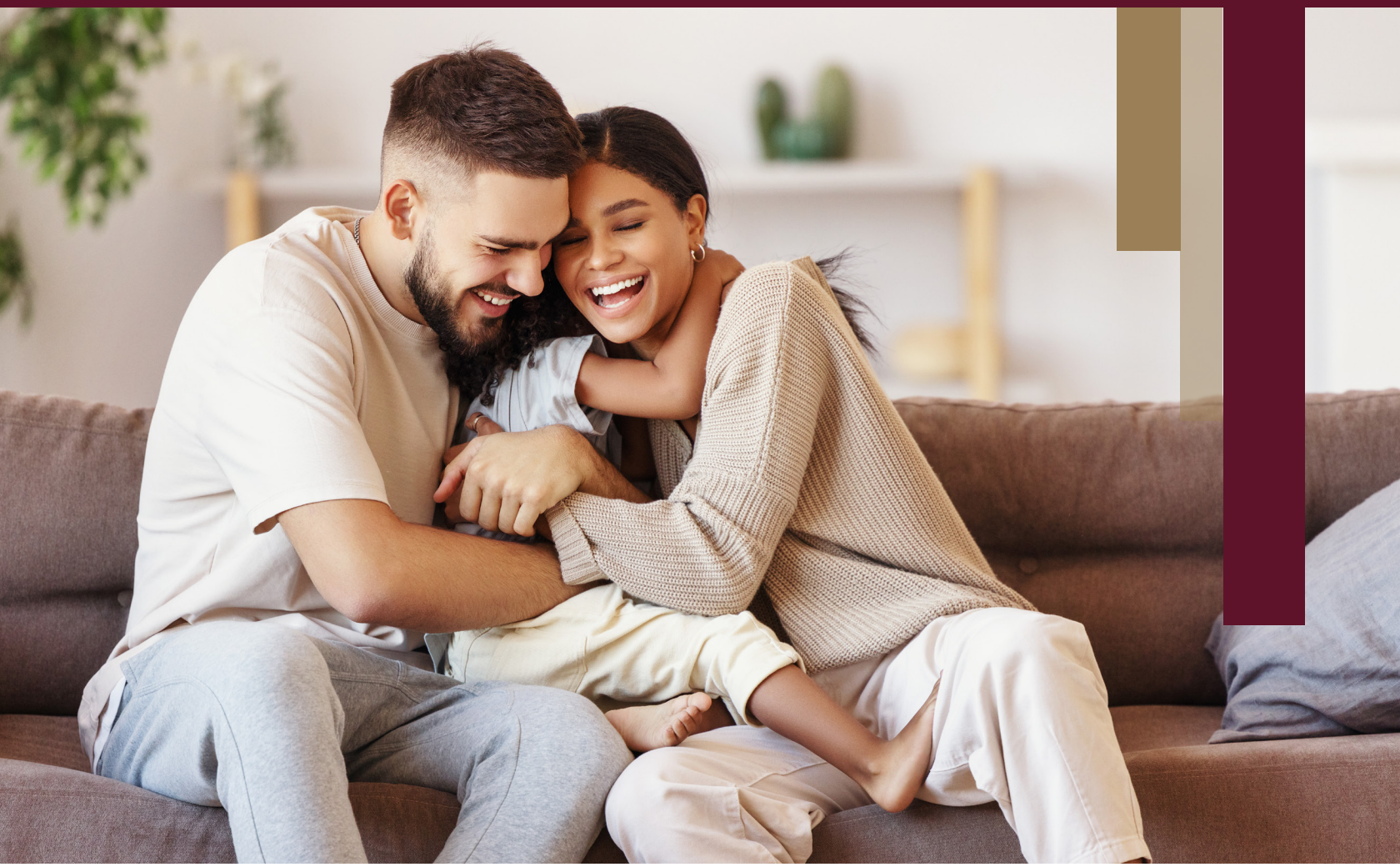
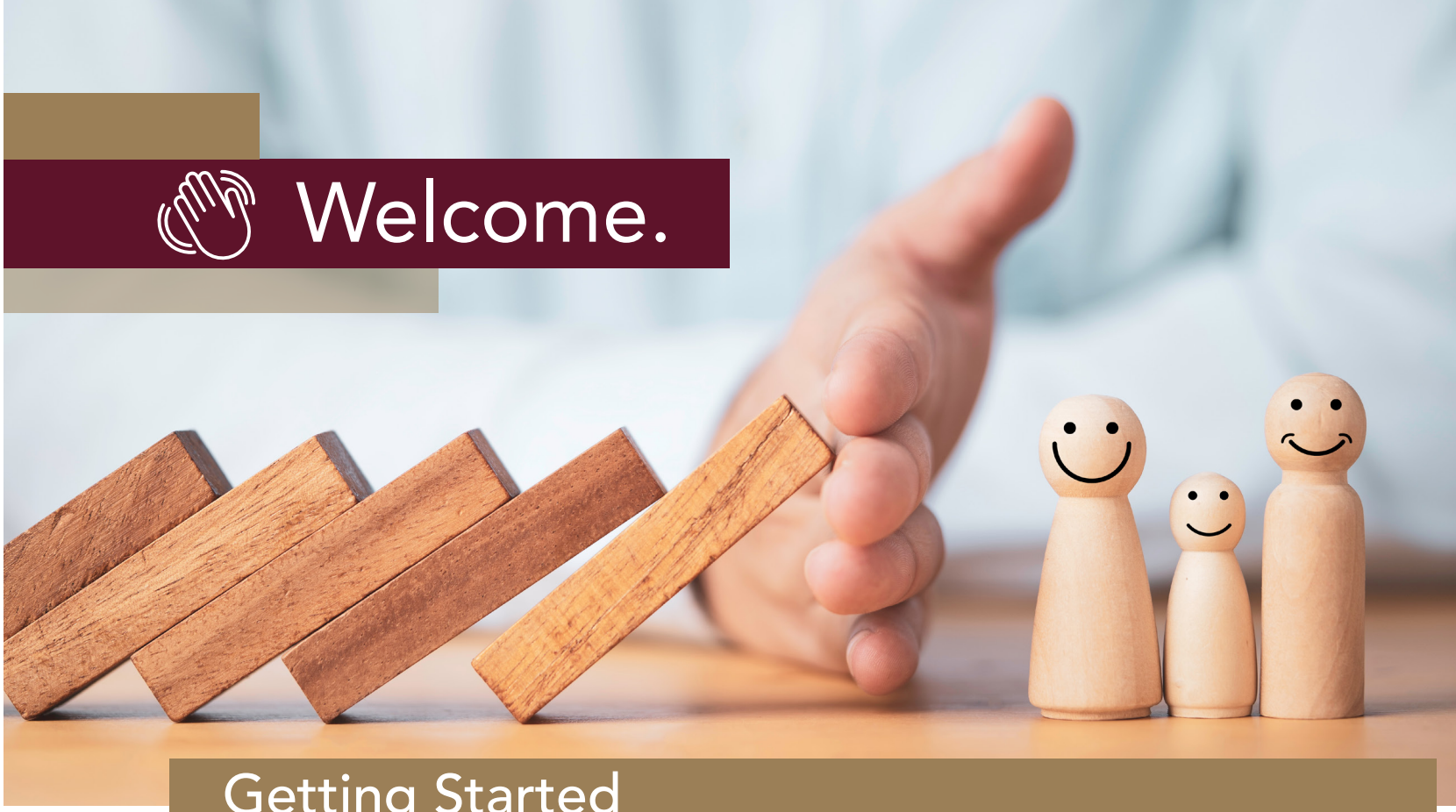
Employee Benefits



The Right Plan For You

Contents



Welcome.

