



Athens
Clarke County
Human Resources

THE UNIFIED GOVERNMENT OF ATHENS-CLARKE COUNTY

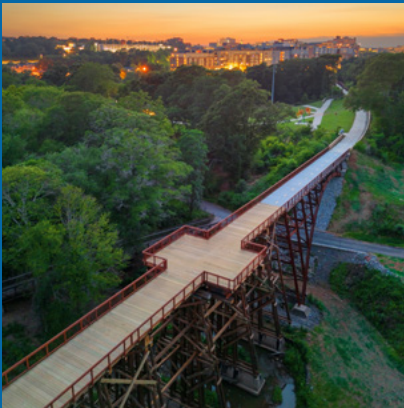
2026 BENEFITS GUIDE

Enhancing your total reward as a valuable resource for our county

TABLE OF CONTENTS

ON THE COVER:

The Firefly Trail is a planned 39-mile rail-trail from Athens to Union Point in Northeast Georgia, connecting Athens-Clarke, Oglethorpe, and Greene Counties. Athens-Clarke County hosts over three miles of the Firefly with an additional mile and a half planned expansion.



The trail allows for pedestrians and bicyclists alike to further participate in activities within Athens-Clarke County without being within close motor vehicle proximity.

We hope you can get outside and enjoy what the wonderful trail has to offer!

A Message from Human Resources.....	3
Open Enrollment Overview	4
POS Health Plan	6
CHS Health Plans	8
Sword Virtual Physical Therapy Programs	10
Dental Insurance.....	11
Vision Insurance.....	14
Health Insurance Surcharges.....	15
Wellness Rewards	16
Health Savings Account (HSA).....	17
Flexible Spending Accounts (FSA).....	19
Critical Illness Insurance	21
Group Accident Insurance	22
Medical Transportation Insurance	23
Pet Insurance	24
Income Protection Benefits	25
Insurance Premiums.....	28
Group Accident and Critical Illness Premiums.....	29
Life Insurance Premiums.....	30
Other Valuable Benefits	31
How to...	33
Online Enrollment Instructions.....	35
2026 Payroll Schedule	38
Contact Information	39

THE UNIFIED GOVERNMENT OF ATHENS-CLARKE COUNTY

Access to BENEFITS information at your FINGERTIPS!

Visit [ACCGov.com/benefits](https://accgov.com/benefits) anytime to access
ACCGov Benefits and Wellness program information.

The information in this material is intended to provide information only. It is not intended, and should not be taken, as a statement of legal rights and responsibilities. While every effort has been made to ensure the accuracy of information included herein, discrepancies or errors are possible. In the case of a discrepancy between this document and the Summary Plan Documents, ordinances, and policies governing benefits adopted by the Mayor and Commission, the official plan documents, ordinances, and policies will prevail. The Summary Plan Documents, ordinances, and policies on which the information in this document is based are subject to change or termination at any time by action of the Mayor and Commission.

A MESSAGE FROM HUMAN RESOURCES

TO A GREAT YEAR AHEAD

Valued Employees,

We're excited for another great year with the Unified Government of Athens-Clarke County (ACCGov). Providing a competitive benefits package is one of the many ways we recognize and reward our dedicated employees.

At ACCGov, we're committed to offering high-quality benefits at the most affordable rates possible. We're pleased to share that medical rates will remain the same for the third year in a row! See page 28 for an overview of what you can expect to pay for benefits.

LiveHealth Online will now be available at no cost to all medical plan members. We are adding a new voluntary medical transportation benefit to our offerings. This benefit provides extra financial protection if you ever need to have emergency transport. See page 23 for plan features.

Important Information about Open Enrollment:

If you can check one or more of **any** of the following, you **must** log in to the enrollment system and complete your enrollment:

- ☐ I am currently enrolled in, or plan to enroll in 2026, a Health Savings Account (HSA).
- ☐ I am currently enrolled in, or plan to enroll in 2026, a Medical or Dependent Care Flexible Spending Account (FSA).
- ☐ I want to make **ANY** benefit changes for the 2026 plan year.
- ☐ I would like to add or cancel one or more dependents from my plan(s) for the 2026 plan year.
- ☐ I need to update my tobacco or spousal surcharge affidavit for the 2026 plan year.

