

COLUMBUS

GEORGIA



We do amazing.

COLUMBUS CONSOLIDATED GOVERNMENT

2027 EMPLOYEE BENEFITS GUIDE

Your Benefits. Your Wellbeing. Your Community.



MEDICAL

Quality coverage
for you and
your family



WELLBEING

Resources to help
you live a
healthy life



MENTAL HEALTH

Support for your
emotional and
mental wellness



FINANCIAL PROTECTION

Plans to help
you protect what
matters most



FAMILY SUPPORT

Benefits that
support your
whole family



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Welcome



At Columbus Consolidated Government we appreciate your commitment and contributions to our organization's success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for 2027. Please read this guide carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you. For more detailed information, please refer to your plan benefit booklets.

ABOUT THIS GUIDE

This Benefits Guide describes the highlights of the Columbus Consolidated Government Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guide.

In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third-party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified, amended, updated, or terminated in the future—without agreement of any employee or participant—to meet our obligations under relevant law (including Internal Revenue Service and U.S. Department of Labor rules) or otherwise as determined by Columbus Consolidated Government. If you have any questions regarding this Benefits Guide, please contact Human Resources.

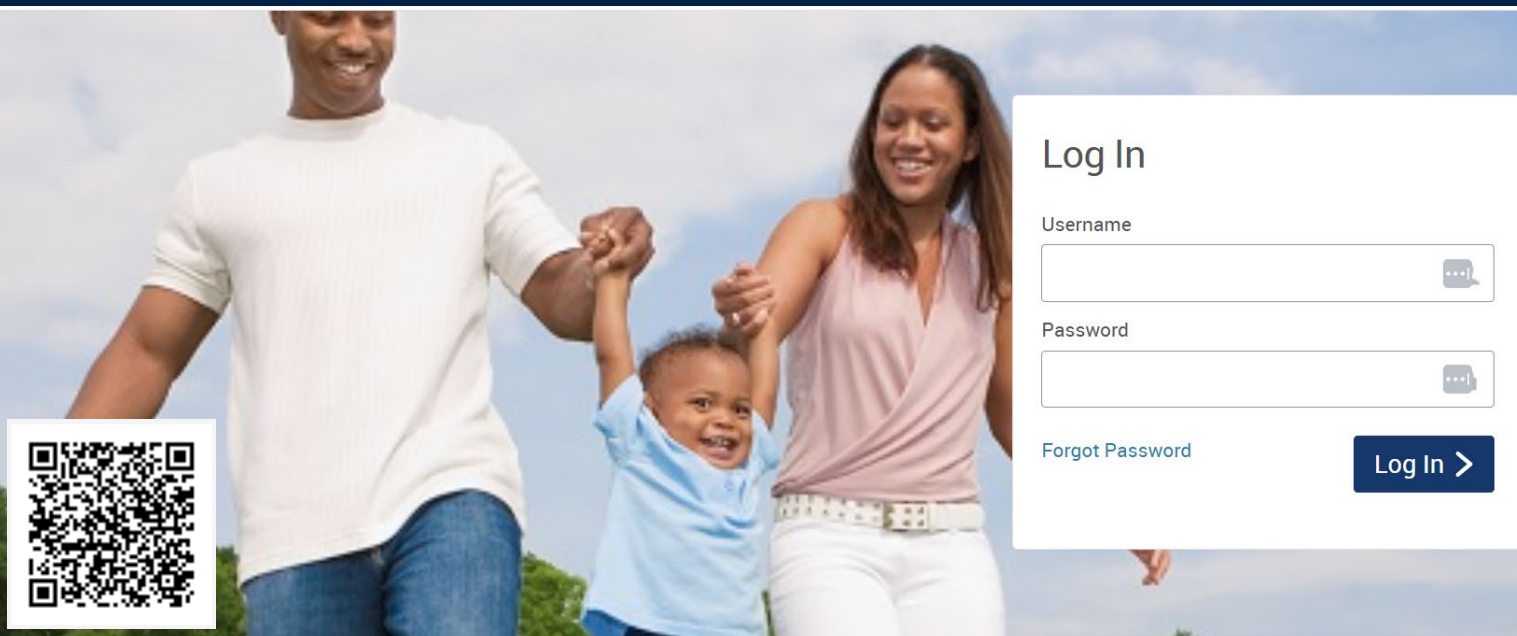
Before You Enroll - Things to Know

You are REQUIRED to provide the following information/documentation for all new dependents and/or beneficiaries by **December 31, 2026**: Legal Name, Date of Birth, Social Security Number, Address

HOW TO ENROLL ONLINE

Go to <https://columbusga.bswift.com/> or Access the Bswift Mobile App

Make sure you disable your pop-up blocker



Please complete your open enrollment elections online or schedule a meeting with an NFP Client Support Specialist at **1-844-505-9158** to enroll, make changes to your current benefits, or elect/waive coverage by **Friday, October 23, 2026**. Please refer to the enrollment schedule provided by Human Resources for available in-person enrollment sessions.

If you make no changes to your 2027 health care coverage, you will continue your current plan and at your current coverage level.

Flexible Spending Account (FSA) Participation Notice: *Enrollment in the Flexible Spending Account (FSA) is voluntary and does not automatically continue from one plan year to the next. Employees who wish to participate in a FSA for the 2027 plan year must make a new election during Open Enrollment. Elections made during Open Enrollment will become effective on January 1, 2027.*

Failure to enroll during Open Enrollment will result in your current benefits being rolled over into the new plan year with the exception of Flexible Spending Accounts.

