

# City Council Fire Report for June 2019

## **Fire Calls: 4 so far**

2 False Alarms

1 semi fire on I-75 (mutual aid call)

1 medical call

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**Badge Pinning Ceremony:** For Firefighter Matthew Ryan & Firefighter Andrew Patterson both have completed the required courses to become firefighters.

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**Station Needs:** None at this time

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**Truck Repairs:** Rescue 1 is in the shop waiting for repair quote, as of May 29<sup>TH</sup>

We had received word on what's wrong.

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**Community Events:** Smoke detectors are available

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**Grants:** GMA grant for maintenance ( generator with work light) Tabatha and I need to attend a GMA course in order to qualify for the 2019 Grant , most are one day courses and are held around the state,

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## June 4, 2019 Police Report

From: Chief David Kinsey

Calls For Service For May:

Contacts made by Officers:

Warrants taken for Fraud:1

I mentioned to the Sheriff's Office that we only have three working Body Cams, no spares and none for our three part time Officers. Captain Stride Jones called Friday and I picked up 8 Body Cams.

Met with Sheriff Paulk, discussed an agreement that Lowndes County Sheriff's Office would respond to Calls for Service when we are not on duty at a calendar cost of \$3000 per year, can be paid anytime within said year.

Discussed appropriating another patrol vehicle from LCSO, the Sheriff advised that he has taken several Tahoes and Chargers off of patrol and he would let us know after he reassigns the vehicles to the SRO's what he has left.

Spoke with Rhonda Barnes, a Grant writer for Law Enforcement. She is meeting me and will be assisting in writing a USDA Grant for the portable radios, radar units for the patrol cars (ours are over 12 YO and cost a few bucks for repairs every so often. (\$120 last month) Updated Cameras system, Alco-Sensors, Body Armor and a Tag Reader. The reason all the additional equipment into the grant is because a major with Ben Hill County told me that we need about \$45K in equipment needs for this Grant.

I spoke to the ex- Police Chief from Nashville who advised that he got a new 4 door pickup truck for his patrol vehicle, the truck was \$33,000 MSRP his cost with the grant was \$9000.

**I will need a motion to allow us to change software companies from Courtware to Tyler Technology and Incode prior to June 15.**

The cost of Courtware for May will be \$975.00 The cost for June will be an estimated \$2000.00.

This is at the current charge of \$25/citation from Courtware.

Software license cost total will be \$5,276 for the Report writing system, which also includes; eCitation/LE Dispatch/Messaging/State/NCIC and hardware for the in car mapping system. which will not require a Server, which our server is going to need to be replaced soon. The License for Incode, the Court side, will be a citation based cost at \$9/per citation. ( This number is figured into the citation fee, it will not be a cost to the city).

The money for this will come from the \$5000 savings from changing From Valdosta Crime Lab to the County's Crime Lab which is free. And we have \$8214.14 in the Technology Fee account which is earmarked for this type of purchase.

A conservative 5 year estimate should savings will be approximately \$80,000 plus the cost of a server and laptops (County will give us LapTops after we purchase the License).

Insurance Stipend, Ive been here for 9 years, the health insurance stipend has been \$150/ month.

Heath Insurance has gone up. Currently my cost for health insurance is \$625/month.

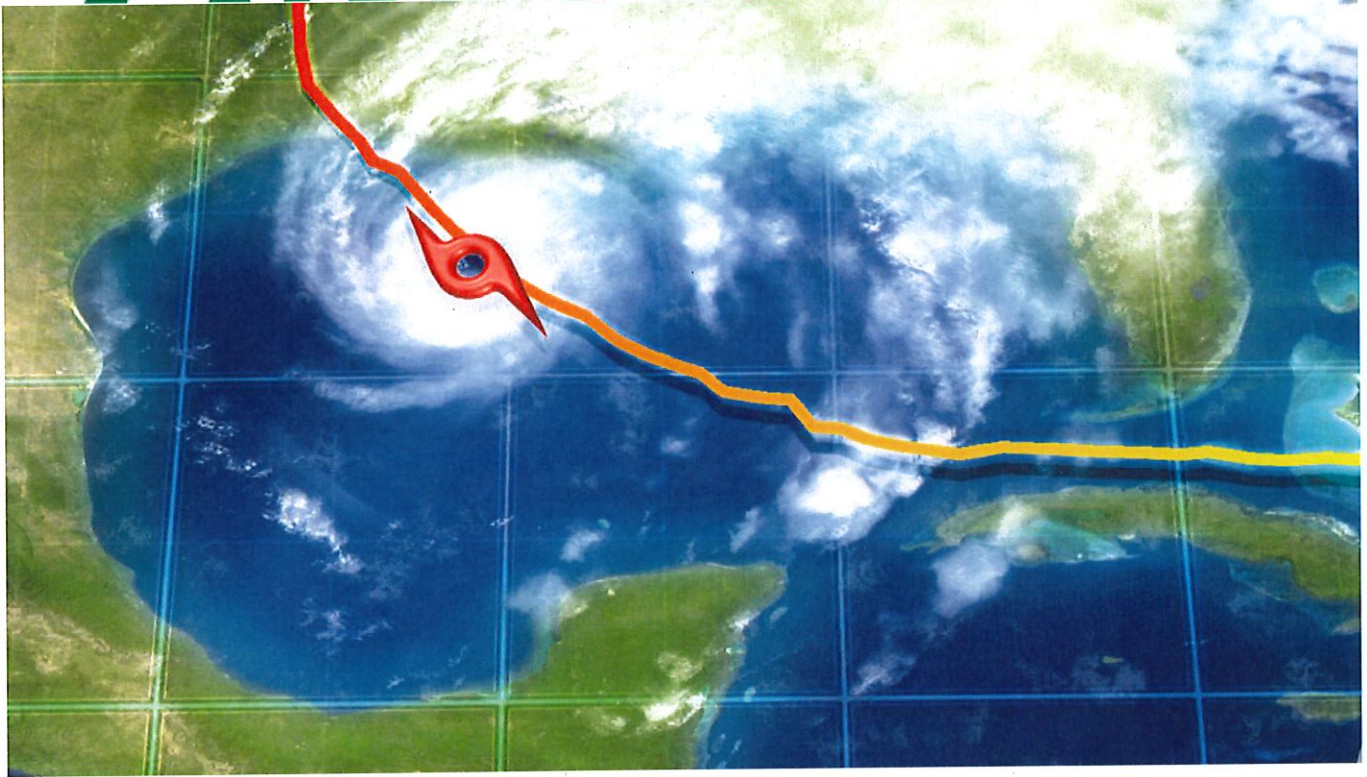
I would like to ask for a \$450/ month stipend, this would cost the city \$2100/ month to aid the cost to Health Insurance for it's dedicated employees.

Finally, I was asked about the Lake Park Police Dive Team. The Dive Team has been dissolved.

Tabitha has requested a metal detector for the entrance of this meeting room. In light of the current event of active shooting in Virginia at a small municipal building, I would like to urge the council to purchase a walk through metal detector. Tabitha has researched the cost.



# HURRICANE TRACKING



## ***2019 Hurricane Tracking Map***

This high gloss tri-fold will include a map along with a list of 2019 hurricane names to track with your business ad in a place that will be easy for the community to reach you when in emergency.