If you can check **all** of the following, you do **not** have to complete Open Enrollment:

- ☐ I do **not** wish to make **any** changes, **and**,
- ☐ I will **not** contribute to a medical or dependent care FSA or HSA, **and**,
- ☐ I do **not** need to update my tobacco or spousal affidavits

Please be sure to verify the following information and update if needed:

- ☐ Home address and telephone number. If you need to make a change, contact Benefits & Wellness to complete a Status Change Form.
- ☐ Add your email address in the enrollment system.
- ☐ Life insurance beneficiaries. You may change in the enrollment system.
- ☐ **Dates of birth** and **social security numbers** for dependents on health insurance: this is required for IRS tax reporting and must be correct. You may update in the enrollment system if needed.

Anytime Enrollment

Did you know that some benefits can be updated throughout the year - no qualifying life event required? The following options allow for ongoing changes or enrollment:

- **Health Savings Account (HSA):** You can adjust your contribution amount at any time. However, initial enrollment must occur during open enrollment.
- **Pet Insurance:** Nationwide allows year-round enrollment.
- **Deferred Compensation:** Enrollment is always open. Contact HR for details.

Please note:

If you are adding a new dependent to any of the benefit plans, you will be required to provide documents that verify eligibility. This includes, but not limited to birth certificates, child support order, or custody agreements.

Please review the information in this guide carefully to better understand your options. Open Enrollment is an important time of year to decide what's best for you and your family.

For full details about our plans, please refer to the Summary Plan Documents, which can be obtained from the Human Resources Department or online at [ACCGov.com/openenrollment](https://accgov.com/openenrollment).

OPEN ENROLLMENT OVERVIEW

Key Terms

Before making your elections, please review some key terms to better understand your options.

Plan Year	The period of time when your coverage is active (January–December).
Premium	The amount of money that's paid for your health insurance every month. ACCGov pays a portion of this amount, and you pay the rest.
Deductible	The amount of money you need to pay out of pocket before your insurance begins contributing money to your health care costs.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
Copay	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).
Coinsurance	The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 20%, you would pay 20% of the cost of the service and your insurance would pay the remaining 80%.
In-Network Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.

¹Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by ACCGov on behalf of your domestic partner are generally considered taxable income to you. Contact the ACCGov Benefits Department if you believe your domestic partner is exempt from federal or state taxes.

Enrollment

You can enroll in or change your benefits each year during the annual open enrollment period for benefits effective January 1–December 31, 2026. This is typically your once-a-year chance to choose or change coverage, unless you experience a change in status.



OPEN ENROLLMENT OVERVIEW

Who is Eligible?

All full-time ACCGov employees are eligible for benefits on the first day of the month after a full month of regular, full-time employment (unless expressly stated otherwise under the description of the benefit). Full-time employees and their eligible dependents can participate in the ACCGov benefit plan. Eligible dependents include your:

- Spouse or domestic partner¹
- Child(ren) up to age 26
- Child(ren) of any age if he or she is incapable of self-support due to mental or physical disability

¹Domestic partners may be enrolled in medical, dental, vision, critical illness, whole life and group accident insurance. However, they may not be enrolled in contributory spouse life.

Dependent Eligibility

When you enroll, you'll be asked to verify your spouse's or domestic partner's benefit status. We trust that all employees will provide accurate information.

You will be required to provide proof of eligibility for your dependents. Attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact the Human Resources department within 30 days. Failure to provide notification may lead to discipline and possible termination of employment.

How To Enroll

When and How Do I Enroll?

Open Enrollment will be conducted October 1–October 31, 2025. You may go online from any computer to unum_ACCGov.bswift.com to complete your enrollment. **Please note: There will be no changes to your password for this year's enrollment.**

What Information Do I Need to Enroll?

You need names, dates of birth and social security numbers of all dependents that you want to cover on your medical, dental, vision and/or dependent life insurance plan. You also need names, dates of birth and addresses for any life insurance beneficiaries.

Making Changes to Benefits

You can change your coverage during the year if you experience a qualifying life event, such as marriage, divorce, birth, death, adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the life event. (Declaring a Domestic Partner relationship does not qualify as a life event.)