Getting Started

Plan Year

January 1st, 2026 through
December 31st, 2026

Open Enrollment

November 10th - 26th, 2025

Each year, Rockdale County strives to offer comprehensive benefit plans to our employees. In this employee benefit guide, you will learn more about the benefits offered for the 2026 plan year and how to use them.

Throughout this guide you will find interactive links that will take you deeper into your employee benefit plan information and give you quick access to needed documents.

Additionally, you will find videos that help you understand how each benefit works and can help you and your family.

Eligibility

Employees

You are eligible if you are a regular employee working at Rockdale County 30 or more hours per week.
Employees with variable hours and seasonal schedules may be considered eligible for benefits.

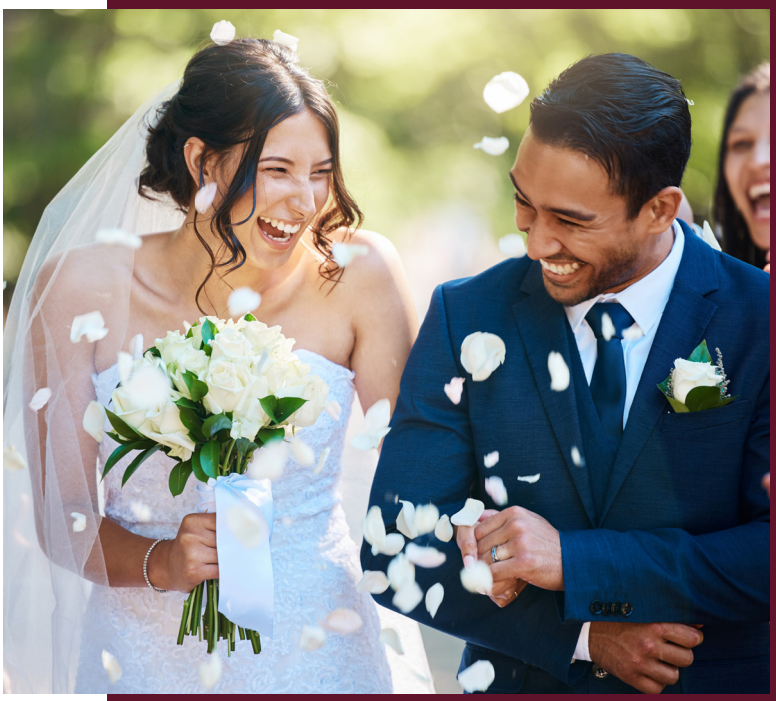
Eligible Dependents

- Legally married spouse
- Biological, adopted or stepchildren up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)
- For additional coverage information, please refer to the benefit booklets for each benefit.

When Am I Eligible for Benefits?

You are eligible for benefits on the first day of the month following 30 days from your date of hire.

Qualifying Life Events

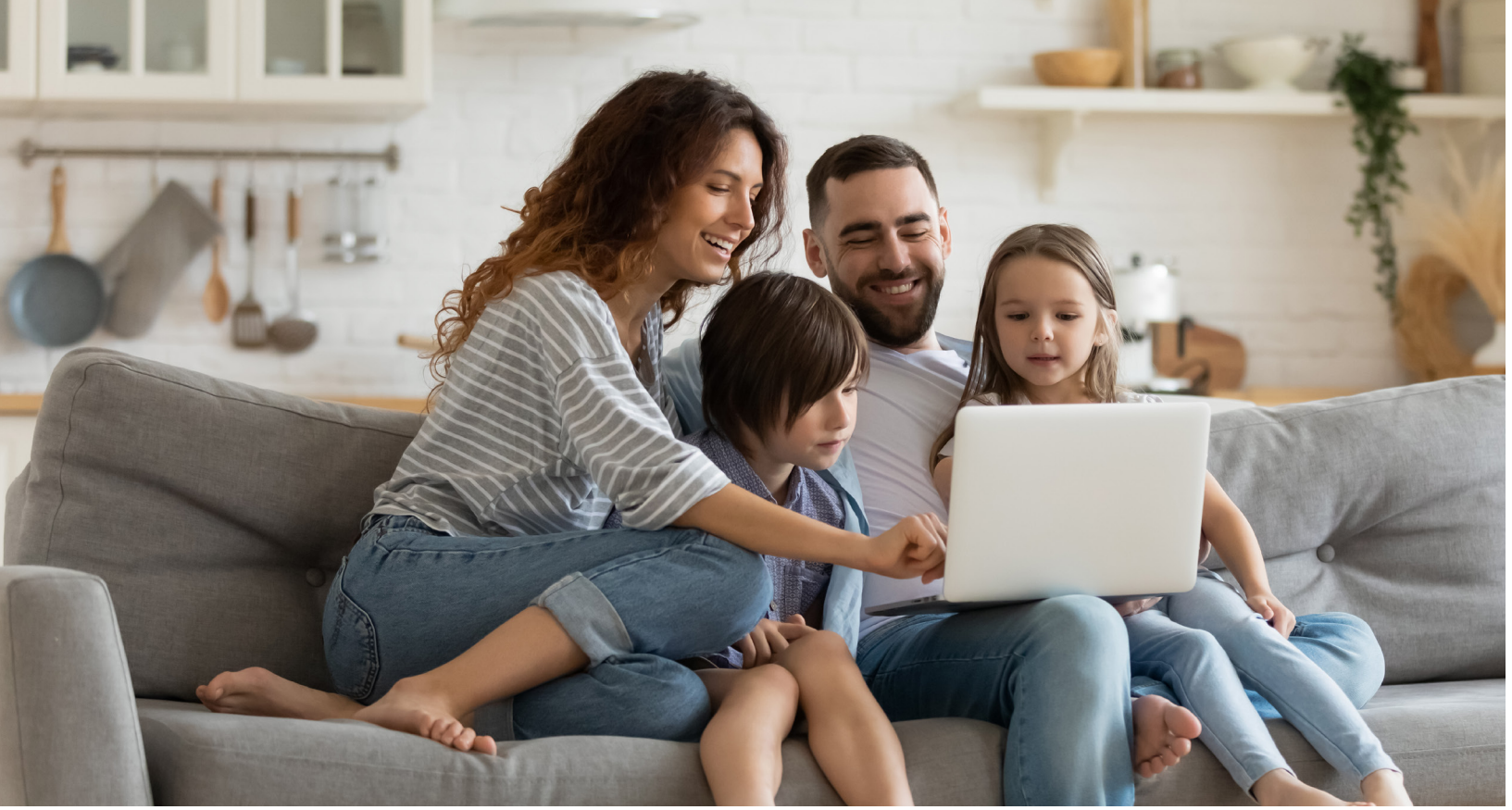


Generally, benefit changes are limited to open enrollment.

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

- Benefit Elections must be consistent with the event
- You can only make changes to the specific plans where dependents will be affected
- Benefits and new rates become effective the date of the event for birth, adoptions, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage
- The event date must be consistent with the information in the Supporting Documentation

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage Certificate	Birth Certificates are required if adding spouse's children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits
Adoption	Placement for adoption paperwork Legal documentation of adoption	No additional documentation required
Birth	Birth Certificate Verification of Birth Facts issued by hospital	No additional documentation required
Loss or Gain of Coverage	Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents affected	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate
Gain of Medicare or Medicaid	Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents affected (has 60-day window)	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate



How to Enroll

CALL CENTER

Call 1-877-235-8915

Call our Rockdale County Benefits Service Center Monday - Friday, 9am - 6pm EST and enroll over the phone with a Licensed Benefit Counselor.

SELF ENROLL

Employees can enroll in or waive their benefits through the ADP website at *www.workforcenow.adp.com/*

If you have not already registered for ADP Workforce Now (an email is required to register): Go to *www.workforcenow.adp.com/*.

Please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

Your Benefits
Who Pays For What?