### ***Map Sponsor***

- 2 Col Sponsor- \$180\*
- 1 Col Sponsor- \$180\*

\*Includes 4,000 online impressions

### ***Premium Sponsors***

- 1/2 page - \$225 \*includes 6,000 impressions
- Full page- \$315 \*includes 7,000 impressions
- BACK PAGE- \$400 \* includes 8,000 impressions
- Center Spread- \$475\* includes 10,000 impressions

**Sales Deadline: June 14th**

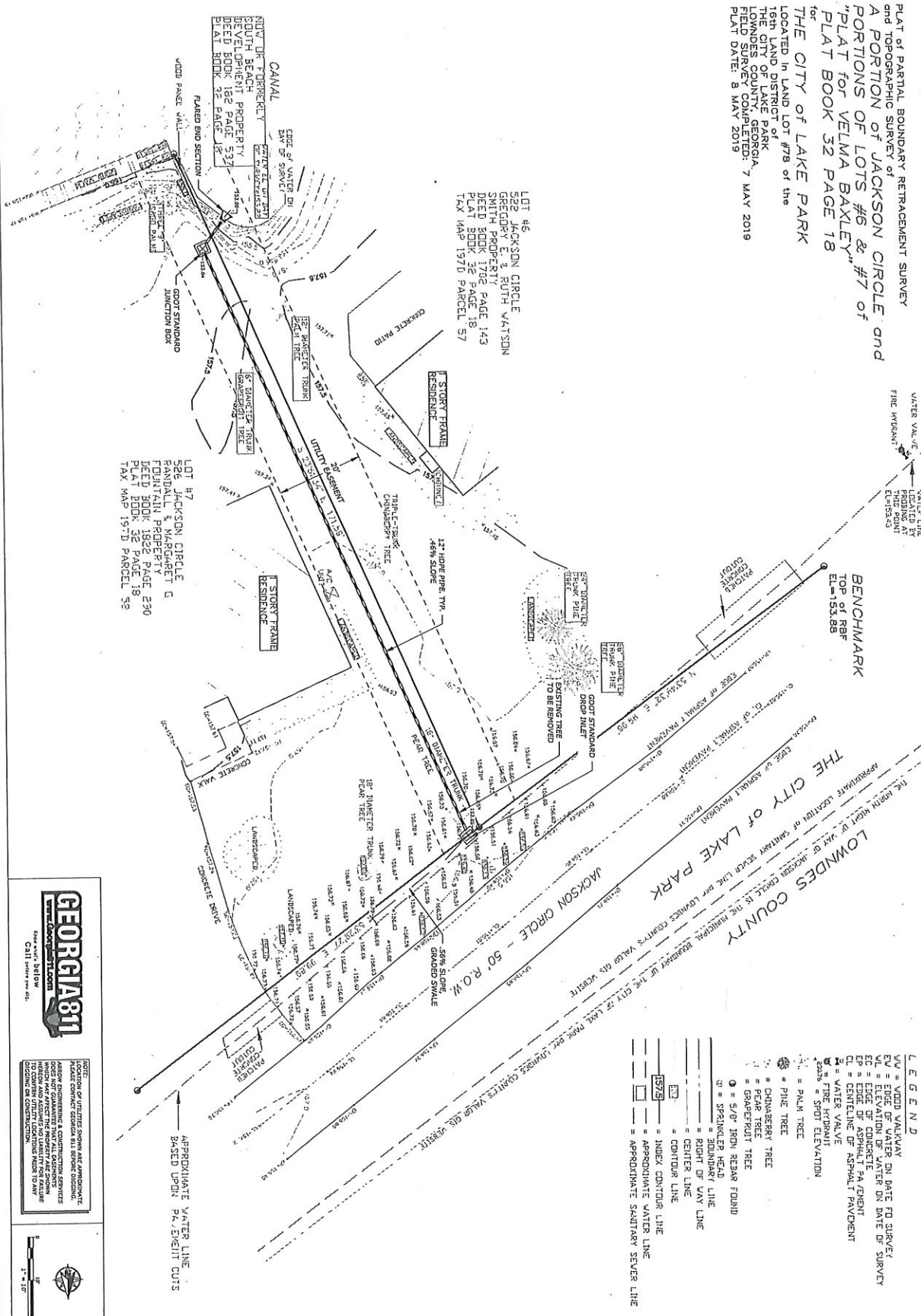
***Limited space available—(229)244-3400***

**Publishing : June 30th**





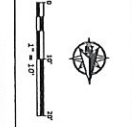
PLAT of PARTIAL BOUNDARY RETRACEMENT SURVEY  
 and TOPOGRAPHIC SURVEY of  
 A PORTION of JACKSON CIRCLE and  
 PORTIONS of LOTS #6 & #7 of  
 "PLAT for VELMA BAXLEY"  
 PLAT BOOK 32 PAGE 18  
 for  
 THE CITY of LAKE PARK  
 LOCATED IN LAND LOT #78 of the  
 16th LAND DISTRICT of  
 THE CITY of LAKE PARK, GA.  
 FIELD SURVEY COMPLETED: 7 MAY 2019  
 PLAT DATE: 8 MAY 2019



- L E G E N D**
- V/V = VOID WALKWAY ON DATE PD SURVEY
  - ELEVATION OF WATER ON DATE OF SURVEY
  - EC = EDGE OF CONCRETE
  - EP = EDGE OF ASPHALT PAVEMENT
  - CL = CENTERLINE OF ASPHALT PAVEMENT
  - V = VALVE
  - W = WATER VALVE
  - S = SPRAWLER HEAD
  - P = PALM TREE
  - O = OTHER TREE
  - C = CHAMBERED TREE
  - F = FEAR TREE
  - G = GRAPEFRUIT TREE
  - I = 5/8" IRON REAR FOUND
  - S = SPRAWLER HEAD
  - D = DRAINAGE LINE
  - C = CENTER LINE
  - W = WATER LINE
  - I = INDEX CONTOUR LINE
  - W = APPROXIMATE WATER LINE
  - S = APPROXIMATE SANITARY SEWER LINE

**GEORGIA811**  
 Georgia's 811 Service  
 Call before you dig  
 1-800-4-A-DAWN

**NOTICE:**  
 LOCATION OF UTILITIES SHOWN ARE APPROXIMATE.  
 ENGINEERING A CONSULTING SERVICE  
 DOES NOT GUARANTEE THAT ALL UTILITIES  
 ARE SHOWN OR THAT THE LOCATION OF UTILITIES  
 SHOWN IS ACCURATE. THE USER SHALL BE RESPONSIBLE  
 FOR VERIFYING THE LOCATION OF UTILITIES PRIOR TO ANY  
 DIGGING OR CONSTRUCTION.