IMPORTANT

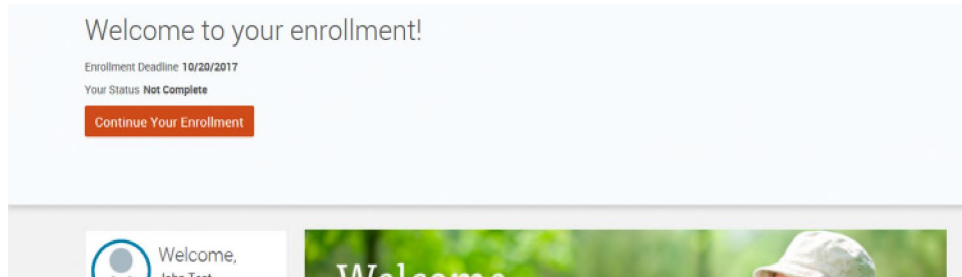
You will not be allowed to make changes after the open enrollment window closes, unless you experience a qualifying life event.

You must notify HR within 30 days of a Qualifying Life Event.

How to Enroll – Bswift

To Begin:

- 1) From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process. Make sure you go to “My Profile” before you begin the enrollment process to confirm your demographic and dependent information , as well as add any new dependents.



- 2) To enroll or change your current election, click on the View Plan Options button.

A screenshot of the Bswift enrollment plan selection page. It shows a summary of the enrollment process: 1. Your Info, 2. Your Benefits, 3. Enroll, 4. Complete. The current step is "Enroll". The page displays the "Medical" plan with "NO PLAN SELECTED" and a "View Plan Options" button. There are also sections for "Spousal Surcharge" and "Dental", both with "NO PLAN SELECTED" and "View Plan Options" buttons. A "Continue" button is at the bottom right.

- 3) Select the dependents you wish to cover on this benefit plan or click the plus sign button “+” to add a new dependent. Then click on the Continue button.

A screenshot of the Bswift enrollment dependent selection page. The page title is "Medical". It asks "Who will be covered by this plan?". There are two checkboxes: "John Test Employee" (checked) and "Jane Test Spouse" (unchecked). There is a "+ Add Dependents" button. At the bottom, there is a "Back" button and a "Continue" button.

- 4) Click on View Plan Details to see additional information for the corresponding plan. Choose the plan and coverage tier using the drop-down menu, then click the Select button under the chosen plan.

A screenshot of the Bswift enrollment plan details page. It shows the "Silver Plan (PPO)" by "Blue Cross Blue Shield of Georgia". There is a "View All Plans Side-by-Side" button at the top. The plan details include "View plan details" and "Your cost per pay period \$84.25" with a dropdown arrow. The tier is "Employee". There is a red "Select" button at the bottom right.

How to Enroll – Bswift

- 5) Repeat Steps 2 – 4 for all remaining benefits. Please take note that your per pay period deductions will total on the right-hand side as you continue through the enrollment process. After selecting all benefit options, click the Continue button on the right-hand side.

The screenshot shows the Bswift enrollment interface. On the left, there are three benefit selection cards: **Dental** (NO PLAN SELECTED), **Vision** (NO PLAN SELECTED), and **Basic Employee Life** (\$0.00). Each card has a "I don't want this benefit (waive)" button and a "View Plan Options" button. On the right, a summary box shows "Your Cost per pay period" as \$71.02. Below this, it says "Finished selecting benefits? Click the button below to continue." with a large orange "Continue" button.

- 6) You MUST enter a new beneficiary or confirm your current beneficiary is correct. Then click the Continue button.

The screenshot shows the beneficiary selection screen. On the left, a table titled "Primary Beneficiaries (required)" lists beneficiaries and their percentages: **My Estate (Employee)** (empty), **Jane Test (Spouse)** (100.00%), and **James Test (Sibling)** (empty). The total is 100%. Below the table is a button to "Add New Beneficiary". There is also a section for "Add Secondary Beneficiaries (optional)" with a note that secondary beneficiaries receive money if primary beneficiaries are not selected. On the right, a sidebar shows the enrollment progress: 1. Enroll Beneficiaries, 2. Review and Confirm, 3. Complete. The current step is 4. Complete, which shows "Your Cost per pay period" as \$0.00 and a "Continue" button.

- 7) Review all your selections for accuracy. Once you have completed your review, select "I agree, and I'm finished with my enrollment." Next click on the "Complete Enrollment" button.

The screenshot shows the final review and agreement screen. On the left, a box titled "Once You've Reviewed All Your Selections:" contains a "Participation" section with a long paragraph of legal text. Below the text is a checkbox labeled "I agree, and I'm finished with my enrollment." On the right, a sidebar shows the enrollment progress: 1. Enroll Beneficiaries, 2. Review and Confirm, 3. Complete. The current step is 4. Complete, which shows a large orange "Complete Enrollment" button.

- 8) Once you have successfully completed your enrollment, you will see the confirmation below. Please view and email a copy of your benefit confirmation statement to yourself for your records.

The screenshot shows the confirmation screen. On the left, a green checkmark icon is next to the text "Your enrollment is complete!". Below this, it says "You may make changes to your elections until: October 20, 2017". There is a paragraph of text explaining that the user has completed their enrollment and can print or email a copy of their Confirmation Statement. At the bottom, a box titled "Your Confirmation Statement is ready" contains a paragraph of text and two buttons: "VIEW" and "PRINT".

