Cobb County Government Employee Benefits

Full-time employees of Cobb County are offered a comprehensive benefits package to meet their personal needs. Benefits listed below are for full-time employees unless otherwise indicated.

Health and Welfare Benefits

Health Plan - Blue Cross Blue Shield of Georgia offers three different types of health benefit plans: PPO, Open Access POS, or HMO. Kaiser Permanente also offers an HMO. Please see the following page for more information on each of these plans.

Dental Plan - Dental benefits through CIGNA Healthcare are provided at no cost to you. Family coverage may also be elected for an additional cost. See the following page for more information.

Life Insurance - A life insurance benefit with a value equal to 2 times your basic annual earnings is automatically provided at no cost. You will need to designate a beneficiary. You may also elect to increase your life insurance an additional 1 times annual salary and may elect spouse and dependent coverage for an additional cost.

Long Term Disability - Provides 60% of your salary if you experience a long term disability resulting from accidental injury or illness. Long term disability is provided at no cost to you. A 10% "buy-up" option is also available for an additional cost. Benefits begin after 6 months of disability.

Flexible Spending Accounts Program (Cafeteria Plan) - Offers you a way to set aside pre-tax dollars to pay for out-of-pocket expenses for health care and dependent child care.

Leave and Holidays - You will receive 10 paid holidays per year and will also accrue sick and annual leave. Annual leave accrual begins after 6 months of employment.

Life Balance - This program offers confidential counseling and referral services to help with life issues. Three (3) free visits per situation per year are available to you and your family at no cost.

Supplemental Benefits

Supplemental Insurance - Supplemental insurance policies offer additional coverage for you and your family (i.e., short term disability, intensive care, cancer and more). The cost of the policy depends on your choice of coverage. *Available to part-time employees*.

Retirement Planning

Cobb County Government Employees' Pension Plan - Effective January 1, 2010, all new employees will automatically be enrolled in the New Hybrid Defined Benefit/Defined Contribution Plan. The Plan has two components: a **Defined Benefit component** and a **Defined Contribution component**. The **Defined Benefit component is mandatory** and the contribution amount is determined by the County. The employee's pre-tax contribution is a percentage of the employee's gross pay. The employee's Contribution Rate is currently 5% and should not increase over time, although this can't be guaranteed. The **Defined Contribution component is voluntary**. In addition to the 5% mandatory contribution of their salary to the Defined Benefit Plan, employees may also decide to contribute a portion of their salary each year into the Defined Contribution Plan up to the maximum amount permitted by the IRS. The County will make a 50% matching contribution up to 2%. **Vesting:** For the mandatory Defined Benefit Component, employees will become 100% vested after ten (10) years of service. For the voluntary Defined Contribution Component (County Match Portion), vesting will be a graduated schedule at 20% vesting per year of service with 100% vesting after five years of service. For the Voluntary Defined Contribution Component (Employee Portion), vesting will be immediate. For more information, visit: http://hr.cobbcountyga.gov/pension-fund.

Additional Retirement Savings - Optional retirement savings programs provide you with ways to supplement your retirement income such as the 457 Deferred Compensation Program and Roth IRA. *Additional retirement savings options are available to part-time employees.*

Life Style Benefits

IBM Southeast Employees' Federal Credit Union specializes in serving government employees and offers convenient banking services through payroll deduction. For more information, visit their web site at: www.ibmsecu.org. *Available to part-time employees*.

Health Place - You may become a member of the fitness program at Wellstar Kennestone Hospital's Health Place at reduced rates available through payroll deduction. *Available to part-time employees*.

Cobb County Aquatic Centers - There is no charge for employees or their immediate family members who want to use the Cobb County Aquatic Centers. Nominal daily fees apply for classes. *Available to part-time employees*.

Health Plan (for full-time employees only)

Note: These are 2009 rates. Rates will change on 1/1/10.

You may select coverage from four different types of health care plans. Blue Cross Blue Shield of Georgia (BCBS-GA) offers three different plans: PPO, Open Access Point of Service (OAPOS), or HMO. Kaiser Permanente also offers an HMO. Below is a brief summary of each plan.

The PPO and OAPOS Options allow a choice to use doctors in the respective networks to receive in-network benefits or choose a doctor outside of the network for a reduced benefit. The HMO Option requires the selection of a Primary Care Physician (PCP) and most specialist care services must be approved with a referral from the PCP; there is no payment to providers outside the network.