Employee Benefits

Rockdale County provides a large selection of benefits that help protect your health, wealth and well being. You are eligible for the benefits described here if you are a regular employee working at Rockdale County at least 30 hours per week. You are eligible for benefits on the first day of the month following 30 days from your date of hire. The County provides some benefits at no cost to you, some you pay for, and other benefit costs are shared between you and Rockdale County. This approach helps to create the best benefits program that fits individual needs and lifestyle.

Benefit	Who Pays?	Pre-Tax/Post-Tax Benefit
Medical/Dental/Vision	Rockdale County & Employee	Pre-Tax
Basic Life & AD&D	Rockdale County	N/A
Dependent Life insurance	Rockdale County	N/A
Employee Assistance Program (EAP) *Available to all employees*	Rockdale County	N/A
Short Term / Long Term Disability	Rockdale County & Employee	Post-Tax
Flexible Spending Accounts	Employee	Pre-Tax
Voluntary Term Life Insurance	Employee	Post-Tax
Voluntary Benefits	Employee	Pre-Tax / Post-Tax
Legal Plan	Employee	Post-Tax

Dependent Coverage

You can also elect coverage for your spouse and/or dependent children (up to age 26) for some benefits including:

- Medical
- Dental
- Vision
- Accident
- Hospital Indemnity
- Critial Illness
- Whole life
- Cancer Insurance
- Dependent Life (up to age 19, if not enrolled in school)
- Voluntary Life

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Medical

Anthem

	Anthem Open Access Plan $1,000		Anthem Open Access Plan $500		Anthem HDHP	
Benefits	**In**	**Out**	**In**	**Out**	**In**	**Out**
Individual Deductible	$1,000	$1,500	$500	$500	$2,000	$4,000
Family Deductible	$3,000	$4,500	$1,500	$1,500	$4,000	$8,000
Individual Out of Pocket Max	$6,850	$7,500	$6,850	$13,700	$4,000	$8,000
Family Out of Pocket Max	$13,700	$22,500	$13,700	$27,400	$8,000	$16,000
Lifetime Max	Unlimited		Unlimited		Unlimited	
Coinsurance	80%	60%	80%	60%	90%	70%
Office Visit - PCP	$25	60%	$25	60%	90%	70%
Office Visit - Specialist	$55	60%	$50	60%	90%	70%
Preventative Care	No charge	60%	No charge		No charge	
Hospital - Inpatient	80%	60%	80%	60%	90%	70%
Additional Hospital Copay	None		None		None	
Emergency Room	100% with $200 copay		100% with $200 copay		90%	90%
Urgent Care Copay	$65	60%	$60	$60	90%	70%
Routine Lab/X-Ray - In Office Visit	80%	60%	80%	60%	90%	70%
Routine Lab/X-Ray - Outside Facility	80%	60%	80%	60%	90%	70%
Advanced Imaging	80%	60%	80%	60%	90%	70%
Prescription Drug						
RX Deductible	None		None		Medical Ded	
Retail RX (In-Network)	$20 / $35 / $60 / $150		$20 / $35 / $60 / $150		0%	
Mail Order RX	2x Retail		2x Retail		0%	
Employee Contribution - Cost Per Pay Period						
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee	$75.37	$105.88	$81.68	$114.08	$59.46	$84.06
Employee + Spouse	$159.59	$190.09	$172.84	$205.24	$128.67	$153.28
Employee + Children	$144.29	$174.80	$156.28	$188.68	$116.36	$140.95
Family	$228.38	$258.89	$247.32	$279.72	$184.12	$208.72

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Medical

Kaiser Permanente

Your medical benefit will continue to be provided through Kaiser Permanente. You will be offered one plan. A summary of this plan is included here for your review.

Medical/Kaiser	Kaiser Permanente Providers
Deductible (Individual/Family)	$250 / $500
Out-of-Pocket Maximum (Individual/Family) Includes deductible, coinsurance, copays for Essential Health Benefits	$5,000 / $10,000
Maximum Benefit While Covered	Unlimited
Coinsurance (after deductible)	20%
Benefits	**You Pay**
Office Services	
• Primary Care	$15 Copay
• Specialist Care	$30 Copay
• Preventive Care	$0 Copay
• Maternity (Prenatal and 1st Postnatal Visit)	$0 Copay
Outpatient Services	
• Physical & Occupational Therapy (Up to 20 visits per year combined)	20% after deductible
• Outpatient Hospital or Surgical Facility	20% after deductible
• Laboratory Services (performed in outpatient facility/hospital setting)	20% after deductible
• High Tech Radiology Services (MRI, CT, PET)	20% after deductible
• Physician & other professional charges	20% after deductible
Emergency Services	
• Emergency Services (per visit; copay waived if admitted)	$200 Copay
• Urgent Care (per visit)	$30 Copay
• Ambulance	$100 Copay

Benefits	You Pay
Inpatient Services	
• Hospital - Facility Charges	20% after deductible
• Physician and Other Professional Charges	20% after deductible
Pharmacy Services	
• Tier 1 Generic Maintenance	$5 (KP Pharmacies) $15 (Designated Community Pharmacy)
• Tier 2 Generic Preferred	$15 (KP Pharmacies) $25 (Designated Community Pharmacy)
• Tier 3 Brand Preferred	$30 (KP Pharmacies) $40 (Designated Community Pharmacy)
• Tier 4 Generic/Brand Non-Preferred	No Benefit
• Tier 5 Specialty	20% to $300 max (KP Pharmacies) 20% (Designated Community Pharmacy)
• Mail Order Pharmacy (2 copays per 90-day supply)	Mail Order available
Mental Health & Chemical Dependency Services	
• Outpatient (unlimited visits)	$15 Copay
• Inpatient Facility (per admission)	20% after deductible
• Inpatient Professional and Other Professional Charges	20% after deductible
Other Services	
• Durable Medical Equipment/Prosthetics & Orthodontics	20% after deductible
• Vision Exam	$30 Copay
• Chiropractic Services (up to 20 visits per year)	$30 Copay
• Infertility Diagnosis Only	$30 Copay

Employee Contributions - Cost per Pay Period	Wellness Rates	Non-Wellness Rates
Employee	$96.23	$125.16
Employee + Spouse	$203.76	$232.69
Employee + Children	$183.20	$212.13
Family	$291.60	$320.53

Get the right care, **right now**

Save a trip with Kaiser Permanente's many virtual care options. Now you can get the care you need with no drive, no wait, and no copay. With all of these options your care team will have access to your medical records to personalize your care.

KP Now Telephone & Video Visits

KP Now offers same-day adult care—by phone or video appointment—for certain minor symptoms such as*:

- toothaches
- bladder infection
- sore throat
- stuffy nose/sinus issues
- cough
- itchy/red eyes
- allergies
- nausea, vomiting, and diarrhea

Just like a visit to the office, a Kaiser Permanente doctor will be able to view your medical record, prescribe medicine, order lab tests and X-rays, and make future appointments, if needed.

Specialty Telephone & Video Visits

Get care from wherever you are with telephone and video appointments* for a growing number of specialties, including Pediatrics, Behavioral Health, and Dermatology. These visits can be conducted right from your computer, tablet, or smartphone.

Over the next several months, appointments will also be available in Endocrinology, Infectious Disease, Ob/Gyn, Nephrology, Gastroenterology, Neurology/Sleep Medicine, Oncology, Ear/Nose/Throat, and more.

Email

Send an email to your doctor's office for answers to non-urgent health questions. You can also email a pharmacist with questions about medications.

Nurse Advice by Phone

Not sure what kind of care you need? Our 24/7 advice nurses can help guide you in the right direction by suggesting which type of care is best for your symptom or condition, helping you decide where to go for care, and even scheduling a routine appointment, if appropriate.