Children include:

- Biological and adopted children (including those placed in your home for adoption)
- Stepchildren and domestic partner's children
- Children for whom you are responsible to provide health coverage under a qualified medical child support order
- Child of any age if chiefly dependent upon you for support and maintenance because of physical or mental disability
- Other children for whom the employee has permanent legal custody

Note: Federal reporting requires we have every dependent's full name, date of birth, gender, and Social Security number. Please review all of these fields during the enrollment process, as without this information, ACCGov will not be able to report coverage for you and your dependents as required under the Affordable Care Act.

POS HEALTH PLAN

ACCGov's health insurance plans are self-funded. This means the funds in the ACCGov budget for health insurance actually pay the claims for those who utilize ACCGov's health insurance plan. You can help keep insurance costs under control by adopting healthy lifestyle habits, which naturally improve health and decrease claims cost. You can also utilize the many resources ACCGov offers to be a wiser healthcare consumer.

Visit anthem.com or download the Sydney app to view benefits, track your claim status, download ID cards, locate a provider, and more.

Deductibles, Coinsurance & Maximums	In-Network Plan Benefits	Out-of-Network Plan Benefits
Calendar Year Deductible*, by plan	POS Conventional	POS Conventional
-Individual	\$1,000	\$2,000
-Family	\$2,000	\$4,000
<i>One deductible for employee, one for spouse, one for all eligible children</i>		
Coinsurance	Plan pays 80% after deductible Member pays 20% after deductible	Plan pays 60% after deductible Member pays 40% after deductible
Lifetime Maximum Benefit	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum*	POS Conventional Includes deductible	POS Conventional Includes deductible
-Individual	\$4,500	\$9,000
-Family	\$9,000	\$18,000

*All family members covered under the plan contribute toward the total family deductible and out-of-pocket maximum. 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. Non-covered items do not apply to the out-of-pocket maximums. Deductible and out-of-pocket amounts are accumulated separately for in-network and out-of-network services.

POSC Plan Services	In-Network Plan Benefits	Out-of-Network Plan Benefits
Office Visits: Preventive Care		
Well-child care and immunizations, Annual wellness exam Annual GYN exam Annual mammogram Prostate screening	Plan pays 100% Not subject to deductible	Plan pays 60% after deductible Deductible waived through age 5 for Well-child care and immunization visits
Illness or Injury		
Physician office visit <i>Includes lab, radiology, and office surgery</i>	\$30 copay	Plan pays 60% after deductible
Specialist office visit and 2nd surgical opinion	\$60 copay	Plan pays 60% after deductible
Maternity services <i>Prenatal, delivery, and postpartum</i>	\$100 copay	Plan pays 60% after deductible
Urgent Care and Emergency Room Services		
Urgent Care	\$35 copay	\$60 copay + deductible, then plan pays 60%
Emergency Room (Non-emergency use of the ER is NOT COVERED)	\$150 copay (waived if admitted) + deductible, then plan pays 80%	\$150 copay (waived if admitted) + deductible, then plan pays 80%

POS HEALTH PLAN

POSC Plan Services	In-Network Plan Benefits	Out-of-Network Plan Benefits
Inpatient Services		
Daily room, board, and general nursing at semi-private room rate; ICU/CU; 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: <i>Surgeon, Anesthesiologist, Radiologist, Pathologist</i>	Plan pays 100% after deductible	Plan pays 60% after deductible
Outpatient Services		
Surgery facility/hospital charges	Plan pays 80% after \$100 copay + deductible	Plan pays 60% after deductible
Diagnostic x-ray and lab services	Plan pays 80% after deductible	Plan pays 60% after deductible
Physician services: <i>Surgeon, Anesthesiologist, Radiologist, Pathologist</i>	Plan pays 100% after deductible	Plan pays 60% after deductible
Mental Health/Substance Abuse Services: Services must be authorized by calling 800-292-2879		
Inpatient facility fee	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient physician fee	Plan pays 100% after deductible	
Partial hospitalization facility fee	Plan pays 80% after deductible	Plan pays 60% after deductible
Partial hospitalization physician fee	Plan pays 100% after deductible	
Intensive outpatient program, facility fee	Plan pays 80% after deductible	Plan pays 60% after deductible
Intensive outpatient program, physician fee	Plan pays 100% after deductible	
Professional outpatient services	\$30 copay	
Other Services		
LiveHealth Online	\$0 copay	N/A
Prescription Drugs		
Prescription drugs	Per prescription; 30-day supply	Per prescription; 30-day supply
Retail Generic Drug Tier 1	20% coinsurance	Plan pays 60% after deductible
Retail Brand Name Drug Tier 2	30% coinsurance	Plan pays 60% after deductible
Retail Non-Preferred Drug Tier 3	30% coinsurance	Plan pays 60% after deductible
Retail Out-Of-Pocket Maximum	\$100 maximum per prescription	N/A
Mail Order Maintenance Drugs	Per prescription; 90-day supply	Not Covered
Generic Drug Tier 1	20% coinsurance	
Brand Name Drug Tier 2	30% coinsurance	
Non-Preferred Drug Tier 3	30% coinsurance	
Mail-Order Out-Of-Pocket Maximum	\$200 maximum per prescription	N/A