Premiums are based on a bi-weekly paydate		s Blue Shield d OAPOS*	Blue Cross Blue Shield HMO	Kaiser Pe		
and are pre-tax.		elect coverage for: le +1, or Family	Employees may elect coverage for: Single, Single +1, or Family	Employees may el Single, Single	•	
SERVICE PROVIDED	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY		
Deductible (Calendar Year)	\$300 Single \$900 Family	\$400 Single \$1,200 Family	None	None		
Out-Of-Pocket Maximum (Annual)	\$1,500 Single \$3,000 Family	\$3,000 Single \$5,000 Family	\$1,000 Single \$2,000 Family	\$1,000 \$ \$3,000 F	O	
Physician Services (Non-surgical)	100% After \$20 Co-Pay	40% After Deductible	100% After \$15 Co-Pay		100% After \$15 Co-Pay	
Routine Physical (Includes lab and X-ray)	100% After \$20 Co-Pay	100% up to \$100 Maximum per calendar year	100% After \$15 Co-Pay	100% A \$15 Co		
Prescription Drug Plans	MEDO	(for Blue Cross Blue	or Blue Cross Blue Shield Health Plans)		Kaiser Pharmacy:	
		<u></u> -	MAIL ORDER 0-day supply	RETAIL Kaiser Facility/ Network Pharmacy*	MAIL ORDER 90-day supply	
		\$10 \$20 \$35	\$1 <i>7.</i> 50 \$35 \$60	\$10/\$16 \$20/\$26 N/A	\$20 \$40 N/A	
				*Network Pharmacies	RiteAid or Walgreens	

^{*} PPO and OAPOS Plans have a pre-existing waiting period: Any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received within 6 months for an employee or 12 months for a dependent prior to their first day of coverage.

Dental Plan (for full-time employees only)

Dental care coverage, through CIGNA Healthcare, is provided at no cost to eligible employees. Family coverage may be elected at an additional cost with a pre-tax payroll deduction. The plan allows you to use any dentist, however, if a network provider is used, charges for provider services may be less.

CIGI	NA Dental
Annual Deductible	\$50/Single; \$150/Family
Annual Benefit Maximum	\$1,000/Person

Medical Plan Benefit Options Note: These are 2009 rates. Rates will change on 1/1/10.

Side	by-side	Side-by-side Compa	ırison			
	Blue Cross PF BlueChoice Pro Organiza	BlueChoice Preferd Provider Organization (PPO)	Blue Cross Open Ac	Blue Cross Blue Shield Open Access POS Blue Open Access Point of Service (POS)	Blue Cross Blue Shield HMO BlueChoice Healthcare Plan (HMO)	Kaiser Permanente HMO New HMO Option for 2009
BENEFIT FEATURES	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	NETWORK ONLY	NETWORK ONLY
Annual Deductible (per individual)	\$300	\$400	\$300	\$400	0\$	\$0
Coinsurance (your cost)	20%	40%	20%	40%	10%	10%
Out-of-Pocket Maximum (Annual)	\$1,500 single \$3,000 family	\$3,000 single \$5,000 family	\$1,500 single \$3,000 family	\$3,000 single \$5,000 family	\$1,000 single \$2,000 family	\$1,000 single \$3,000 family
Office Visit Copay	\$20	∀ Z	\$20	A/N	\$15	\$15
PCP Required	Š	∀ Z	^o Z	∀ ∕Z	Yes	Yes
Specialist Referral Required	o V	N/A	9 V	N/A	Yes	Yes
Pharmacy Copays	MEC RETAIL	MEDCO MAIL ORDER 90-day supply	MED RETAIL	MEDCO MAIL ORDER 90-day supply	MEDCO RETAIL MAIL ORDER 90-day supply	KAISER PHARMACY RETAIL MAIL ORDER Kaiser Facility/ Natwork Phormacy* 90-day supply
Generic Brand Formulary Brand Non-Formulary	\$10 \$20 \$35	\$17.50 \$35 \$60	\$10 \$20 \$35	\$17.50 \$35 \$60	\$10 \$17.50 \$20 \$35 \$35 \$60	\$10/\$16 \$20 \$20/\$26 \$40 N/A N/A N/A*
2009 Bi-Weekly Premiums Single Single + 1 Family	\$42 \$13 \$19	\$44.84 \$139.47 \$190.69	\$11 \$15	\$30.42 \$110.27 \$150.75	\$21.89 \$78.36 \$105.79	\$17.65 \$63.20 \$85.31
WEB SITES	www.bc	www.bcbsga.com	www.bcbsga.com	sga.com	www.bcbsga.com	www.kp.org