Open Enrollment

Open Enrollment Dates: **October 05, 2026 – October 23, 2026**

Benefits Offered

MY HEALTH

Medical, Dental, Vision | **Anthem**

Flexible Spending Accounts | **Medcom**

Virtual Care | **Anthem Sydney App**

Telemedicine | **New Benefits**

MY LIFE

Life and AD&D | **Aflac**

Hospital Indemnity | **Aflac**

Accident | **Aflac**

Critical Illness | **Aflac**

MY PERKS

Employee Assistance Program | **Pastoral Institute**

Paying For Your Benefits

Benefit	Who Contributes?
Medical/Pharmacy	You and Your Employer
Dental	You
Vision	You
Basic Life and AD&D	Your Employer
Voluntary Life and AD&D	You
Supplemental Benefits	You

Some benefits are provided by Columbus Consolidated Government at no cost to you and some costs are shared. While you pay for the full cost of other coverages such as Voluntary Term Life, you still benefit from discounted group rates.

Eligibility & Enrollment Highlights

Columbus Consolidated Government benefit plan year begins on January 1, 2027 and ends on December 31, 2027.

EMPLOYEE ELIGIBILITY

Active Full-Time Employees and Pre-65 Retirees of the Columbus Consolidated Government are eligible for benefits. If you are a new employee, you are eligible to join the medical plan the 1st day following 30 days of active employment. You are eligible to join the dental and vision plans the 1st day following 60 days of employment. Otherwise, your annual enrollment elections are effective January 1st of each year.

DEPENDENT ELIGIBILITY

Your eligible dependents may include:

Your spouse and dependent children are also eligible to participate in our benefit plans. Spouse is defined as your legal spouse who resides in the United States. Your dependent children include natural children, legally adopted children, stepchildren and children for whom the employee has been legally appointed as guardian.

- Your child can be covered on the medical, dental, and vision plans to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.
- Your child can be covered on the life plans to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Please Note: Enrolling someone who is not qualified as a dependent is considered insurance fraud. If enrolling dependents under any plans, please provide HR with documents showing proof of relationship.

WHEN CAN I CHANGE MY COVERAGE?

Qualifying Events: (refer to your Summary Plan Description - Special Enrollment Rights)

Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to change your benefits elections is restricted by Section 125 of the Internal Revenue Code.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- **You must notify Human Resources, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.**
- Please contact NFP CareLine Service Team at 844-505-9158 to speak with a benefit consultant regarding enrollment due to a Qualifying Event.

Medical & Rx Plan Overview

MEDICAL COVERAGE

Medical coverage is administered through Anthem Blue Cross and Blue Shield. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

PHARMACY COVERAGE

Pharmacy benefits are provided through Optum RX. You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy.

The mail order pharmacy program is available to you for your maintenance medication, such as those for blood pressure or cholesterol. The mail order pharmacy program offers up to a 90-day supply at a reduced cost to you.

WHAT IT MEANS TO STAY IN –NETWORK AND WHY IT SAVES YOU MONEY

In-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're an Anthem Blue Cross and Blue Shield member.

They negotiate for you, so, you'll have less out-of-pocket costs when you get care. Providers can't send you a bill for more than what has been agreed to - this is called balance billing. You're safe from balance billing if you stay in-network.

HOW TO LOCATE A DOCTOR IN YOUR PLAN'S NETWORK

Visit www.anthem.com or **Download** the Sydney Health App to search for doctors, hospitals, and other healthcare professionals



CONTRIBUTION RATES	SILVER PLAN BI-WEEKLY PREMIUMS (NON-WELLNESS)	SILVER PLAN BI-WEEKLY PREMIUMS (WELLNESS)	GOLD PLAN BI-WEEKLY PREMIUMS (NON-WELLNESS)	GOLD PLAN BI-WEEKLY PREMIUMS (WELLNESS)	PRE-65 RETIREES SILVER PLAN MONTHLY PREMIUMS	PRE-65 RETIREES GOLD PLAN MONTHLY PREMIUMS
Employee Only	\$96.42	\$75.21	\$143.15	\$111.66	\$334.26	\$435.50
Employee & Spouse	\$181.27	\$141.39	\$275.45	\$214.85	\$1,069.58	\$1,273.64
Employee & Child(ren)	\$168.76	\$131.63	\$256.42	\$200.01	\$961.19	\$1,151.12
Employee & Family	\$267.00	\$208.26	\$406.19	\$316.83	\$1,812.57	\$2,114.15

Medical & Rx Plan Highlights

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Benefit Booklet and Summary of Benefits and Coverage (SBC) which are available from Human Resources or your benefits resource center at https://digital.nfp.com/vlp/CCG_BRC.



	SILVER PLAN	GOLD PLAN
MEDICAL BENEFITS	In- Network	In- Network
Calendar Year Deductible Per Individual / Family Aggregate	\$2,000 / \$4,000	\$1,000 / \$2,000
Out-of-Pocket Maximum (includes Deductible) Per Individual / Family Aggregate	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance (% the member pays)	20%	10%
Preventive Services	\$0	\$0
Office Visits Primary Care / Specialist (<i>in-person or virtual</i>)	\$40 / \$50	\$30 / \$40
Telemedicine Sydney Health App	\$0	\$0
Urgent Care	\$60	\$60
Emergency Room	\$200 + 20% Coinsurance	\$150 + 10% Coinsurance
Inpatient Hospital	Deductible & 20% Coinsurance	Deductible & 10% Coinsurance
PRESCRIPTION BENEFITS		
Retail		
Preferred Brand	\$15	\$15
Non-Preferred Brand	\$40	\$40
Preferred Specialty	\$60	\$60
Non-Preferred Specialty	\$150	\$150
	50%	50%
Mail Order (90-day supply)		
Generic	\$40	\$40
Preferred Brand	\$80	\$80
Non-Preferred Brand	\$120	\$120

PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines around preventive care, including check-ups, screenings, and immunizations. Your medical, dental, and vision plans cover in-network eligible well care visits, screenings and immunizations at no cost for you and your covered family members.