Already a member?
For advice or appointments call **404-365-0966.**
For easy access to Email and Video Visits download the Kaiser Permanente App.

*For members 18 or older who are registered on kp.org and have seen their doctor in the past year

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Wellness Program

A strong county cannot exist without healthy employees. At Rockdale County, we believe that the health and well-being of our employees has a direct and important connection to the vitality and success of our county. From a business perspective, we believe these efforts will support our growth, productivity and profitability/ operations over time.

More important, it is simply the right thing to do for our employees and their families. The daily choices we make can help us live life healthier, happier, and more fulfilling lives - both at work and at home.

Our Board of Commissioners continues to be committed to developing a culture of wellness and good health throughout our county. We have partnered with ANTHEM to implement a comprehensive wellness program designed to improve your health, well-being, and productivity.

Our goal is to enhance your health and wellness by fostering interest in and encouraging you to adopt healthier lifestyles and understand that daily health related decisions have an impact on your wellbeing.

A comprehensive wellness program can:

- Increase productivity, morale and employee engagement
- Improve your health and well-being
- Increase your job satisfaction
- Reduce absenteeism and injuries
- Help contain healthcare and other costs
- Assist with talent, recruitment and retention wellness

LIVE WELL ROCKDALE

Premium Incentives

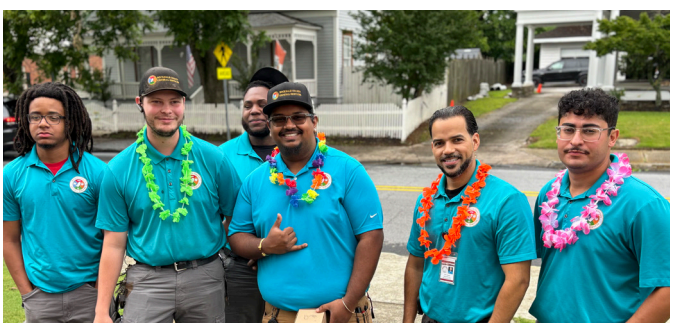
To earn the wellness participant rate for the upcoming year you will need to complete the following by the deadline announced by Human Resources:

- Biometric Screening (or a physician fax form)
- Online health Assessment (ANTHEM located on Anthem member portal or Sydney App (www.anthem.com) under Health Assessment and Kaiser located on www.kp.org/engage under Total Health Assessment)
- Tobacco Affidavit
- Two wellness activities. The wellness activities can be a combination of any of the following:

1. Coaching onsite
2. Fitness classes
3. Walking sessions
4. Lunch & Learns/Seminars
5. Webinars

Are you a tobacco/Nicotine user? Need help kicking the habit? Enroll in the tobacco cessation program. Find out more information at *www.anthem.com* or *www.kp.org*.

Those employees who choose to complete the steps mentioned above will pay less than those employees who choose not to participate. Please keep in mind - all employees are eligible to participate in the "Live Well Rockdale", not just employees enrolled in the Rockdale County medical plan.



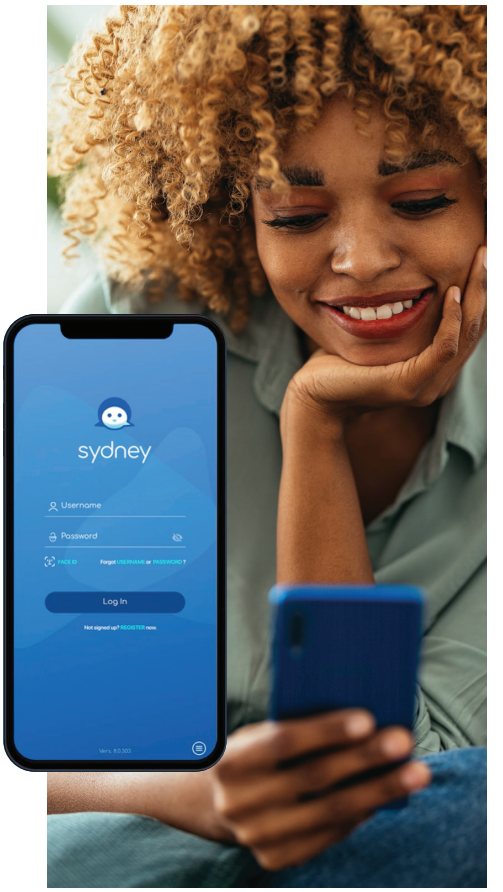
Anthem

Register with us

for quick, secure, digital access to all your plan information

Keep on top of your health benefits with 24/7 access to your plan details. Register on our Sydney℠ Health app or through our website at **anthem.com/register** so your account is ready to use when you need it. **There is no cost, and it only takes a few minutes.**

Once you're registered, you'll have one place you can go for all your plan and benefits information. You can review coverage and claims, find care, estimate cost of care, and access your digital plan ID card.



Have your plan ID card ready to get started

1. Download our free Sydney Health app and select **Register new account** *or* go to **anthem.com/register**.
2. Select your identification type (in most cases, this is your member ID).
3. Enter your plan ID number, full name, and date of birth.
4. Follow the one-time security prompt and create a username and password. (You'll use the same login information when you log in to either the app or website.)
5. Review your information to complete your registration.

Scan this QR code with your phone's camera to **download our Sydney Health app** today.

sydney℠

Download on the App Store

GET IT ON Google Play

On-screen experiences may vary due to personalization, benefit plans, and ongoing enhancements.

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

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Health Savings Account

Enrolling in a high deductible health plan (HDHP) enables you to enroll in a health savings account (HSA). The HSA is a pre-tax savings vehicle that allows you to save for current (once enrolled) and future medical expenses. You can make pre-tax contributions straight from your paycheck, so you reduce your taxable income. You can also make after-tax contributions directly to your account.

When you have eligible medical expenses, you can pay for those costs out of your HSA. With an HSA, the money you contribute is yours and rolls over from year to year, so you never lose what you don't use — even if you leave the company. You can decide to use your HSA funds for medical expenses now, or save for later — even into retirement.

HSA 2026	Individual	Family
Annual Max Contribution	$4,400	$8,750

Additional $1,000 catch-up contribution if age 55 or older.

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Flexible Spending Account

Ameriflex

Signing up for a Flexible Spending Account (FSA) can save your family hundreds of dollars every year. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill.

You can cover your co-pays, deductibles, dental care, vision care, and prescriptions with your healthcare FSA. Not only that, but it's good for hundreds of over-the-counter items such as bandages, contact lens solution, and many other items and services.

Maximum Annual Election for 2026*

Healthcare FSA - $3,400
Dependent Care FSA - $7,500

**Note: Subject to change per IRS regulations.*

Qualified Medical Expenses Include:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care

Qualified Dependent Care Expenses Include:

- Daycare
- Before & after school care
- Pre-K
- Summer day camps
- Care for older dependents in need of assistance

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Dental

Delta Dental

Taking care of your teeth is as important as taking care of the rest of your body. That's why Rockdale County offers a dental plan that covers routine check ups and additional services needed for your health.