**C3.0**  
 SHEET  
 PROJECT: 16023  
 DATED: 05/23/2019



**ARLOW ENGINEERING**  
 & CONSTRUCTION SERVICES  
 244 E. DODD ROAD  
 SUITE 100  
 WOODBRIDGE, GA 30094  
 770-948-4400  
 INFO@ARLOWENR.COM

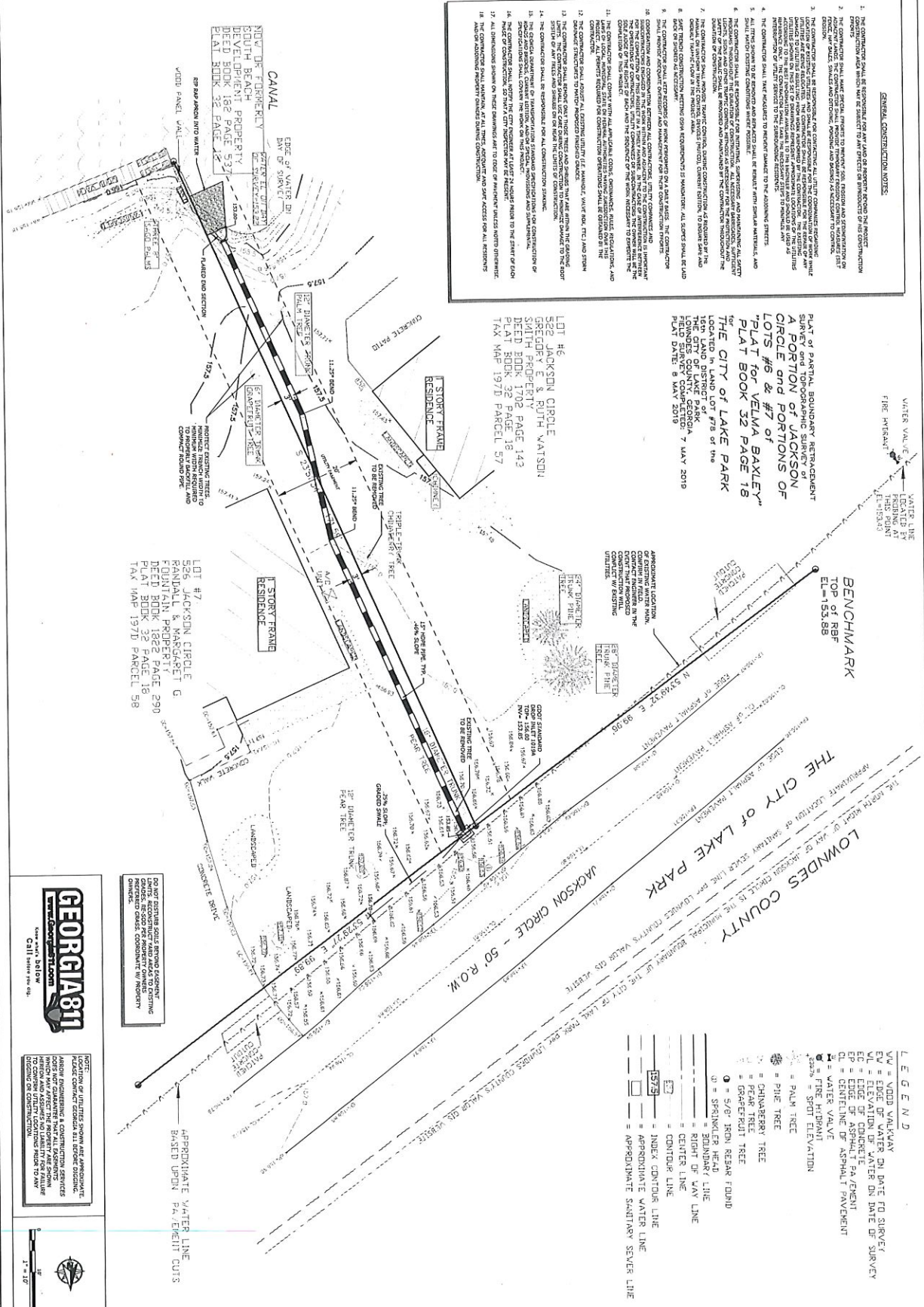
LAYOUT PLAN FOR:  
**JACKSON CIR. DRAINAGE IMPROVEMENTS**  
 LOCATED IN LAND LOT #78 OF THE 16TH  
 LAND DISTRICT, LAKE PARK, GA

DRAWN BY	GM	DATE	BY	DESCRIPTION
CHECKED BY	ALS			
PROJECT	16023			
CD FILE				
DATE	05/23/2019			

THIS DRAWING IS THE PROPERTY OF ARLOW ENGINEERING AND CONSTRUCTION SERVICES AND MAY NOT BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

**GENERAL CONSTRUCTION NOTES:**

1. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE APPLICABLE AGENCIES AND AGENCIES INVOLVED IN THE CONSTRUCTION OF THE PROJECT.
2. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES DURING CONSTRUCTION.
3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE APPLICABLE AGENCIES AND AGENCIES INVOLVED IN THE CONSTRUCTION OF THE PROJECT.
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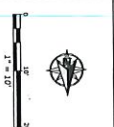
PLAT OF PARTIAL BOUNDARY RETRACEMENT SURVEY and TOPOGRAPHIC SURVEY of A PORTION OF JACKSON CIRCLE and PORTIONS OF LOTS #6 & #7 of BAXLEY PLAT FOR VELMA BAXLEY, THE CITY OF LAKE PARK LOCATED IN LAND LOT #78 OF THE 16TH LAND DISTRICT OF THE CITY OF LAKE PARK, FIELD SURVEY COMPLETED 7 MAY 2019 PLAT DATE: 9 MAY 2019

LOT #6  
526 JACKSON CIRCLE  
GREGORY E. & JUDY WATSON  
GREENBERRY TRAIL  
DEED BOOK 32 PAGE 142  
PLAT BOOK 32 PAGE 18  
TAX MAP 1971 PARCEL 57

LOT #7  
526 JACKSON CIRCLE  
RANDALL & MARGARET G. FORD  
FORD FAIN PROPERTY #290  
DEED BOOK 32 PAGE 18  
TAX MAP 1971 PARCEL 58

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1-800-4-A-DAWG

NOTE: ALL DIMENSIONS AND LOCATIONS ARE APPROXIMATE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE APPLICABLE AGENCIES AND AGENCIES INVOLVED IN THE CONSTRUCTION OF THE PROJECT. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES DURING CONSTRUCTION.



PROJECT: 19025  
SHEET: C3.0



**ARROW ENGINEERING & CONSTRUCTION SERVICES**  
2440 BUCKLE UP BLVD  
SUITE 100  
DUBLIN, GA 31009  
404-261-1111  
WWW.ARROWENGINEERING.COM

LAYOUT PLAN FOR:  
**JACKSON CIR. DRAINAGE IMPROVEMENTS**  
LOCATED IN LAND LOT #78 OF THE 16TH  
LAND DISTRICT, LAKE PARK, GA

DATE	BY	DESCRIPTION
05/28/2019	D.M.	DRAWN BY
	H.S.	CHECKED BY
		PROJECT
		CD FILE
		DATE





## Georgia Municipal Employees Benefit System

### PPO 90/70 - \$500 Deductible Plan

#### Schedule of Benefits

**Effective January 1, 2019**

All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted. In addition to deductibles, members are responsible for copayments and any applicable coinsurance. Members are also responsible for all costs over the plan maximums, where applicable.

Some services may require pre-certification before services are covered by the Plan. Please see the Benefits Booklet under Getting Approval for Benefits for additional information. Primary Care Physician (PCP) selection is encouraged, but not required. No referrals are required.

**When using out-of-network providers, members may be responsible for any difference between the Maximum Allowed Amount (see Benefits Booklet for definition) or negotiated drug costs and actual charges, in addition to any copayments, deductibles and/or applicable coinsurance.**

Deductibles, Coinsurance and Maximums	In-Network Benefit Level	Out-of-Network Benefit Level
Calendar Year Deductible*		
Individual	\$500	\$1,000
Family	\$1,500	\$3,000
Coinsurance	Plan pays 90% after deductible	Plan pays 70% after deductible
Lifetime Maximum	unlimited	unlimited
Out-of-Pocket Calendar Year Maximum*		
Medical	\$1,500 individual / \$3,000 family	\$3,000 individual / \$6,000 family
Rx	\$1,600 individual / \$3,200 family	\$3,200 individual / \$6,400 family

\*All family members covered under the Plan contribute toward the total Family deductible and Out-of-pocket maximums. The most any one family member contributes is the Individual amount. Once the Family amount is satisfied, there is no further accumulation for any family members for the remainder of the calendar year.