Access Care



Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network. Filter by gender, languages spoken, or location. You can also compare costs.



Virtual Care

Assess your symptoms with the Symptom Checker or talk to a doctor through chat or video.



Community Resources

Find organizations that offer no- or low-cost programs to help with food, transportation, and childcare.



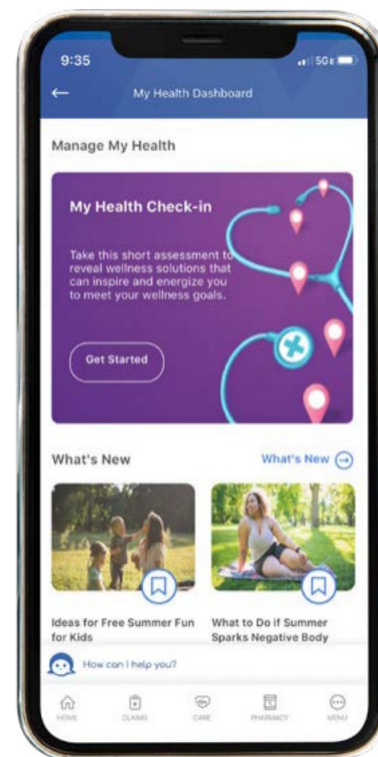
My Health Dashboard

Find health news, health and wellness tips, and personalized action plans. You can also sync your fitness tracker.



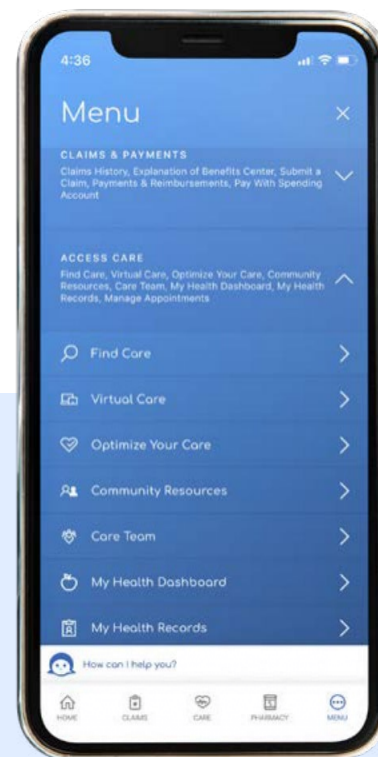
My Health Records

With a single profile, you can view, download, and share your family's health histories and electronic medical records.



Support

Choose **Live Chat** to chat online, **Contact Us** to talk directly to an Anthem Blue Cross and Blue Shield representative, and **Message Center** to send and receive messages. You can also find answers to common questions.



Download the Sydney Health app



Scan the QR code to [download the Sydney Health app](#).



You can also sign up at anthem.com/register to access most of the same features from your computer.



[In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.]

[Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.]

[Other virtual care services offered through an arrangement with LiveHealth Online. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.]

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and AMGP Georgia Managed Care Company, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies.

Telemedicine

TELEHEALTH | SYDNEY HEALTH APP – ANTHEM BLUE CROSS & BLUE SHIELD

If you have a cold, sore throat, sinus problem or other benign condition, you may be able to skip the doctor's office and receive expert care from the comfort of home. Connect with a doctor anytime through the Sydney Health app for non-emergency care **at no cost**. This virtual visit benefit allows you to video conference with a doctor using your mobile device or computer. If a prescription is needed, your doctor will send the script to the pharmacy of your choice. Specialty services, such as dermatology, may have an associated charges.



TELEMEDICINE – NEW BENEFITS

New Benefits, a discount benefits program offering significant savings on things that matter. All the benefits listed are available to the employee and his/her immediate family. The membership is simple to use. Employees can search for providers on www.mybenefitswork.com.

- Telemedicine – Teladoc
- Nutrition
- Dermatology
- Work Life Services
- New Benefits Rx Pharmacy Services



Per pay deduction: \$3.30

TELEMEDICINE – CCG Health & Wellness Center

The **CCG Health & Wellness Center**, powered by CareATC, provides employees and covered dependents with access to no-cost primary care, preventive care, chronic condition management, onsite laboratory services, select generic medications, health coaching, and 24/7 telemedicine services. In-person and virtual visits are available.

24/7 Telemedicine (Recuro Health)

- Available anytime, day or night, including weekends and holidays
- Treatment for common conditions such as colds, flu, allergies, rashes, headaches, respiratory infections, urinary tract infections, GI issues, pink eye, and more
- Accessible through the CareATC Mobile App, Patient Portal, or by calling **855-6RECURO**

Schedule an Appointment

- CareATC Patient Portal
- CareATC Mobile App
- Phone: 706-438-4595



CCG Health & Wellness Center



Preventive exams – covered under the health care plans at 100%! Act and proactively manage your health before a serious medical condition occurs.



Schedule an appointment 24 hours a day – by calling 706-438-4595 or online at www.careatc.com/patients, using your patient portal credentials.



Employee Medical Center

- Primary, urgent and preventive care (for ages 3 and up)
- Laboratory testing
- Flu shots
- Treatment for chronic health conditions
- No-cost onsite generic medications

Be Healthy: Wellness and Health Care Support

Columbus Consolidated Government (CCG) cares about your health and the health of your family! That's why CCG offers comprehensive coverage for wellness benefits and health care support when you need it. Take advantage of these **free benefits** to keep you and your family healthy throughout the year.