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

Reimbursement is based on PPO contracted fees for PPO dentists, premier contracted fees for premier dentists and program allowance for non-Delta Dental dentists. You may locate participating providers at ***www.deltadentalins.com.***

Benefits highlights: Delta Dental PPO	
Eligibility	
Deductible (waived for Diagnostic & Preventive and Orthodontics)	$50 per person / $150 per family
Maximums	$1,500 per family
Waiting Period(s)	Basic Services | Major Services: None Prosthodontics | Orthodontics: None

Benefits & Covered Services	Delta Dental PPO	Non-Delta Dental PPO
Diagnostic & Preventive Services (D&P) Exams, Cleanings, x-rays, sealants	100%	100%
Basic Services (Fillings)	80%	80%
Endodontics (Root Canals) Covered Under Basic Services	80%	80%
Periodontics (Gum Treatment) Covered Under Basic Services	80%	80%
Oral Surgery Covered Under Basic Services	80%	80%
Major Services Crowns, Onlays and Cast Restorations	50%	80%
Prosthodontics Bridges, dentures and implants	50%	50%
Implant Maximums	$1,000 Calendar Year	$1,000 Calendar Year
Orthodontics Benefits Adults and dependent children	50%	50%
Orthodontics Maximum	$1,500 Lifetime	$1,500 Lifetime

Cost Per Pay Period	
Employee	$7.85
Employee + 1	$25.14
Employee + Family	$40.53

Vision

Anthem

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Access, options, and savings: Discover the Benefits

Rockdale County offers flexible and easy to use vision coverage through Blue Cross Blue Shield of Georgia. This plan also provides benefits based on whether you use a network or non-network provider. You can find a network provider at www.anthem.com.

Anthem Blue View Vision creates a simplified, personalized experience for your employees by combining the capabilities of a traditional vision carrier with best-in-class network access, discounts, and services - all powered by our unique digital platform and artificial intelligence.

In-Network Category	In-Network
	Standard INN
Plan Type	Full Service
Exam Copay	$10 Copay
Prescription Lens Copay	$10 Copay
Frame Benefit	$130 Allowance
Elective Contact Lens Benefit	$130 Allowance
Non Elective Contact Lens	Covered in full
Frequency	
Exam	Once every calendar year
Lenses	Once every calendar year
Frames	Once every calendar year

Current Rates	Cost Per Pay Period
Employee	$1.22
Employee + 1	$3.03
Employee + Family	$5.59

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Life and AD&D

Unum

This Benefit is Paid for by Your Employer!

Basic Term Life and AD&D

Rockdale County provides ***two times your annual salary up to $150,000*** of Basic Life and Accidental Death and Dismemberment (AD&D) insurance ***at no cost to you***.

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Employee Benefit: 2x annual salary up to $150,000

Age Reduction: Reduces to 65% at age 65, and 45% reduction at age 70, 30% at age 75, and 20% at age 80.

Your Contribution: 0%

Supplemental Term Life

Rockdale County gives you the opportunity to elect additional life insurance. Supplemental Term Life coverage is portable/convertible upon separation of service.

This benefit is paid for by you.

Supplemental Life Benefit Summary	
Employee Life Amount	$10,000 increments to the lesser of $500,000 or 7 x salary
Guaranteed Issue Employee	No evidence of insurability needed for amounts $200,000 and under
Spouse Benefit	$5,000 increments to the lesser of $250,000 or 50% of employee amount
Guaranteed Issue Spouse	No evidence of insurability needed for amounts $50,000 and under
Dependent Child Benefit	The lesser of 100% of the employee's life amount or $10,000 in $2,000 increments not to exceed 50% of EE amount
Age Reduction	Reduces to 65% at age 65, and 45% reduction at age 70, 30% at age 75, and 20% at age 80.

Disability

Unum

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You and your loved ones depend on your regular income. That's why Rockdale County offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness.

Short-Term Disability

After you are out of work 14 days after a non-occupational injury or 14 days after an illness, you will be paid 60% of your base monthly salary for up to 24 weeks.

Weekly Maximum Benefit	60% up to $1,385
Elimination Period	Injury: 14 days Sickness: 14 days
Maximum Benefit Period	Up to 24 weeks

Long-Term Disability

Long Term Disability benefits are available to you. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. See your plan document for additional details.

Monthly Maximum Benefit	60% up to $6,000
Elimination Period	180 days
Maximum Benefit Period	To Social Security Normal Retirement Age
Pre-existing Conditions	3 months prior, 12 months after Exclusion

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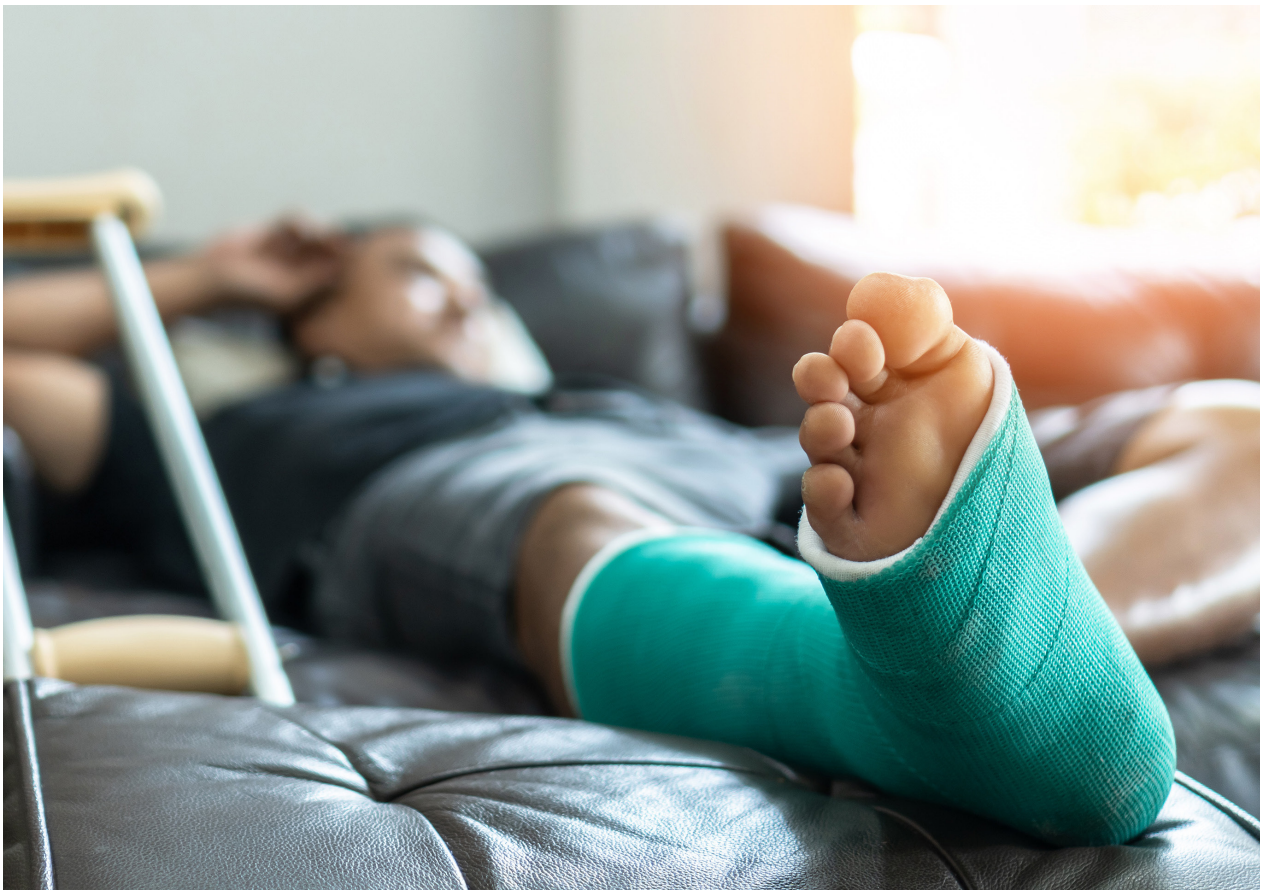
Accident

Aflac

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to you for treatment you receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