The following do not apply to the Out-of-Pocket Maximums: Premiums, any amount above the Maximum Allowed Amount (see Benefits Booklet for definition), and charges for health care this Plan doesn't cover. Deductible and Out-of-Pocket amounts are accumulated separately for in-network and out-of-network services.

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
<b>Office Visits: Preventive Care</b>		
• Well-child care, immunizations	\$0 Physician copayment or \$0 Specialist Physician copayment	Plan pays 70% after deductible (deductible waived through age 5)
• Annual Wellness Examination	\$0 Physician copayment or \$0 Specialist Physician copayment	Plan pays 70% after deductible
• Annual gynecology examination/mammography	\$0 Physician copayment or \$0 Specialist Physician copayment	Plan pays 70% after deductible
• Prostate screening	\$0 Physician copayment or \$0 Specialist Physician copayment	Plan pays 70% after deductible
<b>Illness or Injury</b>		
• Physician office visit (includes lab, radiology, and office surgery)	\$25 copayment	Plan pays 70% after deductible
• Specially care physician office visit	\$35 copayment	Plan pays 70% after deductible
• Second surgical opinion	\$35 copayment	Plan pays 70% after deductible
• Allergy care (office visit, testing, serum, and allergy shots)	\$25 Physician copayment or \$35 Specialist Physician copayment	Plan pays 70% after deductible
• Maternity (prenatal, postnatal)	\$0 copayment	Plan pays 70% after deductible
<b>Emergency/Urgent Care Services</b>		
• Life-threatening illness or serious accidental injury	\$150 copayment (waived if admitted)	\$150 copayment (waived if admitted)
• Non-emergency use of the emergency room	Not covered	Not covered
• Urgent Care Center	\$60 copayment	\$60 copayment
• Ambulance (when medically necessary)	Plan pays 90% after deductible	Plan pays 90% after deductible
<b>Inpatient Services</b>		
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Plan pays 90% after deductible	Plan pays 70% after deductible
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 90% after deductible	Plan pays 70% after deductible

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
<b>Outpatient Services</b>		
• Surgery facility/hospital charges	Plan pays 90% after deductible	Plan pays 70% after deductible
• Diagnostic x-ray and lab services	Plan pays 90% after deductible	Plan pays 70% after deductible
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>Therapy Services</b> Day or visit maximums are combined between in-network and out-of-network.		
• Speech Therapy	Plan pays 90% after deductible	Plan pays 70% after deductible
• Physical, Occupational Therapy	Plan pays 90% after deductible	Plan pays 70% after deductible
▪ Chiropractic	\$35 co-pay office visit Plan pays 90% for all other services after deductible; 30-visit per calendar year limit	Plan pays 70% after deductible; 30-visit calendar year limit
• Respiratory Therapy	Plan pays 90% after deductible	Plan pays 70% after deductible
• Radiation Therapy, Chemotherapy	Plan pays 90% after deductible	Plan pays 70% after deductible
<b>Mental Health/Substance Abuse Services</b> Services may be accessed by calling 1-800-292-2879.		
• Inpatient (facility and physician fee)	Plan pays 90% after deductible	Plan pays 70% after deductible
• Inpatient Substance Abuse Detoxification (facility and physician fee)	Plan pays 90% after deductible	Plan pays 70% after deductible
• Partial Hospitalization Program (facility and physician fee)	Plan pays 90% after deductible	Plan pays 70% after deductible
• Intensive Outpatient Program (facility and physician fee)	Plan pays 90% after deductible	Plan pays 70% after deductible
• Professional Outpatient Services	\$25 copayment	Plan pays 70% after deductible
<b>Other Services</b> Day or visit maximums are combined between in-network and out-of-network.		
• Skilled Nursing Facility	Plan pays 90% after deductible; 90-day calendar year maximum	Plan pays 70% after deductible; 90-day calendar year maximum
• Home Health Care	Plan pays 90% after deductible; 120-visit calendar year maximum	Plan pays 70% after deductible; 120-visit calendar year maximum
• Hospice Care	Plan pays 100% ( <i>not subject to deductible</i> )	Plan pays 100% ( <i>not subject to deductible</i> )
<b>Pharmacy</b> Covers up to a 30-day retail supply or up to a 90 day mail order supply; Claim form must be filed for out-of-network; If a generic is available and the member requests a brand-name drug to be dispensed, the member pays their applicable co-pay plus the difference in cost between the brand and generic drug. Specialty drugs can be filled one time at retail before moving to Aetna Specialty Pharmacy		
Retail max 30 day supply		Claim must be filed for out of network
Generic	\$10 copayment	\$10 copayment
Formulary Brand	\$35 copayment	\$35 copayment
Non-formulary Brand	\$60 copayment	\$60 copayment
Mail order max 90 day supply		Claim must be filed for out of network
Generic	\$20 copayment	\$20 copayment
Formulary Brand	\$70 copayment	\$70 copayment
Non-formulary Brand	\$120 copayment	\$120 copayment

The information contained in this summary does not represent a guarantee of the benefits, nor does it change or modify the governing documents underlying the Plan. In the event of a conflict between the information provided and the terms of the governing plan documents, eligibility for benefits and payment of benefits, if any, will be determined in accordance with and subject to applicable governing plan documents.





**Georgia Municipal Employees Benefit System**  
**Open Access PPO 80/60 - \$500 Deductible Plan**

**Schedule of Benefits**

**Effective January 1, 2019**

All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted. In addition to deductibles, members are responsible for copayments and any applicable coinsurance. Members are also responsible for all costs over the plan maximums, where applicable.

Some services may require pre-certification before services are covered by the Plan. Please see the Benefits Booklet under Getting Approval for Benefits for additional information. Primary Care Physician (PCP) selection is encouraged, but not required. No referrals are required.

**When using out-of-network providers, members may be responsible for any difference between the Maximum Allowed Amount (see Benefits Booklet for definition) or negotiated drug costs and actual charges, in addition to any copayments, deductibles and/or applicable coinsurance.**

Deductibles, Coinsurance and Maximums	In-Network Benefit Level	Out-of-Network Benefit Level
Calendar Year Deductible*		
Individual	\$500	\$1,000
Family	\$1,500	\$3,000
Coinsurance	Plan pays 80% after deductible	Plan pays 60% after deductible
Lifetime Maximum	unlimited	unlimited
Out-of-Pocket Calendar Year Maximum*		
Medical	\$2,500 individual / \$5,000 family	\$5,000 individual / \$10,000 family
Rx	\$1,600 individual / \$3,200 family	\$3,200 individual / \$6,400 family

\*All family members covered under the Plan contribute toward the total Family deductible and Out-of-pocket maximums. The most any one family member contributes is the Individual amount. Once the Family amount is satisfied, there is no further accumulation for any family members for the remainder of the calendar year. The following do not apply to the Out-of-Pocket Maximums: Premiums, any amount above the Maximum Allowed Amount (see Benefits Booklet for definition), and charges for health care this Plan doesn't cover. Deductible and Out-of-Pocket amounts are accumulated separately for in-network and out-of-network services.