Additional services including health screenings, personal health assessments, health coaching, weight management support, chronic condition management, and 24/7 telemedicine.

CCG Health and Wellness Center

Location: 1124 Broadway Street, Columbus, GA 31901

Hours of Operation

Mondays: 8:30am-5:30pm
Tuesdays: 7:00am-5:30pm
Wednesdays: 8:30am-5:30pm
Thursdays: 8:30am-5:30pm
Fridays: 7:00am-5:30pm

Clinic is closed from 12:30-1:30 every day.

Schedule an Appointment

(706) 438-4595

Prescription Refill Hotline

(706) 438-4595



Types of Services Available

- Primary, urgent and preventive care for employees and covered dependents (for ages 2 and up)
- Limited onsite pharmacy (dispensary) – requires an appointment and consultation with authorized Wellness Center medical provider.
- Laboratory testing services – requires an appointment and consultation with Wellness Center medical provider.
- Diagnosis and treatment of chronic health conditions (high blood pressure, high cholesterol, diabetes, asthma, etc.)
- Other health and wellness focused programs such as Smoking Cessation and Weight Loss.
- Referral to Columbus Diagnostics Center for diagnostic imaging at no cost for established patients.
- Home delivery of medications, with free shipping, to employees and their dependents. Medications are delivered quickly and conveniently in 5-7 business days.
- 24/7 Telemedicine Visits (**Recuro**) available through the Health & Wellness Center.

Flexible Spending Accounts

Columbus Consolidated Government offers the choice of two Flexible Spending Accounts (FSAs) administered by Medcom, which allow you to pay for eligible expenses with pre-tax dollars.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

Please note that if you have currently elected an FSA, you must re-elect coverage for 2027 to continue participating, even if you do not intend to change your election amount.

HEALTH CARE FSA

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents. This account is only available to those enrolled in a PPO medical plan.

You may elect to contribute up to \$2,800 into the health care FSA.

DEPENDENT CARE FSA

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (age 12 or under) or adult dependent included on your tax return.

You may elect to contribute up to \$5,000 per household into the dependent care FSA. If you are a highly compensated employee (HCE), defined by the IRS as an employee with annual compensation greater than \$160,000, your election will be capped at \$2,500 and may be reduced during the year, if necessary, to ensure that the plan passes required discrimination testing.

Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

To qualify for reimbursement, both you and your spouse (if applicable) must be working, actively looking for work, or attending school full-time during the period the dependent care services are provided.

GRACE PERIOD: USE IT or LOSE IT

Both the Health Care FSA and Dependent Care FSA include a 2½-month grace period following the end of the plan year. This means you may continue to incur eligible expenses through March 15, 2027, and use any remaining 2026 FSA funds for reimbursement. Funds remaining after the grace period expires will be forfeited in accordance with IRS regulations.



Dental Plan Overview

Dental coverage is offered through Anthem Blue Cross and Blue Shield. You may view your benefits, print an ID card and locate in-network dental providers by visiting www.anthem.com or the [Sydney Health app](#).

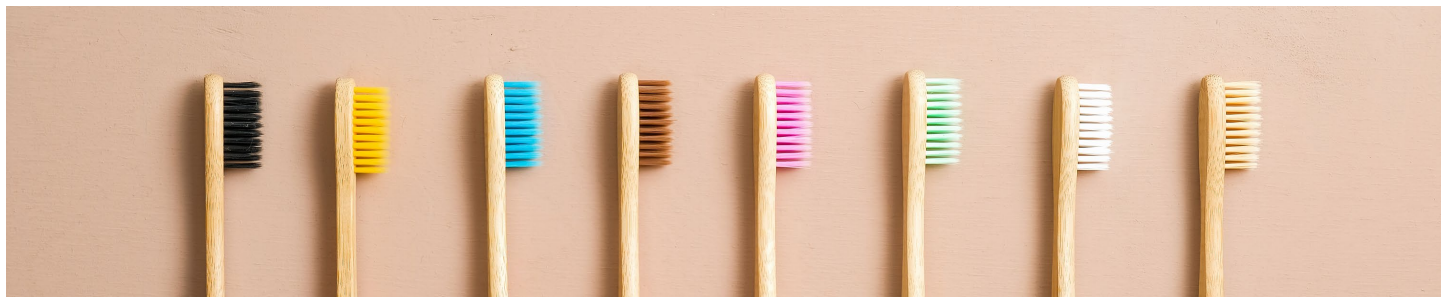
KEY FEATURES & DETAILS

- Benefit Waiting Periods (*late entrant only*): Employees and dependents who did not enroll within 31 days of their initial eligibility will be subject to the following late entrant waiting periods:
 - Oral Surgery: 6 months
 - Ortho: 18 months
 - All other Major Services: 12 months
- The Dental Plan Highlights is only a partial list of dental services. Your benefits plan documents will show exactly what is covered and excluded. Keep in mind, if your dentist charges more than the Plan’s “reasonable and customary” charge, you may be required to pay the extra amount.