Plan Type	Low Plan	High Plan
Initial Treatment	Once per accident within 7 days after accident	
Wellness Benefit	$30	$50
Pain Management	$50	$100
Accident Injury		
ER, Urgent Care	with X-Ray: $225 without X-Ray: $175	with X-Ray: $100 without X-Ray: $75
Doctor's Office	with X-Ray: $150 without X-Ray: $100	with X-Ray: $75 without X-Ray: $50
Ambulance	Ground: $200 Air: $600	Ground: $400 Air: $1,200
Hospital Emergency Admission	$500 per confinement	$1,000 per confinement
Hospital Daily Confinement	$150/day - up to 365 days	$300/day - up to 365 days
Hospital Intensive Care	$300/day - up to 30 days	$600/day - up to 30 days
Rehabilitation Unit	$50/day - up to 31 days	$100/day - up to 31 days
Therapy Services	$25 - up to 10 per accident	$50 - up to 10 per accident
Fractures	Schedule up to $1,500	Schedule up to $3,000
Dislocations	Schedule up to $1,000	Schedule up to $2,500
Lacerations	Schedule up to $200	Schedule up to $400
Burns	Schedule up to $5,000	Schedule up to $15,000
Concussion	$250	$500
Major Diagnostic Testing	$100	$200
Prosthesis	$500	$1,500
Family Member Lodging	$100/day for up to 30 days	$200/day for up to 30 days
Surgery and Anesthesia	Outpatient (Hospital): $200 Inpatient: $500	Outpatient (Hospital): $400 Inpatient: $1,000
Transportation	Plane: $250 Ground: $100	Plane: $500 Ground: $200

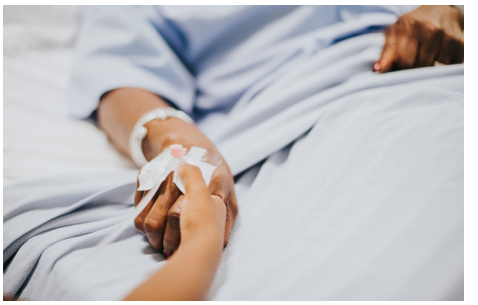


Catastrophic Benefit	Low Plan	High Plan
Dismemberment		
Single Loss	Employee: $5,000 Spouse: $2,000 Child(ren): $1,000	Employee: $10,000 Spouse: $4,000 Child(ren): $2,000
Double Loss	Employee: $10,000 Spouse: $4,000 Child(ren): $2,000	Employee: $20,000 Spouse: $8,000 Child(ren): $4,000
Loss of one or more fingers or toes	Employee: $625 Spouse: $250 Child(ren): $125	Employee: $1,250 Spouse: $500 Child(ren): $250
Partial Dismemberment	Employee/ Spouse/ Child(ren): $62.50	Employee/ Spouse/ Child(ren): $125
Paralysis		
Paraplegia	$2,500	$5,000
Quadriplegia	$5,000	$10,000

Cost Per Pay Period		
	Low Plan	High Plan
Employee	$4.89	$8.87
Employee + Spouse	$7.48	$13.90
Employee + Child(ren)	$9.08	$17.47
Employee + Family	$11.67	$22.50

Hospital Indemnity

Aflac



Hospital Indemnity coverage pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductible and Co-pays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.

Hospital Benefits	
	Benefit Amount
Hospital Admission	$1,000
ICU Admission	$1,000
Hospital Confinement	$150/day
Hospital Intensive Care	$150/day
Intermediate Intensive Care Step-Down Unit	$75/day up to 10 days confinement
Express Benefit	$100 per hospital admission
Inpatient and Outpatient Surgical Benefits	
	Benefit Amount
Inpatient Surgery and Anesthesia	$500
Outpatient Surgery and Anesthesia (hospital or ambulance)	$250
Facilities Fee for Outpatient Surgery	$75
Outpatient Surgery and Anesthesia (in Doctor's Office, ER, or Urgent Care Facility)	$50/4 procedure max per calendar year
Health Screening Benefit	$50 per calendar year

Biweekly Rates	
Employee	$14.49
Employee + Spouse	$29.10
Employee + Child(ren)	$22.30
Employee + Family	$36.91

Scan or Click to Watch!

Critical Illness

Aflac

A major illness can blindside anyone, even an employee with medical insurance. Co-pays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.

Benefit Amounts	
Employee	Up to $50,000 in $10,000 increments
Spouse	Up to 100% of the Employee Benefit
Child	Up to 50% of Employee Benefit not to exceed $10,000
Guaranteed Issue	Employee: $50,000 | Spouse: $50,000
Portable Coverage	Yes
Separation Period	30 Days
Recurrence Benefit	90 Days
Health Screening Benefit	$50
Skin Cancer Benefit	$250 diagnosis

Benefit Type	
	Initial Benefit
Heart Attack	100%
Stroke	100%
Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Kidney failure	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant	100%
Bone Marrow Transplant	100%
Sudden Cardiac Arrest	100%

Scan or Click to Watch!

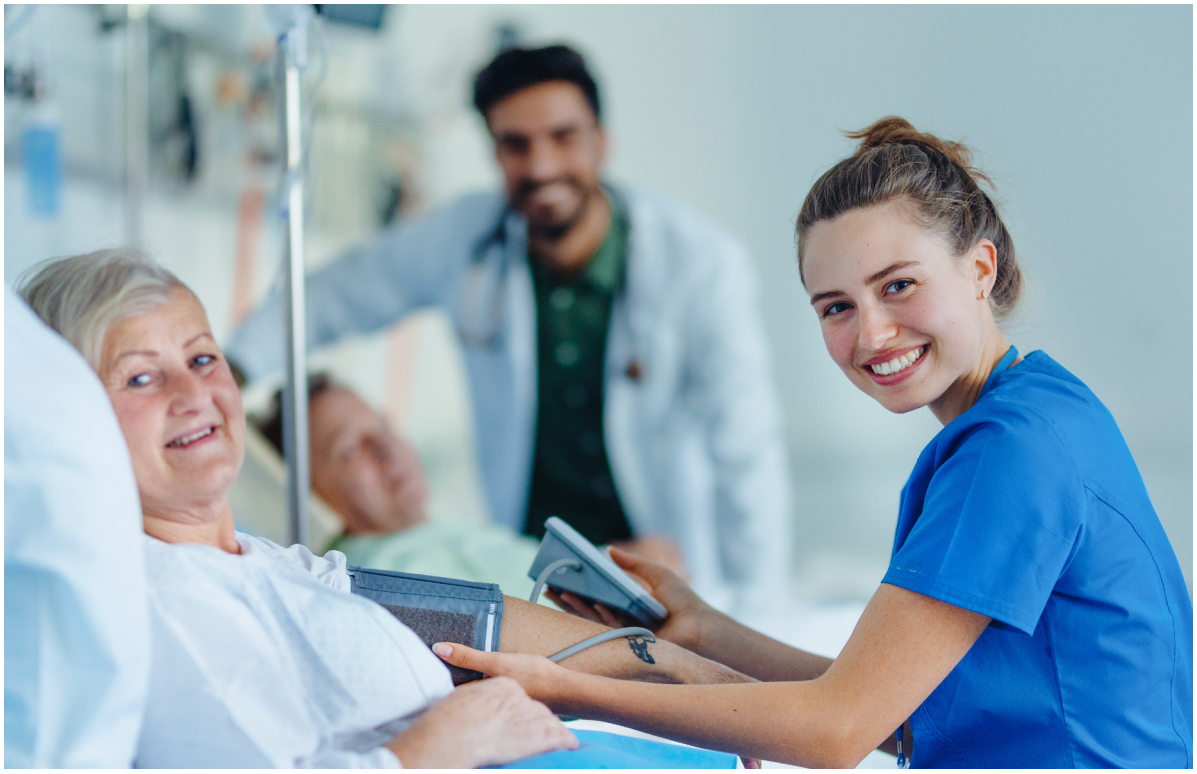
Cost Per Pay Period per $10,000 of Coverage		
Employee Age Band	Non-Tobacco	Tobacco
18-29	$2.39	$3.17
30-39	$3.59	$5.35
40-49	$6.55	$10.05
50-59	$12.26	$19.60
60+	$23.06	$35.89

Cancer Insurance

Aflac

Cancer insurance provides financial support in the event of a cancer diagnosis, helping to cover the costs of treatment and associated expenses that regular health insurance might not fully address. This coverage can offer peace of mind by assisting with medical bills, travel for treatment, and more during recovery.