To receive maximum coverage, have your prescriptions written by a network physician and filled at one of the pharmacies in the Anthem network. These include certain local independent pharmacies, as well as many national chain pharmacies: Bi-Lo, CVS, Ingles, Kmart, Kroger, Publix, Walgreens, Target, Wal-Mart, and Winn-Dixie/Save-Rite. Specialty drugs can only be obtained from a Specialty Pharmacy.

NOTE: Deductibles and maximum out-of-pocket amounts accumulate on a calendar year basis (January - December)

The information in this material is intended to provide information only. It is not intended, and should not be taken, as a statement of legal rights and responsibilities. While every effort has been made to ensure the accuracy of information included herein, discrepancies or errors are possible. In the case of a discrepancy between this document and the Summary Plan Documents, ordinances, and policies governing benefits adopted by the Mayor and Commission, the official plan documents, ordinances, and policies will prevail. The Summary Plan Documents, ordinances, and policies on which the information in this document is based are subject to change or termination at any time by action of the Mayor and Commission.

CHS HEALTH PLANS

Anthem Blue Cross: Consumer Healthy Solutions Plans (CHS Select) and (CHS Value) with HSA

The CHS plans provide you with a health plan option that offers a lower premium in exchange for a greater portion of the initial cost-share from you, with an opportunity to open a Health Savings Account (HSA) that you can use to save for and spend on future health care costs.

Deductibles, Coinsurance & Maximums	In-Network Plan Benefits		Out-of-Network Plan Benefits	
Calendar Year Deductible, by plan	CHS Select*	CHS Value	CHS Select*	CHS Value
- Individual	\$1,750	\$4,000	\$3,500	\$8,000
- Family	\$3,500	\$8,000	\$7,000	\$16,000
ACCGov HSA Contribution	A semi-annual employer enrollment contribution of:			
- Individual	\$125			
- Family	\$250			
Coinsurance	Plan pays 80% after deductible Member pays 20% after deductible		Plan pays 60% after deductible Member pays 40% after deductible	
Lifetime Maximum Benefit	Unlimited		Unlimited	
Out-of-Pocket Calendar Year Maximum*	CHS Select	CHS Value	CHS Select	CHS Value
- Individual	<i>Includes deductible</i>	<i>Includes deductible</i>	<i>Includes deductible</i>	<i>Includes deductible</i>
- Family	\$4,750	\$6,450	\$9,500	\$12,900
	\$9,500	\$12,900	\$19,000	\$25,800

*All family members covered under the plan contribute toward the total family deductible and out-of-pocket maximum. If you have enrolled dependents, the family deductible must be met before the plan begins to pay. Once the family deductible amount is satisfied, there is no further accumulation for any family members. Non-covered items do not apply to the out-of-pocket maximums. Deductible and out-of-pocket amounts are accumulated separately for in-network and out-of-network services.

CHS_S and CHS_V Plan Services	In-Network Plan Benefits	Out-of-Network Plan Benefits
Office Visits: Preventive Care		
Well-child care and immunizations, Annual wellness exam Annual GYN exam Annual mammogram Prostate screening	Plan pays 100% Not subject to deductible	Plan pays 60% after deductible
Illness or Injury		
Physician office visit <i>Includes lab, radiology, and office surgery</i>	Plan pays 80% after deductible	Plan pays 60% after deductible
Specialist office visit and 2nd surgical opinion	Plan pays 80% after deductible	Plan pays 60% after deductible
Maternity services <i>Prenatal, delivery, and postpartum</i>	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care and Emergency Room Services		
Urgent Care	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room <i>(Non-emergency use of the ER is NOT COVERED)</i>	Plan pays 80% after deductible	Plan pays 80% after deductible