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
<b>Office Visits: Preventive Care</b>		
• Well-child care, immunizations	\$0 Physician copayment or \$0 Specialist Physician copayment	Plan pays 60% after deductible <i>(deductible waived through age 5)</i>
• Annual Wellness Examination	\$0 Physician copayment or \$0 Specialist Physician copayment	Plan pays 60% after deductible
• Annual gynecology examination/mammography	\$0 Physician copayment or \$0 Specialist Physician copayment	Plan pays 60% after deductible
• Prostate screening	\$0 Physician copayment or \$0 Specialist Physician copayment	Plan pays 60% after deductible
<b>Illness or Injury</b>		
• Physician office visit (includes lab, radiology, and office surgery)	\$30 copayment	Plan pays 60% after deductible
• Specialty care physician office visit	\$40 copayment	Plan pays 60% after deductible
• Second surgical opinion	\$40 copayment	Plan pays 60% after deductible
• Allergy care (office visit, testing, serum, and allergy shots)	\$30 Physician copayment or \$40 Specialist Physician copayment	Plan pays 60% after deductible
• Maternity (prenatal, postnatal)	\$0 copayment	Plan pays 60% after deductible
<b>Emergency/Urgent Care Services</b>		
• Life-threatening illness or serious accidental injury	\$150 copayment <i>(waived if admitted)</i>	\$150 copayment <i>(waived if admitted)</i>
• Non-emergency use of the emergency room	Not covered	Not covered
• Urgent Care Center	\$60 copayment	\$60 copayment
• Ambulance (when medically necessary)	Plan pays 80% after deductible	Plan pays 80% after deductible
<b>Inpatient Services</b>		
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Plan pays 80% after deductible	Plan pays 60% after deductible
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 80% after deductible	Plan pays 60% after deductible

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
<b>Outpatient Services</b>		
• Surgery facility/hospital charges	Plan pays 80% after deductible	Plan pays 60% after deductible
• Diagnostic x-ray and lab services	Plan pays 80% after deductible	Plan pays 60% after deductible
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Therapy Services</b> Day or visit maximums are combined between in-network and out-of-network.		
• Speech Therapy	Plan pays 80% after deductible	Plan pays 60% after deductible
• Physical, Occupational Therapy	Plan pays 80% after deductible	Plan pays 60% after deductible
▪ Chiropractic	\$40 co-pay office visit Plan pays 80% for all other services after deductible; 30-visit per calendar year limit	Plan pays 60% after deductible; 30-visit calendar year limit
• Respiratory Therapy	Plan pays 80% after deductible	Plan pays 60% after deductible
• Radiation Therapy, Chemotherapy	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Mental Health/Substance Abuse Services</b> Services may be accessed by calling 1-800-292-2879.		
• Inpatient (facility and physician fee)	Plan pays 80% after deductible	Plan pays 60% after deductible
• Inpatient Substance Abuse Detoxification (facility and physician fee)	Plan pays 80% after deductible	Plan pays 60% after deductible
• Partial Hospitalization Program (facility and physician fee)	Plan pays 80% after deductible	Plan pays 60% after deductible
• Intensive Outpatient Program (facility and physician fee)	Plan pays 80% after deductible	Plan pays 60% after deductible
• Professional Outpatient Services	\$30 copayment	Plan pays 60% after deductible
<b>Other Services</b> Day or visit maximums are combined between in-network and out-of-network.		
• Skilled Nursing Facility	Plan pays 80% after deductible; 90-day calendar year maximum	Plan pays 60% after deductible; 90-day calendar year maximum
• Home Health Care	Plan pays 80% after deductible; 120-visit calendar year maximum	Plan pays 60% after deductible; 120-visit calendar year maximum
• Hospice Care	Plan pays 100% ( <i>not subject to deductible</i> )	Plan pays 100% ( <i>not subject to deductible</i> )
<b>Pharmacy</b> Covers up to a 30-day retail supply or up to a 90 day mail order supply; Claim form must be filed for out-of-network; If a generic is available and the member requests a brand-name drug to be dispensed, the member pays their applicable co-pay plus the difference in cost between the brand and generic drug. Specialty drugs can be filled one time at retail before moving to Aetna Specialty Pharmacy		
Retail max 30 day supply		Claim must be filed for out of network
Generic	\$10 copayment	\$10 copayment
Formulary Brand	\$35 copayment	\$35 copayment
Non-formulary Brand	\$60 copayment	\$60 copayment
Mail Order max 90 day supply		Claim must be filed for out of network
Generic	\$20 copayment	\$20 copayment
Formulary Brand	\$70 copayment	\$70 copayment
Non-formulary Brand	\$120 copayment	\$120 copayment

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**Georgia Municipal Employees Benefit System**  
**Open Access HMO 90% Plan**  
**Schedule of Benefits**

**Effective January 1, 2019**

In addition to copayments, members are responsible for any applicable coinsurance. Members are also responsible for all costs over the plan maximums, where applicable..

Some services may require pre-certification before services are covered by the Plan. Please see the Benefits Booklet under Getting Approval for Benefits for additional information. Primary Care Physician (PCP) selection is encouraged, but not required. No referrals are required.

<b>Deductibles, Coinsurance and Maximums</b>	<b>In-Network Benefit Level No Coverage for Out-of-Network</b>
Calendar Year Deductible*	
Individual	None
Family	None
Coinsurance	Plan pays 90%, Member pays 10% Coinsurance
Lifetime Maximum	Unlimited
Out-of-Pocket Calendar Year Maximums*	
Medical	\$1,000 individual/\$2,000 family
Rx	\$4,450 individual/\$8,900 family
<p><i>*All family members covered under the Plan contribute toward the Family deductible and Family Out-of-Pocket Maximums. The most any one family member contributes is the Individual amount. Once the Family amount is satisfied, there is no further accumulation for any family members for the remainder of the calendar year.</i></p> <p>The following do not apply to the deductibles or the Out-of-Pocket Maximums: Premiums, charges by Out-of-Network providers, any amount above the Maximum Allowed Amount (see Benefits Booklet for definition), and charges for health care this Plan doesn't cover.</p>	
<b>Covered Services</b>	<b>In-Network Benefit Level (No Coverage Out-of-Network)</b>
<b>Office Visits: Preventive Care</b>	
• Well-child care, immunizations	\$0 PCP copayment or \$0 Specialist copayment
• Annual Wellness Exam	\$0 PCP copayment or \$0 Specialist copayment
• Annual gynecology examination/mammography	\$0 PCP copayment or \$0 Specialist copayment
• Prostate screening	\$0 PCP copayment or \$0 Specialist copayment
<b>Illness or Injury</b>	
• Primary Care Physician (PCP) office visit (includes lab, radiology and office surgery)	\$20 copayment
• Specialist Physician office visit	\$30 copayment
• Second surgical opinion (PCP referral required)	\$30 copayment
• Maternity (prenatal, postnatal)	\$0 copayment
• Allergy care (office visit, testing, serum and allergy shots)	\$20 PCP copayment or \$30 Specialist copayment
<b>Emergency/Urgent Care Services (See Benefits Booklet for information about coverage of Out-of-Network emergency care)</b>	
• Life-threatening illness, serious accidental injury	\$150 copayment (waived if admitted) (Same for Out-of-Network. See Benefits Booklet for details)
• Non-emergency use of the emergency room	Not covered
• Urgent Care Center	\$60 copayment
• Ambulance (when medically necessary)	Plan pays 90% (Same for Out-of-Network. See Benefits Booklet for details)
<b>Inpatient Services</b>	
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Plan pays 90%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 90%