Cancer Benefits	
Benefit	Description
Initial Diagnosis Benefit Amount	Employee: $5,000 Spouse: $5,000 Child: $10,000
Cancer Screening	$75 per calendar year (3 screenings increase after diagnosis)
Annual Care	$500 on anniversary of diagnosis
Radiation Therapy Chemo	Self-Administered: $375 per calendar month Physician-Administered: $1,600 per calendar month (limited to one each)
Prophylactic Surgery (positive genetic test result)	$250 per covered person, per lifetime
Additional Opinion	$300 per covered person, per lifetime
Hormonal Therapy	$25 once per calendar month
Topical Chemotherapy	$150 once per calendar month
Outpatient Hospital Surgical Room Charge	$200 per day, per covered person
Surgical Prosthesis	$2,000; lifetime maximum of $4,000 per covered person
Breast Reconstruction	up to $2,000 maximum
Cryopreservation and implementation	up to $1,000 per covered person $200 for storage/embryo transfer
Hospitalization Confinement (30 days or less)	Employee: $200 Spouse: $200 Child: $250
Hospitalization Confinement (31 days or more)	Employee: $400 Spouse: $400 Child: $500



Benefit	Description
Transportation	$.40 cents/mile; payable up to $1,200 combined maximum
Ambulance	Air: $2,000 | Ground: $250
Anesthesia	25% of surgery benefit
Anti-Nausea	$100 per calender month
Attending Physician	$25/day /Limit 75 visits.
Blood/Plasma/Platelets	$100/day up to $5,000 per year
Bone Marrow/Stem Cell	Lifetime Maximum: $7,000 Stem Cell Donation: $100 Bone Marrow Donation: $750
Experimental Treatment	$100/day up to $1,000/month
Extended Care Facility/Skilled Nursing Care	$100/day up to 30 days per year
Government or Charity Hospital	$300/day in lieu of all other benefits
Home Health Care	$100/visit up to 30 visits per year
Hospice Care	$1,000 for first day; $50 per day thereafter; $12,000 lifetime maximum

	Individual	Named insured/ Spouse Only	One Parent Family	Two Parent Family
Base Price	$15.46	$26.60	$15.46	$26.60
Initial Diagnosis Building Benefit Rider: $500	$2.75	$6.48	$2.75	$6.48
Specified Disease Benefit Rider	$0.42	$0.42	$0.42	$0.42
Biweekly Total	$18.63	$33.50	$18.63	$33.50

Scan or Click to Watch!

Whole Life Insurance

Aflac

While we all know that life insurance helps protect our loved ones for the long term, sometimes we don't consider that there are other benefits of a whole life insurance plan as well. Priced to fit most budgets, Aflac Group Whole Life insurance can give your family a financial cushion when they need it. And, unlike some kinds of life insurance, a whole life insurance plan won't be canceled just because you reach a certain age.

Whole Life Benefit coverage options:

- Employee
- Spouse
- Children ages 15 days - 25 years

Additional Benefits:

- Accelerated Benefit Rider (Employee + Spouse only)
- Accidental Death Benefit Rider (Employee + Spouse only)
- Waiver of Premium Benefit Rider (Employee only)

Features:

- Premiums will not increase.
- Benefits may be paid directly to your named beneficiary.
- Coverage is portable, meaning it can be taken to new job or retirement.
- Premiums are paid through a convenient payroll deduction.

	Benefits Overview
Whole Life Benefit	Pays proceeds upon insured's death. Those are defined as the total of the benefits payable upon the insured's death.
Accelerated Benefit Rider (Employee,Spouse only)	Pays a lump sum benefit up to one-half of the eligible death benefit when the insured is diagnosed with one or more qualifying life events.
Accidental Death Rider (Employee,Spouse only)	Pays a lump sum benefit up to one-half of the eligible death benefit when the insured is diagnosed with one or more qualifying life events.
Waiver of Premium Benefit Rider (Employee only)	Waives an entire premium amount for employee coverage after the insured has been disabled for 4 consecutive months and continues through disability duration.
Children's Term Insurance Rider (Children only)	This pays a benefit upon receipt of due proof of an insured child if coverage is 1) in force, 2) it is before the expiration date, and 3) is before anniversary following insured's 26th birthday.

Cost Per Pay Period (Non-Tobacco User)	
Age	Rate for $25,000 of Coverage
20	$7.25
25	$7.75
30	$8.75
35	$10.35
40	$12.76
45	$16.26
50	$20.32
55	$26.95
60	$36.18
65+	Universal Life available without Life Events See plan details for rates

Employee Assistance Program

Unum

Help, when you need it most

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

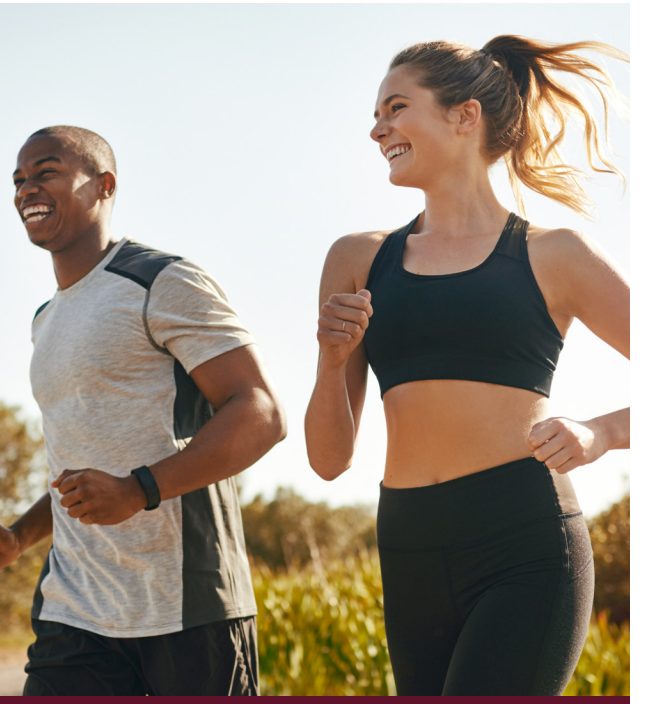
- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more



Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill SaverTM — helps you save on medical bills

