

Frequently Asked Questions

1. Why is the county offering additional medical options at this time?

Cobb County makes every effort to provide employees and retirees the best available benefits for the most reasonable cost. In an effort to expand the range of choices and offer comparable or enhanced benefit plans at a lower cost to our employees and retirees, the county is offering some new options for 2008: **(1) Open Access POS Plan**, for active employees and retirees under the age of 65, and **(2) Medicare Advantage Plan**, for Medicare-eligible retirees only.

2. Why is the network of providers for the Open Access POS (OAPOS) Plan limited?

OAPOS providers are typically paid a lower rate for services than the providers in the PPO plan, therefore fewer providers elect to participate. Provider participation in the OAPOS network is similar to provider participation in the HMO network. Most of the providers in the HMO network also participate in the OAPOS network. Some have declined to participate in the network because reimbursement terms are different. Blue Cross Blue Shield of Georgia is working with those providers in an attempt to bring as many of them as possible into the OAPOS network.

3. How do I save money by choosing the OAPOS Plan?

Bi-weekly premiums are less for the OAPOS plan than the premiums for the PPO plan. Additionally, because the amounts Blue Cross Blue Shield has negotiated to pay the providers is less than under the PPO, so your liability would be less as well. For example, if you were required to pay 20% of the charges (after deductible) for an expense, if the contractual allowance under the PPO were \$500, your liability would be \$100. Under the OAPOS, the allowed amount would be less-probably about \$425. Your liability would be \$85-an additional savings of \$15 for you. The premiums for the HMO plan are the least expensive of all three plans. Please refer to the side-by-side comparison on the reverse side for a cost comparison of each of the three plans.

4. My family uses doctors that are mostly in the metro Atlanta area, which plan would be the best choice?

Your health care decisions are yours and yours alone to make. You should ask yourself which plan is the best plan for you and your family based on your needs and budget. You should research each plan carefully. If you have relationships with specialists or certain physicians and those relationships are an important consideration in your overall health care decision, you should check to see if those providers participate in the PPO, OAPOS/HMO network, or accept Medicare, before selecting the appropriate plan for you.

Things to Remember

Your selection for enrollment is very important! If you fail to select a plan option for 2008, your coverage will default to "Single coverage in the HMO health plan"* and/or "Single coverage in the Dental Plan*."

**unless coverage was declined and previously waived*

Only eligible dependents can be covered under the County's health plans. Eligible dependents include your legal spouse, dependent children, step-children living with you, or children for whom you are legally responsible; under the age of 19, or age 25 (if a full-time student).

Frequently Asked Questions (continued)

5. I have a dependent or student who lives out of state, which plan is the best option for me and why?

You should make your selection of plans based on the needs of you and your dependents living within the State of Georgia. If you choose the Open Access POS or HMO for your family, for the student (or other) dependents who live outside of Georgia, representatives from Human Resources will discuss alternative options for you without affecting the coverage you elect or without additional cost to you. Please contact HR to speak with a Benefit Specialist.

6. On occasion my family has the need to use a provider that is located out of state; which plan - the PPO, the Open Access POS, or HMO - would be the best plan?

It is important to note that both the PPO plan and the OAPOS plan provide in-network and out-of-network coverage. The HMO has only in-network coverage available. Network providers in the HMO and OAPOS are located within the State of Georgia. With the PPO, however, there is an expansive, national network of providers that can be accessed at the highest benefit level. In summary, if you or any of your covered dependents have a need for out of state coverage, the PPO option may be the most logical choice.

7. If I select the Open Access POS Plan or HMO Plan and have an emergency situation or accident while traveling outside the metro Atlanta area, how will the claims be processed?

Claims for emergency services would be processed at the in-network benefit level, independent of where you receive services.

8. Where do I find the details of the new OAPOS plan?

The benefits covered under the OAPOS plan will be the same as under the PPO Plan. If you would like information about which providers are participating in the OAPOS network, you should go to: www.bcbsga.com and follow the following links:

- Click on the "Member" button
- Click on the "Find a Doctor" button
- Click on "Find Georgia Providers"
- Click on the second line, "Blue Open Access HMO & Blue Open Access POS";
- Select a plan: "Blue Open Access POS" and select the type of provider you are looking for;
- Complete the remainder of the information, as requested