**Open Access HMO 90% continued**  
**Effective January 1, 2019**

Covered Services	In-Network Benefit Level (No Coverage Out-of-Network)
<b>Outpatient Services</b>	
• Surgery facility/hospital charges	Plan pays 90%
• Diagnostic x-ray and lab services	Plan pays 90%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 90%
<b>Therapy Services</b>	
• Speech Therapy	Plan pays 90%; 20-visit calendar year maximum
• Physical, Occupational Therapy	Plan pays 90%; 20-visit calendar year maximum
• Chiropractic	\$30 co-pay office visit; Plan pays 90% for other services after deductible; 30 visit per calendar year maximum.
• Respiratory Therapy	Plan pays 90% 40-visit calendar year maximum
• Radiation Therapy, Chemotherapy	Plan pays 100%
<b>Mental Health/Substance Abuse Services</b> Services may be accessed by calling 1-800-292-2879.	
• Inpatient (facility fee)	Plan pays 90%
• Inpatient (physician fee)	Plan pays 90%
• Inpatient Substance Abuse Detoxification (facility fee)	Plan pays 90%
• Inpatient Substance Abuse Detoxification (physician fee)	Plan pays 90%
• Partial Hospitalization Program (facility and physician fee)	Plan pays 90%
• Intensive Outpatient Program (facility and physician fee)	Plan pays 90%
• Professional Outpatient Services	\$20 copayment
<b>Other Services</b>	
• Skilled Nursing Facility	Plan pays 90%; 90-day calendar year maximum
• Home Health Care	Plan pays 90%; 120-visit calendar year maximum
• Hospice Care	Plan pays 100%
<b>Pharmacy</b> Covers up to a 30-day retail supply or up to a 90 day mail order supply; Claim form must be filed for out-of-network; If a generic is available and the member requests a brand-name drug to be dispensed, the member pays their applicable co-pay plus the difference in cost between the brand and generic drug. Specialty drugs can be filled one time at retail before moving to Aetna Specialty Pharmacy	
Retail max 30 day supply	
Generic	\$10 copayment
Formulary Brand	\$35 copayment
Non-formulary Brand	\$60 copayment
Mail order max 90 day supply	
Generic	\$20 copayment
Formulary Brand	\$70 copayment
Non-formulary Brand	\$120 copayment

The information contained in this summary does not represent a guarantee of the benefits, nor does it change or modify the governing documents underlying the Plan. In the event of a conflict between the information provided and the terms of the governing plan documents, eligibility for benefits and payment of benefits, if any, will be determined in accordance with and subject to applicable governing plan documents.





# Georgia Municipal Employees Benefit System

## Open Access HMO 80% Plan

### Schedule of Benefits

**Effective January 1, 2019**

All benefits are subject to the calendar year deductible, except those with in-network copayments listed below, unless otherwise noted. In addition to deductibles, members are responsible for copayments and any applicable coinsurance. Members are also responsible for all costs over the plan maximums, if applicable.

Some services may require pre-certification before services are covered by the Plan. Please see the Benefits Booklet under Getting Approval for Benefits for additional information. Primary Care Physician (PCP) selection is encouraged, but not required. No referrals are required.

Deductibles, Coinsurance and Maximums	In-Network Benefit Level No Coverage for Out-of-Network
Calendar Year Deductible*	
Individual	\$150
Family	\$450
Coinsurance	Plan pays 80%, Member pays 20% Coinsurance
Lifetime Maximum	Unlimited
Out-of-Pocket Calendar Year Maximums*	
Medical	\$2,150 individual/\$4,300 family
Rx	\$4,450 individual/\$8,900 family
<p>*All family members covered under the Plan contribute toward the Family deductible and Family Out-of-Pocket Maximums. The most any one family member contributes is the Individual amount. Once the Family amount is satisfied, there is no further accumulation for any family members for the remainder of the calendar year.</p> <p>The following do not apply to the deductibles or the Out-of-Pocket maximums: Premiums, charges by Out-of-Network providers, any amount above the Maximum Allowed Amount (see Benefits Booklet for definition), and charges for health care this Plan doesn't cover.</p>	
Covered Services	In-Network Benefit Level (No Coverage Out-of-Network)
<b>Office Visits: Preventive Care</b>	
• Well-child care, immunizations	\$0 PCP copayment or \$0 Specialist copayment
• Annual Wellness Exam	\$0 PCP copayment or \$0 Specialist copayment
• Annual gynecology examination/mammography	\$0 PCP copayment or \$0 Specialist copayment
• Prostate screening	\$0 PCP copayment or \$0 Specialist copayment
<b>Illness or Injury</b>	
• Primary Care Physician (PCP) office visit (includes lab, radiology and office surgery)	\$25 copayment
• Specialist Physician office visit	\$35 copayment
• Second surgical opinion (PCP referral required)	\$35 copayment
• Maternity (prenatal, postnatal)	\$0 copayment
• Allergy care (office visit, testing, serum and allergy shots)	\$25 PCP copayment or \$35 Specialist copayment
<b>Emergency/Urgent Care Services (See Benefits Booklet for information about coverage of Out-of-Network emergency care)</b>	
• Life-threatening illness, serious accidental injury	\$150 copayment (waived if admitted) (Same for Out-of-Network. See Benefits Booklet for details)
• Non-emergency use of the emergency room	Not covered
• Urgent Care Center	\$60 copayment
• Ambulance (when medically necessary)	Plan pays 80% (Same for Out-of-Network. See Benefits Booklet for details)
<b>Inpatient Services</b>	
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Plan pays 80%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 80%

Open Access HMO 80% continued  
Effective January 1, 2019

Covered Services	In-Network Benefit Level (No Coverage Out-of-Network)
<b>Outpatient Services</b>	
• Surgery facility/hospital charges	Plan pays 80%
• Diagnostic x-ray and lab services	Plan pays 80%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Plan pays 80%
<b>Therapy Services</b>	
• Speech Therapy	Plan pays 80%; 20-visit calendar year maximum
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• Radiation Therapy, Chemotherapy	Plan pays 100%
<b>Mental Health/Substance Abuse Services</b> Services may be accessed by calling 1-800-292-2879.	
• Inpatient (facility fee)	Plan pays 80%
• Inpatient (physician fee)	Plan pays 80%
• Inpatient Substance Abuse Detoxification (facility fee)	Plan pays 80%
• Inpatient Substance Abuse Detoxification (physician fee)	Plan pays 80%
• Partial Hospitalization Program (facility and physician fee)	Plan pays 80%
• Intensive Outpatient Program (facility and physician fee)	Plan pays 80%
• Professional Outpatient Services	\$25 copayment
<b>Other Services</b>	
• Skilled Nursing Facility	Plan pays 80%; 90-day calendar year maximum
• Home Health Care	Plan pays 80%; 120-visit calendar year maximum
• Hospice Care	Plan pays 100%; not subject to deductible
<b>Pharmacy</b> Covers up to a 30-day retail supply or up to a 90 day mail order supply; Claim form must be filed for out-of-network; If a generic is available and the member requests a brand-name drug to be dispensed, the member pays their applicable co-pay plus the difference in cost between the brand and generic drug. Specialty drugs can be filled one time at retail before moving to Aetna Specialty Pharmacy	
Retail max 30 day supply	
Generic	\$10 copayment
Formulary Brand	\$35 copayment
Non-formulary Brand	\$60 copayment
Mail order max 90 day supply	
Generic	\$20 copayment
Formulary Brand	\$70 copayment
Non-formulary Brand	\$120 copayment

The information contained in this summary does not represent a guarantee of the benefits, nor does it change or modify the governing documents underlying the Plan. In the event of a conflict between the information provided and the terms of the governing plan documents, eligibility for benefits and payment of benefits, if any, will be determined in accordance with and subject to applicable governing plan documents.