Help is easy to access

Phone Support: 1-800-854-1446

Online Support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

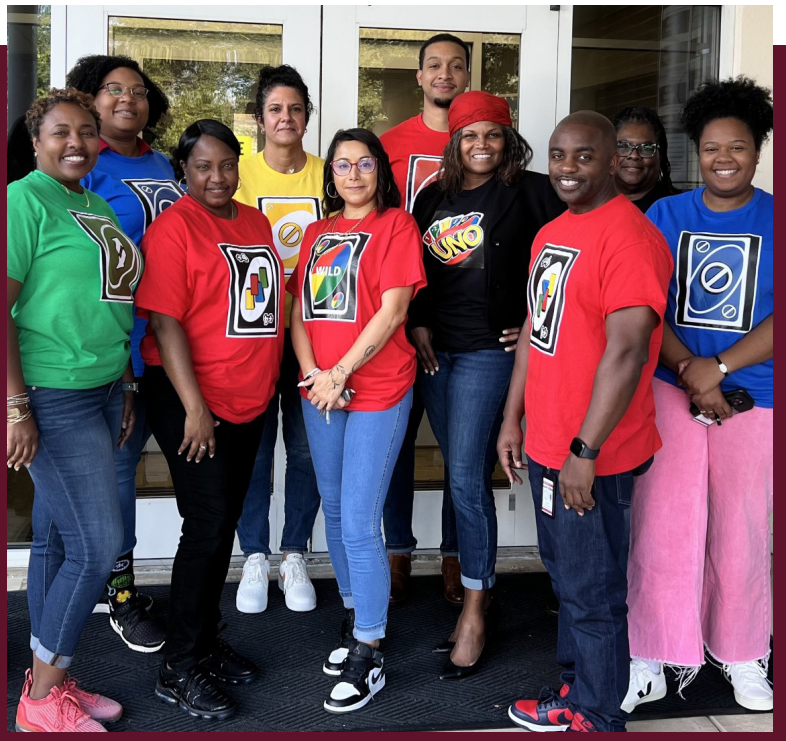
Legal Services

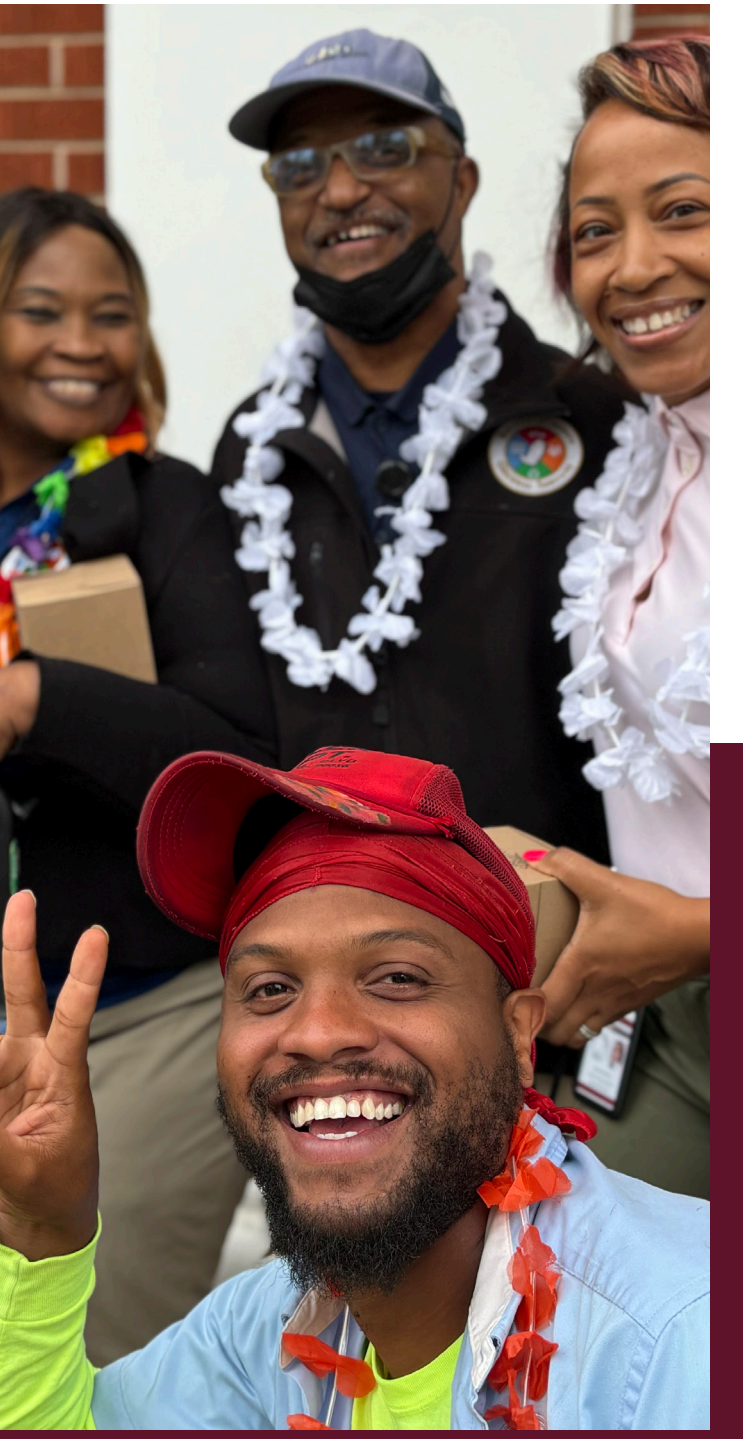
LegalShield

Everyone deserves legal protection. Our legal plans are not just for lawsuits or for those involved in the criminal justice system, but for everyday people with everyday situations. LegalShield gives you the ability to talk to an attorney on an unlimited number of personal legal matters without worrying about the hourly costs. For a flat rate monthly fee, you can access legal advice, no matter how traumatic or trivial the issue. Our services Include:

- Advice on an unlimited number of legal topics
- Letters and phone calls on your behalf
- 24/7 emergency assistance
- Legal document review
- Toll-Free phone consultations
- Trial defense hours
- Forms service center
- Will preparation
- 25% off the law firm's standard hourly rates

Contact **Beth Fincher** at *770-853-2925* for more information and to enroll.





Legal Notices

Medicare Part D Notice

Important Notice from Rockdale County Regarding Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Anthem Open Access and Kaiser HMO plans, and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this 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 (like an HMO or PPO) 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. Rockdale County has determined that the prescription drug coverage offered by the Anthem Open Access medical plans and the Kaiser HMO plan are, 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.

When Can You 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 to 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 (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Rockdale County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. Important Note for Retiree Plans: Certain retiree plans will terminate RX coverage when an individual enrolls in Medicare Part D and individuals might not be able to re-enroll in that coverage. If completing this Notice for a retiree plan, review the plan provisions before completing this form and modify this section as needed.

Since the existing prescription drug coverage under the Anthem Open Access and Kaiser HMO plans are creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a

Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Anthem Open Access or Kaiser HMO prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Anthem Open Access or Kaiser HMO plans 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.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Anthem Open Access or Kaiser HMO changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

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).

Date: October 15, 2025

Name of Entity/Sender: Rockdale County
Contact-Position/Office: Human Resources
Address: 958 Milstead Ave Conyers, Ga 30012
Phone Number: (770) 278-7574

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

· All stages 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 lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Human Resources at (770) 278-7574.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on mater nity benefits, call Human Resources at (770) 278-7574.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Rockdale County's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Rockdale County's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Rockdale County's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage.

If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan. Optional — not required under HIPAA but might be required by a carrier in order for the dependent to remain eligible for coverage under a plan option.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you

qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility—

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**

Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Services	U.S. Department of Health and Human
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa	www.cms.hhs.gov
1-866-444-EBSA (3272)	1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Contact Information

Benefit	Administrator	Phone	Website
Medical	Anthem	1-855-397-9267	www.anthem.com
	Kaiser Permanente	1-404-261-2590	www.kp.org
Dental	Delta Dental	1-800-521-2651	www.deltadentalins.com
Vision	Anthem	1-866-723-0515	www.anthem.com
Flexible Spending Account (FSA)	Ameriflex	1-844-423-4636	www.myameriflex.com
Employee Assistant Program (EAP)	UNUM	1-800-635-5597	-
Basic Life and AD&D Voluntary Life and AD&D Short-Term Disability Long-Term Disability	Unum	1-800-635-5597	www.unum.com
Accident Cancer Critical Illness Hospital Indemnity Whole Life Insurance	Aflac	1-800-992-3522	www.aflac.com
Legal Services	LegalShield	770-853-2925 1-800-654-7757	www.legalshield.com/
Benefits Service Center	Rockdale County Benefits Service Center	1-877-235-8915	-

Need Help?

If you have any questions about your benefits, please reach out to speak to a dedicated benefits counselor.

1-877-235-8915

Monday - Friday
9:00am-6:00pm EST