FIND A DENTAL PROVIDER

- Log on to www.anthem.com
 - Click on **Find Care**
 - Click the **Locate Dental Providers** link.
 - Next, choose a specialty from the drop-down menu or select ‘**no preference**’ and then click continue
 - Enter your search criteria by location or name
- Member/Patient Services:** (855) 397-9269

CONTRIBUTION RATES	BASE PLAN	BUY-UP PLAN
	BI-WEEKLY PREMIUMS	BI-WEEKLY PREMIUMS
Employee Only	\$9.18	\$14.13
Employee & Spouse	\$18.37	\$31.31
Employee & Child(ren)	\$17.45	\$32.51
Employee & Family	\$27.57	\$50.18



Dental Plan Highlights



	BASE PLAN (MAC)	BUY-UP PLAN (80 TH % UCR)
In-Network Only		
Calendar Year Deductible For Individual Family Aggregate	\$50 \$150	\$50 \$150
Diagnostic & Preventive (Type A) Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%	Covered 100%
Basic Services Type B) Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	70% after deductible	80% after deductible
Major Services (Type C) Inlays, onlays, crowns, bridges and implants	40% after deductible	50% after deductible
Orthodontic Services (Type D) Child(ren)	N/A	50%
Lifetime Orthodontia Max	N/A	\$1,500
Annual Benefit Maximum	\$1,000	\$1,500
Out-of-Network You may be balance-billed if you use an out-of- network provider		
Diagnostic and Preventive (Type A)	100%	100%
Basic Services (Type B)	70% after deductible	80% after deductible
Major Services (Type C)	40% after deductible	50% after deductible
Orthodontic Services (Type D)	N/A	50%

Vision Plan Overview

Vision coverage is offered through Anthem Blue View Vision. You may view benefits, print an ID card and locate in-network vision providers at www.anthem.com or the [Sydney Health app](#). When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary.

KEY FEATURES & DETAILS

- Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians.
- Blue View Vision’s network also includes convenient retail locations, many with evening and weekend hours, including West Georgia Eye Care, LensCrafters®, Target® Optical, and Pearle Vision® locations.
- Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts.

WHAT IS A BENEFIT ALLOWANCE?

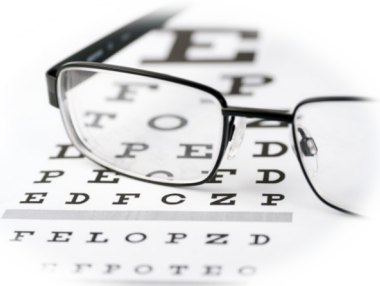
A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%.

If you choose a frame exceeding your plan allowance, you’ll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

CAN I GET CONTACTS AND GLASSES IN THE SAME CALENDAR YEAR?

No. You can only get contacts OR glasses in the same calendar year.

CONTRIBUTION RATES	VISION PLAN BI-WEEKLY PREMIUMS
Employee Only	\$3.88
Employee & Spouse	\$6.77
Employee & Child(ren)	\$7.35
Employee & Family	\$11.22



Vision Plan Highlights



VISION PLAN	
In-Network Only	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	\$10 copay Standard: \$55 allowance Premium: 10% discount
Frames <i>Benefits may be redeemed every 24 months</i>	\$250 allowance
Standard Plastic Lens Single Vision Bifocal Trifocal Progressive	\$10 Copay \$10 Copay \$10 Copay \$65 Copay
Contacts Elective / Medically Necessary <i>Benefits may be redeemed every 12 months</i>	\$250 allowance / Covered in Full
Out-of-Network Reimbursement	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	Up to \$30 Not Covered
Frames <i>Benefits may be redeemed every 24 months</i>	Up to \$45
Standard Plastic Lens Single Vision Bifocal Trifocal	\$25 Copay \$40 Copay \$55 Copay
Contacts Elective / Medically Necessary <i>Benefits may be redeemed every 12 months</i>	\$105 allowance / \$210 allowance

Life and AD&D Insurance



Columbus Consolidated Government provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage to all full-time employees **at no cost**. Employees receive a generous benefit of 1.5 times your base annual income up to \$250,000 through Aflac.

Employees have the option to purchase additional Voluntary Life and AD& D insurance coverage through Aflac for themselves and their dependents.

VOLUNTARY EMPLOYEE LIFE/AD&D COVERAGE

You may elect to purchase additional life insurance coverage up to \$500,000 in \$10,000 increments.

The guaranteed issue amount is \$200,000 for new hires or newly eligible employees. You can elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

VOLUNTARY SPOUSE LIFE/AD&D COVERAGE

Spouse Life Insurance coverage is available to employees enrolled in Voluntary Employee Life Insurance and may be elected in \$10,000 increments, up to a maximum of \$100,000.

The guaranteed issue amount is \$20,000. You can elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

CHILD VOLUNTARY LIFE/AD&D COVERAGE

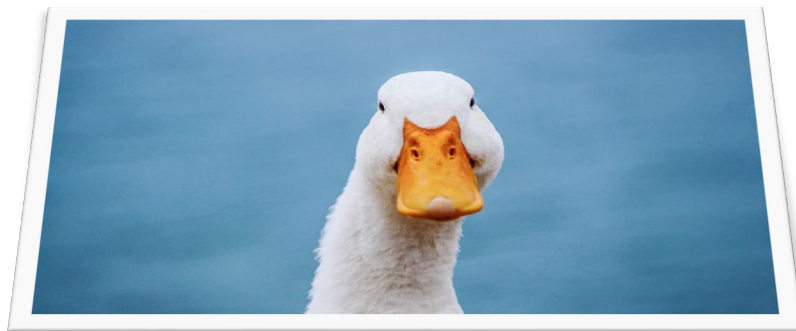
Child Life Insurance coverage is available to employees enrolled in Voluntary Employee Life Insurance and may elect \$5,000 or \$10,000 of coverage for their child(ren).

All child life amounts are guaranteed issued and no evidence of insurability is required.

EVIDENCE OF INSURABILITY

Initial elections more than the guaranteed issue amounts and late enrollees must complete evidence of insurability. Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.

During Open Enrollment for employees already enrolled in Voluntary Life, employees can increase coverage up to the guaranteed issue amount of \$200,000 without completing an Evidence of Insurability Form.



