answered by a Masters or Ph.D. level counselor; your counselor will work with you on a plan beginning with the first call.

•Public Safety Employees

•1.888.327.1060

- Or go to www.PublicSafetyEAP.com and
- create a username and password. Scan
- the QR code to explore your benefits.



•All Other Employees

•1.800.252.4555

- Or go to www.theEAP.com and create
- a username and password. Scan the QR
- code below to explore your benefits.



Retirement Savings Plan

The City provides employees with a comprehensive retirement program consisting of a 401(a) plan and a 457(b) plan administered by The Principal.

- Effective 1/1/23, an employee is eligible to enter the plan on the 1st day of the calendar month coinciding with or following the employee's start date. For example; if an employee is hired on 5/1, contributions begin 5/1. If an employee is hired 5/2, their contributions wouldn't be effective until 6/1.
- The City contributes 12% into the 401(a) and matches employee deferrals \$1:\$1 up to 5%. Funds from the City vest 20% per year (5-year vesting schedule) based upon the employees' date of hire for those hired after 1/01/2017. You may change your deferral percentage, update your beneficiaries, and manage your investments.

•**401(a)** The City will contribute 12% of your gross base pay each pay period to your 401(a) plan. You decide how to invest these funds.

•**457(b)** The 457(b) plan allows employees to defer part of their pay on a tax-deferred basis into the investment of their choice.

- Salary Deferral Contributions: You may contribute from 1% to 100% of your pay each pay period. The city will match your deferral for up to 5% of your earnings. Your taxable income is reduced by the amount you contribute through salary deferral. Your total salary deferral excluding employer contributions may not exceed \$23,000 for 2024.
- Employees age 50 or older may contribute up to an additional \$7,00.
- Vesting: City contributions for employees hired after 01/01/2017 vest 20% per year.

•**New 457 Roth (post-tax) contribution option is available if you are eligible for 457 elections. Match will continue \$1 for \$1 up to 5% in pre-tax portion of the 457. Pre-tax and post-tax elections can be combined for the total match in the pre-tax option.**

•Need Financial Advice?

•Call CAPTRUST, our Financial Adviser, directly at 800.967.9948 or schedule it online at www.captrustadvice.com. Appointments can be scheduled Monday-Thursday from 8:30am to 8pm EST and Friday from 8:30am to 6pm EST. Appointments are scheduled in 30-minute intervals. Please have your Principal login information, a recent account statement, a current paycheck, and any other financial records you would like them to review or reference during your appointment.

•CAPTRUST is an independent investment advisory firm that provides investment advice to the City of Johns Creek retirement plan committee and plan participants. Employees who need help navigating their retirement benefits and other financial priorities (e.g., budgeting, debt, credit, College savings) can rely on CAPTRUST's participant advice program. CAP-TRUST has been helping individual participants like you for over 25 years, by providing personalized advice. They know about all of our Principal investment line-ups and provide professional, unbiased advice. CAPTRUST will not sell you any products- their services are made available to you as part of the City of Johns Creek's retirement package. They do not have any of our specific personal information, but you can screen share with them to show them accounts and current investments. They do not hold any of your record information after they call.

•***Principal Financial Group remains the plan record-keeper.**

Are Roth contributions right for you?

They may be if you:

- Are a consistent saver.
- Are on track to exceed your estimated retirement needs.
- Can't participate in a Roth IRA.
- Think your income tax rate will be higher in retirement than it is now.



Other Perks & Benefits

Preventive Care Credits ** New for 2024!

Preventative Care Credits Available to promote wellness and taking care of yourself and your family!

- Starting in Quarter 2 of 2024 (calendar year) you can earn \$25.00 off your health care premium per paycheck per month if you complete two of the following tasks in the 1st quarter:

Qualifying screenings considered preventative care:

- Mobile Mammography
- Well Women's Exam
- Annual Physical
- Biometric screening (will be offered onsite, or you can get a form to complete through a lab)
- Dental screening* An EOB must be sent directly to hr@johnscreekga.gov to receive this credit.

If you earn eligibility after the first quarter, the credit will be received on the first payroll starting the following month that the reporting is received from our carriers. Once you receive the credit, it will be good for the remainder of the calendar year.

Sick Leave and Vacation

Sick Leave and Vacation are gifts to let employees have time to take care of themselves and their families.

- Leave Pay-Outs permitted into Health Savings Account if enrolled in City's HDHP.
- HSA Paid Leave Pay-Out Continues (no City match on leave payouts)
- Sick Leave (50% of pay rate) above 80 hours (108 hours for Firefighters)
- Vacation (100% of pay rate) above 40 hours (54 hours for Firefighters)

If an employee gives two weeks' notice for retirement or resignation, they are eligible to receive 100% of vacation (and 50% for sick time for retirement; see handbook for definition). If they do not give proper two weeks' notice, this time is forfeited.

