Fulton County

2024 Benefit Changes - Active and non-Medicare Retirees Only

Active and Non-Medicare Retiree Plans

- No benefit changes to the Kaiser HMO, Anthem HMO and POS plans
- The Anthem HDHP/HSA plan deductibles and out-of-pocket maximums will increase to comply with IRS guidelines

	No Benefit Changes for 2024						
	Kaiser HMO		POS				
	Kaiser HiviO	НМО	Network	Non-Network			
HSA Contribution	Not Applicable	Not Applicable	Not Applicable				
Annual Deductible	\$0 Single \$0 Family	\$0 Single \$0 Family	\$250 Single \$375 EE+1 \$500 Family	\$500 Single \$750 EE+1 \$1,000 Family			
Out-of-Pocket Max (Deductible included)	\$6,450 Single \$12,900 Family	\$6,450 Single \$12,900 Family	\$2,000 Single \$3,000 EE+1 \$4,000 Family	\$4,000 Single \$6,000 EE+1 \$8,000 Family			
Coinsurance	100%	100%	90%	60%			
Preventive	100%	100%	100%, no deductible				
Office Visit	\$25 PCP/\$40 SPC	\$25 PCP/\$40 SPC	\$25 PCP/\$40 SPC	60%, after ded			
Emergency Room (waived, if admitted)	\$150 copay/visit	\$150 copay/visit	100%, after \$150 copay/visit	100%, after \$150 copay/visit			
Urgent Care	\$50 copay/visit	\$50 copay/visit	100%, after \$50 copay/visit	60%, after ded			
Inpatient Hospital	\$250 copay/admit	\$250 copay/admit	90%, after ded	60%, after ded			
Outpatient Hospital	\$150 copay/visit	\$150 copay/visit	90%, after ded	60%, after ded			
Retail Rx	\$10/\$30/\$50/\$75		\$10/\$30/\$50/\$75	60%, after ded			
Mail-order Rx	2x Retail	2x Retail	2x Retail	Not Available			

2023 (Current)						
HDHP/HSA (POS)						
Network	Non-Network					
\$750 Single						
\$1,500 EE+1						
\$1,500	Family					
\$1,500 Single	\$3,000 Single					
\$3,000 EE+1	\$6,000 EE+1					
\$3,000 Family	\$6,000 Family					
\$3,000 Single	\$6,000 Single					
\$6,000 EE+1	\$12,000 EE+1					
\$6,000 Family	\$12,000 Family					
90%	60%					
100%, no	100%, no deductible					
90%, after ded	60%, after ded					
90%, after ded	60%, after ded					
90%, after ded	60%, after ded					
90%, after ded	60%, after ded					
90%, after ded	60%, after ded					
90%, after ded	60%, after ded					
90%, after ded	Not Available					

2024 (Changes						
HDHP/HSA (POS)							
Network	Non-Network						
\$750 Single							
\$1,500 EE+1							
\$1,50	\$1,500 Family						
\$1,800 Single	\$3,600 Single						
\$3,600 EE+1	\$7,200 EE+1						
\$3,600 Family	\$7,200 Family						
\$3,600 Single	\$7,200 Single						
\$7,200 EE+1	\$14,400 EE+1						
\$7,200 Family	\$14,400 Family						
90%	60%						
100%, no	100%, no deductible						
90%, after ded	60%, after ded						
90%, after ded	60%, after ded						
90%, after ded	60%, after ded						
90%, after ded	60%, after ded						
90%, after ded	60%, after ded						
90%, after ded	60%, after ded						
90%, after ded	Not Available						

Fulton County

2024 - No Changes for Medicare Retirees

	2024 Medicare Retiree Plans								
	Medicare Indemnity (Anthem) Medicare HMC (Anthem)	Medicare HMO (Anthem)	PPO Plus - Closed Plan (Anthem)		Basic Medicare Advantage (Aetna)	Enhanced Medicare Advantage (Aetna)	Senior Advantage (Kaiser)		
	(Autom)		Network	Non-Network	Network/Non-Network	Network/Non-Network	Network/Non-Network		
Annual Deductible	\$100 Single \$200 Family	\$0 Single \$0 Family	\$100 Single \$300 Family		\$0 Single \$0 Family	\$0 Single \$0 Family	\$0 Single \$0 Family		
Out-of-Pocket Max (Deductible included)	\$0 Single \$0 Family	\$7,350 \$14,700	\$1,500 Single \$3,000 Family		\$1,000/Member	\$1,000/Member	\$1,000/Member		
Coinsurance	100%	100%	100%	100%	100%	100%	100%		
Preventive	100% covered after Medicare	100%	100%	100%	100%	100%	100%		
Office Visit	100% covered after Medicare	\$25 PCP/\$35 SPC	90%, after ded	90%, after ded	\$15 PCP/\$15 SPC	100%	\$15 copay/visit		
Emergency Room (waived, if admitted)	100% covered after Medicare	\$90 copay/visit	90%, after ded	90%, after ded	\$65 copay/visit	100%	\$65 copay/visit		
Inpatient Hospital	100% covered after Medicare	\$120 copay/admit (\$500 CY max)	90%, after ded	80%, after ded	\$120 copay/admit	100%	\$100 copay/visit		
Outpatient Hospital	100% covered after Medicare	\$120 copay/admit (\$500 CY max)	90%, after ded	80%, after ded	\$60 copay/visit	100%	\$50 copay/visit		
Retail Rx	\$10/\$25/\$45/\$60	\$10/\$25/\$45/\$60	\$10/\$25/\$45/\$60	\$10/\$25/\$45/\$60	\$10/\$25/\$45/\$60	\$10/\$25/\$45/\$60	\$10/\$25/\$45/\$60		
Mail-order Rx	\$15/\$45/\$90/\$120	\$15/\$45/\$90/\$120	\$15/\$45/\$90/\$120	\$15/\$45/\$90/\$120	\$15/\$45/\$90/\$120	\$15/\$45/\$90/\$120	\$15/\$45/\$90/\$120		