Voluntary Benefits



Voluntary plans are offered through Aflac and provide benefits which are paid directly to you, regardless of any other insurance you may have. These plans help with medical and personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary.

AFLAC WHOLE LIFE	AFLAC CRITICAL ILLNESS	AFLAC HOSPITAL INDEMNITY
Permanent life insurance protection that builds cash value.	Benefits payable for specified conditions, regardless of your major medical coverage.	Added financial resources to help with medical costs or ongoing living expenses.
Employee coverage up to \$100,000.	Helps cover the cost of treatments and related expenses.	Hospital Confinement Benefit – \$200 per day (up to 180 days per confinement).
Spouse coverage up to \$50,000 (not to exceed employee’s coverage).	Child coverage at no additional cost – each dependent child covered at 25% of the primary insured amount.	Hospital Intensive Care Benefit – \$200 per day (30-day max per confinement).
Children (15 days–24 years) – \$10,000 child term life rider for \$1.38 per week; \$10,000 or \$25,000 certificates also available.	\$50 health screening benefit (employee and spouse only).	Surgery up to \$2,000; Anesthesia up to \$500.
No medical exams required.	Paid directly to you, in addition to any other insurance.	Prescription drug benefit – \$10, 5-prescription max per year per covered person.
Portability – coverage travels with you.	Costs vary by employee.	ER/Physician Benefit – up to \$50 per visit; \$250 per person, \$1,000 per family per year.
Costs vary by employee; benefits paid directly to you.	Enrollment available during open enrollment.	Well Baby Care Benefit – \$25 per visit.

Employee Assistance Program (EAP)

EMPLOYEE ASSISTANCE PROGRAM (EAP) – PASTORAL INSTITUTE

Columbus Consolidated Government provides confidential counseling sessions at the Pastoral Institute for you and your family at no cost to you. Employees and their families have access to **12 confidential free visits** per year.



With licensed and certified counselors located across the United States, our program gives you easy access to professional help with issues that impact your personal, family and work life. Take advantage of your benefit for any number of below issues.

- Relationships
- Child and elder care
- Stress, anxiety and depression
- Alcohol and drug abuse and other addictions
- Domestic violence and anger
- Divorce, remarriage and step-parenting
- Grief
- Work issues



OTHER EAP RESOURCES

- Anthem
- Aflac
- New Benefits

Medicare Information

Are You turning 65 and still actively working?

If you're turning 65 this year, you'll be getting a Medicare Enrollment kit from CMS, giving you the option to enroll in Medicare Parts A, B as well as Medicare Part D. **You will be getting the kit 60 to 90 days before your birthday.**

Please read the Medicare materials carefully. It helps to know all you can when you are considering enrolling in Medicare.

If you're an active employee and you get health insurance through Columbus Consolidated Government, this coverage will be your primary insurance. Medicare will be your secondary coverage.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. If you're enrolled in health coverage through Columbus Consolidated Government as an active employee, you won't be penalized if you put off enrolling in Medicare Parts B and D until your retirement.

For more information, visit the Medicare website at:

<http://www.medicare.gov> or contact your Human Resources Department.



Contribution Rates & Surcharges

MEDICAL BENEFITS

CONTRIBUTION RATES	SILVER PLAN BI-WEEKLY PREMIUMS (NON- WELLNESS)	SILVER PLAN BI-WEEKLY PREMIUMS (WELLNESS)	GOLD PLAN BI-WEEKLY PREMIUMS (NON- WELLNESS)	GOLD PLAN BI-WEEKLY PREMIUMS (WELLNESS)	PRE-65 RETIREES SILVER PLAN MONTHLY PREMIUMS	PRE-65 RETIREES GOLD PLAN MONTHLY PREMIUMS
Employee Only	\$96.42	\$75.21	\$143.15	\$111.66	\$334.26	\$435.50
Employee & Spouse	\$181.27	\$141.39	\$275.45	\$214.85	\$1,069.58	\$1,273.64
Employee & Child(ren)	\$168.76	\$131.63	\$256.42	\$200.01	\$961.19	\$1,151.12
Employee & Family	\$267.00	\$208.26	\$406.19	\$316.83	\$1,812.57	\$2,114.15

DENTAL BENEFITS

CONTRIBUTION RATES	BASE PLAN BI-WEEKLY PREMIUMS	BUY-UP PLAN BI-WEEKLY PREMIUMS
Employee Only	\$9.18	\$14.13
Employee & Spouse	\$18.37	\$31.31
Employee & Child(ren)	\$17.45	\$32.51
Employee & Family	\$27.57	\$50.18

VISION BENEFITS

CONTRIBUTION RATES	VISION BI-WEEKLY PREMIUMS
Employee Only	\$3.88
Employee & Spouse	\$6.77
Employee & Child(ren)	\$7.35
Employee & Family	\$11.22

WELLNESS INCENTIVE

Wellness remains the primary focus, as it relates to benefits, for 2027. Employees who choose to participate in the wellness incentive program by completing a Personal Health Assessment (PHA) and attending health coaching sessions, if required, will see a small increase to their current payroll deduction for medical coverage for the 2027 plan year. The deadline to complete the Personal Health Assessment is **September 11th**. By focusing on wellness and managing our health conditions, we are better able to control our medical expenses in the future and stabilize the cost for coverage.

TOBACCO SURCHARGE

A tobacco surcharge of **\$75.00 per month** or **\$34.62 biweekly** surcharge above the premium rate will apply to all employees that certify they are a tobacco user or fail to complete the Tobacco Attestation Form. Employees can avoid the surcharge by completing the Tobacco Cessation program and providing Human Resources with a certificate of completion.