# THE BENEFITS GUIDE

Health • Rx • Dental  
Life/AD&D • Short Term Disability

The Georgia Municipal Employees  
Benefit System Life and Health Insurance Fund



2019

Updated 01/16/2019

## Table of Contents

<b>The Georgia Municipal Employees Benefit System Life and Health Insurance Fund</b> .....	2
<b>Health, Dental and Life Insurance Plans</b> .....	4
<b>Funding and Participation Requirements</b> .....	5
<b>Health Promotion Services and Health Promotion Grants</b> .....	6
<b>Georgia Municipal Employees Benefit System: Summary of Plans</b> .....	7





# The Georgia Municipal Employees Benefit System Life and Health Insurance Fund

SERVING LOCAL GOVERNMENT IS OUR ONLY BUSINESS

The GMEBS Life and Health Insurance Fund (the Fund) offers a Health Plan and a Dental Plan as well as Greater Georgia Life Insurance Company life, accidental death and dismemberment, and short-term disability products. Eligible Employers may offer these benefits to their eligible employees by entering into a Participation Agreement with the Fund. The Program administrator for the Fund is Georgia Municipal Association (GMA).

## BENEFITS OFFERED THROUGH THE FUND

The Fund currently offers the following benefits:

- Health Plan (includes Prescription Drug benefits) – Claims Administration by BlueCross BlueShield of Georgia (medical) and Aetna (prescription drugs)
- Several plan options are available (see page 4)
- Employers offering the Health Plan are eligible for health promotion services and grants provided by Local Government Risk Management Services (see page 6)
- Visit the BCBSGA website at [www.bcbsga.com](http://www.bcbsga.com) for a one-stop resource to locate doctors, hospitals and other health care providers in the BCBSGA network in your area.
- Aetna offers a broad pharmacy network. Visit [www.aetna.com](http://www.aetna.com) for more information.
- Dental Plan – Claims Administration by Delta Dental. For Delta Dental's network of dentists and more information, visit [www.deltadental.com](http://www.deltadental.com).
- Greater Georgia Life Insurance ("GGLI") Products – Fully-Insured by Greater Georgia Life Insurance
  - Life and Accidental Death & Dismemberment (AD&D)
  - Optional Life and AD&D
  - Short Term Disability

## SERVICES INCLUDED WITH BENEFIT

- COBRA administration for the Health and Dental Plans
- Open Enrollment materials and forms
- Newly eligible employee materials and forms
- Annual Legal Notices
- Online Access to Booklets, Summaries of Benefits and Coverage and Schedules of Benefits that apply to your employees ([www.gmanet.com/Life-Health#Forms](http://www.gmanet.com/Life-Health#Forms))
- Affordable Care Act compliance support
  - Training on Affordable Care Act compliance
  - Enrollment data files necessary for large employers to fulfill ACA reporting requirements
  - PDF ACA reports ready for distribution and filing with the IRS for small employers

## GMA CONTACT FOR INFORMATION ABOUT FUND BENEFITS

For more information about benefits available through the Fund, please contact

Eileen Thomas, Marketing Field Services Manager  
Direct: 678-686-6232, [ethomas@gmanet.com](mailto:ethomas@gmanet.com)  
James Brent, Marketing Field Representative  
Direct: 678-686-6349, [jbrent@gmanet.com](mailto:jbrent@gmanet.com)

The Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund is a self-insured fund administered by the Georgia Municipal Association (GMA). The Fund's membership consists of over 163 local government entities, covering 10,180 lives, with total assets of more than \$37 million. Oversight for the Fund is provided by a 15-member board of trustees comprised of elected and appointed officials from among the Fund's membership.

## ELIGIBLE EMPLOYERS

By law, only municipalities, municipal authorities and commissions, housing authorities and regional commissions are eligible to offer benefits through the Fund.

## ELIGIBLE EMPLOYEES (HEALTH AND DENTAL PLANS)

All Participating Employers that elect the Health Plan or Dental Plan must offer these Plans to "Regular Employees." A Regular Employee is one who resides in the U.S. and is employed in a salaried or hourly rated position that requires 30 or more Hours of Service per week and is expected to last at least 48 weeks. In general, an Hour of Service is an hour for which an employee is paid or entitled to payment. Most Participating Employers also offer the Health Plan to dependents (children up to age 26 and legal spouse).

A Participating Employer that is a city may offer the Health Plan or Dental Plan or both to members of their governing authority and their dependents. If the city offers the Plans to members of the governing authority, it also may offer the Plans to city attorneys and/or municipal judges and their dependents.

## ELIGIBLE RETIREES

See [www.gmanet.com/Life-Health#Plus](http://www.gmanet.com/Life-Health#Plus) for information about Health and Dental Plans available to eligible retirees. To be eligible, a retiree must have been enrolled in the coverage at termination of employment and must immediately begin to receive a defined benefit retirement benefit from the former employer. For Health coverage, the retiree is not eligible unless he or she is under age 65. Once enrolled due to retiree status, health coverage terminates at age 65.

## WANT TO OFFER THE GMEBS HEALTH OR DENTAL PLAN OR BOTH?

Underwriting (Health Plan only). A new Participating Employer submits a group underwriting questionnaire, a census form, and claims/loss information to GMA.

Employers with 50 or more employees also must submit a summary report of large claims. GMA coordinates with underwriting advisors and prepares a premium quote. An employer can expect to receive a premium quote approximately two weeks after submitting the required information. Whenever a Participating Employer wants to add a new eligibility class, underwriting information must be updated and a new quote will be provided.

**Declaration of Coverage and Ordinance or Resolution.** An employer completes a Declaration of Coverage Statement which includes the waiting period, the plan options and the definition of Eligible Employees. The governing body of the employer enacts an ordinance (if a municipality) or a resolution (if not a municipality) adopting the Declaration of Coverage and agreeing to the Participation Agreement.

**Notification of Claims Administrators.** Once the ordinance/resolution is approved by GMA, enrollment and plan design information is sent to the claims administrators. Initial enrollment and plan design information must be received by these administrators 45 to 60 days before the effective date of coverage.

## WHAT ABOUT FUTURE CHANGES?

If a Participating Employer wants to change eligibility classes or plan designs, the Participating Employer submits a revised Declaration of Coverage Statement and forwards it to GMA for approval. Once approved, the new enrollment and plan design information is sent to the claims administrators. New enrollment and plan design information must be received by these administrators 45 to 60 days before the effective date of the new eligibility class or new plan design.

## WANT TO OFFER GREATER GEORGIA LIFE INSURANCE PRODUCTS?

Please see Greater Georgia Life Insurance information on page 4.



# Health & Dental Plans; Greater Georgia Life Insurance Products

## In-Network and Out-of-Network



### ◆ HEALTH PLAN OPTIONS

The Georgia Municipal Employees Benefit System (GMEBS) Life and Health Insurance Fund offers several health plan options, each of which includes prescription drug benefits. Plan options differ in design by deductibles, co-insurance, copays, provider networks and out of pocket maximums (see Key Terms below). Participating Employers may choose the plan options best suited to their specific needs and financial resources. For Schedules of Benefits for current health plan options, contact GMA or visit [www.gmanet.com/LifeHealth#Plans](http://www.gmanet.com/LifeHealth#Plans).