SICK LEAVE			
Work Schedule	BW Accrual	Annual Accrued #Hours	Max Accrual
8-hour	4.21	109.46	548
PD 12-hour	4.42	114.92	575
Fire 24-hour	5.89	153.14	767

VACATION ACCRUALS								
Svc. (in months)	8-hr BW Accrual	# Hours Accrued Annually	PD-12 Hr BW Accrual	# Hours Accrued Annually	Fire 24-Hr BW Accrual	# Hours Accrued Annually	Dept Head BW Accrual	# Hours Accrued Annually
0-59	3.51	91.26	3.69	95.94	4.91	127.66	3.51	91.26
60-203	5.27	137.02	5.53	143.78	7.38	191.88	5.27	137.02
204-299	7.03	182.78	7.38	191.88	9.84	255.84	7.03	182.78
300-999	8.77	228.02	9.21	239.46	12.28	319.28	8.77	228.02
Max Accrual	274		288		384		365	

Tuition Reimbursement

The City offers tuition reimbursement of up to \$5,000 for sworn and \$4,000 for non-sworn employees for fiscal year 2024. Eligible courses must be pre-approved by your supervisor, department head, and HR director before the course begins. A maximum of 6 credit hours per semester.

- Only accredited undergraduate, graduate, or certification courses are permitted.
- Each course must be job-related or part of a current/future job-related degree program.
- The new form must be pre-approved (before the course begins) by a supervisor, department head, and HR director.
- City will reimburse 100% of tuition and/or books after completing the course with a GPA of 3.0 (or B) or better/certification received; 75% of reimbursement with a C.
- The tuition reimbursement program is limited to the budgeted amount available at the time of submission.
- Limit does not include City-paid training.

Gym Membership Reimbursement

\$15/month

- To receive, provide a copy of the gym agreement to HR
- Reconfirm enrollment each year
- Must notify HR right away if membership is terminated or expires without renewing
- Discounted Life-Time membership is also available. Contact HR for details.



Who To Contact

Contact Information

If you have any questions regarding your benefits, feel free to contact any of our providers directly.

BENEFITS BROKER
NFP

NFPsecustomerservice@nfp.com
888-477-8722

MEDICAL, DENTAL, VISION, Rx
Aetna

www.aetna.com
800-872-3862
Group/Policy #: 175843

LIFE & DISABILITY
The Standard

www.standard.com
800-628-8600
Group/Policy #: 26409

ACCIDENT, CRITICAL ILLNESS, HOSPITAL
Aflac

www.aflacgroupinsurance.com
800-433-3036
Group #: AGC0001995654

HEALTH SAVINGS ACCOUNT
Optum Bank

www.optumbank.com
customercare@optum.com
866-234-8913

FLEXIBLE SPENDING ACCOUNT
Medcom

www.medcombenefits.com
800-523-7542

EAP
ESI

www.theeap.com
888-327-1060 (Public Safety)
800-252-4555 (All Other Employees)

Retirement
Principal Financial

www.principal.com
800-547-7754

CITY OF JOHNS CREEK
Human Resources

hr@johnscreekga.gov
678-512-3347

Why Would I Contact the NFP Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our service center can help you locate in-network providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The service center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your service center representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The service center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.

1-888-477-8722

NFPsecustomerservice@NFP.com





Important Notices

Important Notices

MEDICARE PART D NOTICE

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Johns Creek has determined that the prescription drug coverage offered by Aetna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current City of Johns Creek coverage will not be affected. See Annual Creditable Coverage Notice, which outlines the prescription drug plan provisions / options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current City of Johns Creek coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your

current coverage with City of Johns Creek and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare Prescription Drug coverage, log onto www.medicare.gov, call 1.800.MEDICARE (1.800.633.4227), or call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information, visit socialsecurity.gov, or call 1.800.772.1213.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore whether or not you are required to pay a higher premium (a penalty).

Important Notices



CHILDREN'S HEALTH INSURANCE PROGRAM

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1.877.KIDS.NOW or insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan

– as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

WOMEN'S HEALTH AND CANCER RIGHTS

Under the Women's Health and Cancer Rights, any plan participant who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following:

- All states of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of the mastectomy, including lymphedemas.

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services are subject to deductibles and coinsurance amounts that are consistent with those of other benefits under the plan.

Important Notices



HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact NFP at 1-888-477-8722.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	City of Johns Creek	4. Employer Identification Number (EIN)	11-3793525
5. Employer address	11360 Lakefield Dr	6. Employer phone number	678-512-3347
7. City	Johns Creek	8. State	GA
		9. ZIP code	30097
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)	12. Email address hr@johnscreekga.gov		

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full-time benefit eligible employees

•With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legal spouses, domestic partners, biological children,
legally adopted children

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs:

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your employer **may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your employer **must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your employer **cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your employer **must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your employer **must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

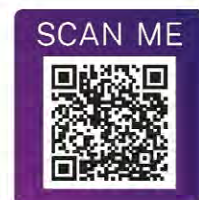
Where can I find more information?

Call **1-866-487-9243** or visit dol.gov/fmla to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR



Important Notices

NOTICE REGARDING WELLNESS PROGRAM

The City of Johns Creek's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. As part of the wellness program, you may be asked to complete a voluntary health assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be offered the chance to complete a biometric screening, which will include a blood test for cholesterol and glucose, height, weight, body mass index (BMI), blood pressure and waist circumference. You are not required to complete wellness activities, participate in the biometric screening or other medical screenings offered by the City of Johns Creek.

The information and the results from your biometric screening, or other type of medical examination or screening, will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as health coaching and lifestyle management programs. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the City of Johns Creek's wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, the City of Johns Creek will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