SPOUSAL SURCHARGE

Columbus Consolidated Government will impose a **\$356.98 per month** or **\$164.76 biweekly** surcharge above the premium rate for all active employee and Pre-65 retiree premium plans including the Silver and Gold Plans. This surcharge is subject to change annually. The surcharge applies to active employees and Pre-65 retirees, hereafter referred to as Applicants who elect to cover their working spouses who are eligible for group medical coverage through his/her own employer (other than through Columbus Consolidated Government agencies), or spouses that are retired and have access to a group health plan through his/her previous employer (other than through Columbus Consolidated Government agencies). If, at any point, a spouse ceases to be eligible for his/her employer's medical coverage, he/she may be enrolled under Applicant's Columbus Consolidated Government medical plan coverage and will not be subject to the surcharge above the premium rate. Employees will be charged a spousal surcharge if the covered spouse is offered medical benefits through his or her employers and elects to waive offered coverage.

Tobacco Surcharge

Did You Know?

Your body starts healing soon after you quit tobacco. From improved circulation and lung function to long-term reductions in disease risk, every step toward quitting makes a difference.

What is the CCG Health and Wellness Center Tobacco Cessation Program?

Are you ready to quit smoking, but not sure how to quit? This 4-session, self-paced program will guide you through the steps on the journey towards successfully quitting smoking. Each session contains a video guiding you towards the tobacco cessation journey, then followed by a short quiz to complete. Once you have completed all four videos and four quizzes, your credit for completion will automatically be applied.

What do I need to do?

To avoid the tobacco surcharge, you must complete all four videos and all four quizzes.

How do I access the cessation program?

- Visit the CareATC Patient Portal at www.careatc.com/patients and sign in to your account. If you are new, follow the prompts to verify your identity and set up your account.
- Select the HealthPassport icon to access HealthPassport.
- Scroll down and select **Tobacco Cessation**, then click **View Coaching Program**.
- Click on Session 1: “Tobacco Cessation Overview Video” to begin and complete task.
- Click on Quiz next to begin and complete task. Continue the same steps to complete sessions 2, 3, and 4.

To promote and support the health and wellness of employees, CCG will impose a **\$75.00 per month** or **\$34.62 biweekly surcharge** above the base medical premium rate for active full-time employees and Pre-65 retirees. This surcharge is subject to change annually. The surcharge applies to active full-time employees and Pre-65 retirees, who are tobacco users. For purposes of the premium surcharge, “tobacco use” is defined as:

- Using any tobacco product (other than for religious or ceremonial use) including cigarettes, cigars, pipes, electronic cigarettes; tobacco products applied to the gums (e.g., dipping, chewing tobacco, vaping, or snuff);
- Using tobacco products on average four or more times a week;
- Having quit using tobacco products within the past six months.

The Columbus Consolidated Government supports its employees’ desire to quit; therefore, employees have access to the free tobacco cessation program. The Health & Wellness Center also offers tobacco cessation medications.

Consequences of False Certification: The penalty for false certification of tobacco product abstinence is the imposition of the tobacco surcharge immediately following the discovery of false certification or positive random nicotine test. **The \$75.00 per month/\$34.62 biweekly tobacco surcharge WILL apply.**

Removal of Tobacco Surcharge: The tobacco surcharge may be removed by completing the Tobacco Cessation Program Option offered by CCG Health and Wellness Center. Once you have completed the tobacco cessation program and provided certification (proof) of program completion, the tobacco surcharge will be removed and a retroactive refund of the tobacco surcharge for that year will be issued. When completing the tobacco affidavit on E-forms, the system will not allow you to submit the form until a certificate of completing of all 4 tobacco cessation sessions is attached.



Show Me
The App!



Glossary

NETWORK

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

PRIMARY CARE PHYSICIAN (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

COPAY OR COPAYMENT

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

DEDUCTIBLE

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services.

COINSURANCE

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

OUT-OF-POCKET MAXIMUM

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

PRESCRIPTION & FORMULARY DETAILS

- **Generic Drugs:** These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.
- **Brand Formulary Drugs:** The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.
- **Non-Formulary Drugs:** These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.
- **Specialty Drugs:** Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

Contact Information

Benefit	Carrier / Vendor	Phone Number	Website/Email
Benefit Enrollment Questions	NFP CareLine Service Center	1-844-505-9158	nfpSEcustomerservice@nfp.com
Retiree Service Center	NFP CareLine Service Center	1-844-505-9158	nfpSEcustomerservice@nfp.com
Medical Benefits	Anthem Blue Cross and Blue Shield	1-855-397-9267	www.anthem.com
Pharmacy Benefits	OptumRx	1-844-265-1719	www.optumrx.com
Dental Benefits	Anthem Blue Cross and Blue Shield	1-855-397-9267	www.anthem.com
Vision Benefits	Anthem Blue Cross and Blue Shield	1-866-723-0515	www.anthem.com
Life and AD&D Benefits	Aflac	1-800-206-8826	www.aflacgroupinsurance.com
Whole Life, Critical Illness, & Hospital Indemnity	Aflac	1-800-433-3036	www.aflacgroupinsurance.com
Flexible Spending Accounts	Medcom	1-800-523-7542	www.medcombenefits.com
Telemedicine	New Benefits Teladoc	1-888-672-5198	www.mybenefitswork.com
Employee Assistance Program	Pastoral Institute	1-800-649-6446	https://pastoralinstitute.org/
CCG Health and Wellness Center	CareATC	706-438-4595	http://www.careatc.com/patients

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2027 Benefits Guide

January 1 – December 31, 2027

Prepared by