### KEY TERMS

**Provider Networks.** There are two types of medical provider networks: PPO (Preferred Provider Organization) and Open Access (supports HMO and POS plans). Primary care is encouraged, however; referrals to other participating network providers is not required.

**In-Network**—Describes benefits when participant uses Blue Cross Blue Shield of Georgia preferred providers, or if participant fills a prescription at a pharmacy in Aetna's network.

**Out-of-Network**—Describes benefits if participant uses non-preferred providers.

**Deductibles.** The amount a participant must pay before the plan begins to pay certain benefits. All family members contribute toward satisfying the family deductible. No one member contributes more than the individual amount. The deductibles vary among the plan options.

**Copays.** A fixed amount the participant pays for a covered health care service, usually when the service is received. Copays vary among the plan options.

**Co-insurance.** Once the deductible is satisfied, the participant pays co-insurance. Co-insurance is a percent of the allowed amount for a covered health service. For Out-of-Network services, the participant might have to pay the difference between the allowed amount and the provider's charges in addition to co-insurance. Co-insurance amounts vary among the plan options.

**Out of Pocket Maximum.** The most the participant pays during the year before the plan begins to pay at 100% of the allowed amount. Deductibles, co-insurance, and medical and pharmacy co-payments count toward meeting the out-of-pocket maximums. The out of pocket maximum varies among plan options.

**Formulary.** The formulary is the prescription drug claims administrator's list of brand name and generic drugs for which it has negotiated preferred pricing. Co-insurance amounts usually depend on whether a drug is on the formulary.

### ◆ DENTAL PLAN

The GMEBS Life and Health Fund offers the Dental Plan. The Dental Plan provides benefits for in-network and out-of-network dentists. Visit [www.dentaldenal.com](http://www.dentaldenal.com) for information about in-network dentists. For the Schedule of Benefits for the Dental Plan, contact GMA or visit [www.gmanet.com/LifeHealth#Plans](http://www.gmanet.com/LifeHealth#Plans).

### ◆ GREATER GEORGIA LIFE INSURANCE COMPANY (GGL) PRODUCTS

GGL products are governed by Georgia insurance laws and the terms of GGL's standard insurance Certificates. That means eligibility rules are different than the eligibility rules for the Health and Dental Plans, and GGL-approved forms are used.

#### BASIC LIFE/AD&D

Participating Employers must offer the Basic Life/AD&D coverage to all Eligible Employees.

#### AVAILABLE COVERAGE IN ADDITION TO BASIC LIFE/AD&D

Participating Employers offering Basic Life/AD&D also may offer Dependent Life Insurance, Optional Life & AD&D, and Short Term Disability Insurance.

### FUNDING AND PARTICIPATION REQUIREMENTS

Type of Coverage Employer May Offer	Funding Requirements	Participation Requirements
Employee Basic Life & AD&D	Employer must pay 100%	100% of Eligible Employees
Dependent Life	Employer may pay a portion or none	100% of Eligible Dependents if employer pays 100%; if not, 50%
Employee Optional Life & AD&D	Employee must pay 100%	At least 20% of Eligible Employees must enroll
Short Term Disability	Employer must pay 100%	100% of Eligible Employees

### AMOUNT RESTRICTIONS

Participating Employers may offer different amounts of coverage to different job classes. The following amount restrictions apply.

Type of Coverage Employer May Offer	Amount Restrictions (Maximum amounts employer can offer)
Employee Basic Life & AD&D	\$1,000 increments up to a maximum of \$30,000 (employers with 9 or fewer employees) or \$50,000
Dependent Life	Lesser of 50% of Employee Basic amount or \$20,000
Employee Optional Life & AD&D	Must be same amount as Employee Basic Life & AD&D
Short Term Disability	Any whole dollar amount from \$50 - \$300 per week

### WANT TO OFFER GREATER GEORGIA LIFE INSURANCE PRODUCTS?

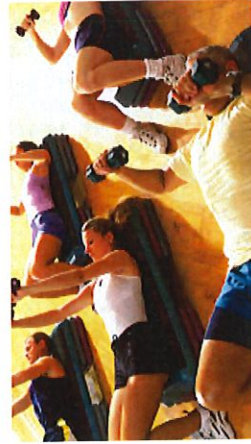
Questionnaire. In order to offer GGL products, an employer completes a Life Insurance Products questionnaire. By completing this questionnaire, the employer documents its desired choices for products, amounts, and eligibility. GMA uses the completed questionnaire to prepare an Employer Application and Participation Agreement ("EAPA").

**Certificate.** Once the EAPA is approved, GGL creates a Certificate of Coverage for the Participating Employer.



# Health Promotion Services and Health Promotion Grants – for Participating Employers Offering GMEBS Health Plan

ADMINISTERED BY LOCAL GOVERNMENT RISK MANAGEMENT SERVICES



In 1988, GMA and the Association County Commissioners of Georgia (ACCG) jointly created the Local Government Risk Management Services (LGRMS) to provide safety and loss control services to the risk management fund members of GMA and ACCG. In 2000, Health Promotion Services was added as an additional service to Participating Employers offering the GMEBS Health Plan. These services improve employee productivity, educate employees about healthy lifestyles and help control health care costs.

## WORKPLACE HEALTH PROMOTION PROGRAM

The Workplace Health Promotion Program is designed to support these Participating Employers in their efforts to promote health and wellness initiatives. The program concentrates on four major areas:

- Awareness
- Health communication campaigns
- Prevention and health education programs
- Behavioral change

## BLUE CROSS BLUE SHIELD SERVICES

Employees enrolled in the GMEBS Health Plan have access to Blue Cross Blue Shield of Georgia well-being services through programs such as Condition Care (diabetes, congestive heart failure, asthma, chronic obstructive pulmonary disease (COPD) and coronary artery

# Georgia Municipal Employees Benefit System (GMEBS): Health Insurance Plans

Schedules of benefits can be found on the GMA website: [www.gmanet.com/LifeHealth#Plans](http://www.gmanet.com/LifeHealth#Plans)

PPO 90/70 • \$500 Deductible  
 PPO 90/70 • \$750 Deductible  
 PPO 90/70 • \$1000 Deductible  
 PPO 90/70 • \$1500 Deductible

PPO 80/60 • \$500 Deductible  
 PPO 80/60 • \$750 Deductible  
 PPO 80/60 • \$1000 Deductible  
 PPO 80/60 • \$1500 Deductible  
 PPO 80/60 • \$2000 Deductible

Open Access  
 POS 80/60 • \$500 Deductible  
 Open Access  
 POS 80/60 • \$750 Deductible

Open Access  
 POS 80/60 • \$1000 Deductible  
 Open Access  
 POS 80/60 • \$1500 Deductible

Open Access  
 POS 80/60 • \$2000 Deductible  
 Open Access  
 POS 90/70 • \$500 Deductible

Open Access  
 POS 90/70 • \$750 Deductible  
 Open Access  
 POS 90/70 • \$1000 Deductible

Open Access  
 POS 90/70 • \$1500 Deductible  
 Open Access  
 HMO 80% • \$150 Deductible

Open Access  
 HMO 90% • \$150 Deductible  
 Open Access  
 HMO 90%