CHS HEALTH PLANS

CHS_S and CHS_V Plans Services	In-Network Plan Benefits	Out-of-Network Plan Benefits
Inpatient Services		
Daily room, board, and general nursing at semi-private room rate; ICU/CU; 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: <i>Surgeon, Anesthesiologist, radiologist, pathologist</i>	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Services		
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: <i>Surgeon, Anesthesiologist, radiologist, pathologist</i>	Plan pays 80% after deductible	Plan pays 60% after deductible
Mental Health/Substance Abuse Services: Services must be authorized by calling 800-292-2879		
Inpatient facility fee	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient physician fee	Plan pays 80% after deductible	
Partial hospitalization facility fee	Plan pays 80% after deductible	Plan pays 60% after deductible
Partial hospitalization physician fee	Plan pays 80% after deductible	
Intensive outpatient program, facility fee	Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible	Plan pays 60% after deductible
Intensive outpatient program, physician fee		
Professional outpatient services		
Other Services		
LiveHealth Online	Plan pays 100%, not subject to deductible	N/A
Prescription Drugs		
Prescription drugs	Per prescription; 30-day supply	Per prescription; 30-day supply
Retail Generic Drug Tier 1	Plan pays 80% after deductible	Plan pays 60% after deductible
Retail Brand Name Drug Tier 2	Plan pays 80% after deductible	Plan pays 60% after deductible
Retail Non-Preferred Drug Tier 3	Plan pays 80% after deductible	Plan pays 60% after deductible
Mail Order Maintenance Drugs	Per prescription; 90-day supply	
Generic Drug Tier 1	Plan pays 80% after deductible	Not Covered
Brand Name Drug Tier 2	Plan pays 80% after deductible	Not Covered
Non-Preferred Drug Tier 3	Not Covered	Not Covered

To receive maximum coverage, have your prescriptions written by a network physician and filled at one of the pharmacies in the Anthem network. These include certain local independent pharmacies, as well as many national chain pharmacies: Bi-Lo, CVS, Ingles, Kmart, Kroger, Publix, Walgreens, Target, Wal-Mart, and Winn-Dixie/Save-Rite. Specialty drugs can only be obtained from a Specialty Pharmacy.

NOTE: Deductibles and maximum out-of-pocket amounts accumulate on a calendar year basis (January - December)

For full details about our plans, please refer to the Summary Plan Documents, which can be obtained from the Human Resources Department or online at ACCGov.com/intranet

SWORD VIRTUAL PHYSICAL THERAPY PROGRAMS

For Anthem Blue Cross Plan Members

Sword, a virtual health solution for at-home care, offers Anthem medical plan members access to two specialized programs: Thrive and Bloom. Both programs are available to enrolled members and their dependents 18 years of age or older at no cost.

Thrive

Thrive delivers digital physical therapy for back, joint, and muscle pain accessible from the comfort of your home or wherever you are. By combining expert human care with intuitive technology, Thrive offers a proven, more convenient alternative to traditional in-person physical therapy.

Once enrolled, you'll be matched with a licensed Doctor of Physical Therapy who creates a personalized treatment plan tailored to your needs. You'll receive a Digital Therapist tablet and motion sensors that track your progress, provide real-time feedback, and help correct your form. Your physical therapist will support you throughout your journey, adjusting your program as your needs evolve.

Bloom

Bloom supports members who need help with pelvic floor health through guided care from a licensed Doctor of Physical Therapy. Using the Sword App, members follow personalized exercise routines focused on improving pelvic floor function.

Participants also receive a pelvic floor device that connects to the app, providing real-time feedback to help with technique and track progress over time.

To learn more or to get started visit meet.swordhealth.com.



DENTAL INSURANCE

Cigna Dental Plan

ACCGov's dental insurance is a voluntary benefit paid 100% by the employee. Cigna's dental program is a Dental Preferred Provider Organization (DPPO) plan. You have access to thousands of participating general dentists and specialists nationwide, and by using an in-network provider you will maximize your plan benefits and reduce your out-of-pocket costs. You have the freedom to visit an out-of-network dentist of your choosing. If you choose an out-of-network dental provider, you may be responsible for any difference between what you are charged and the plan's contracted rate. Additional benefits provided by Cigna include:

- Dental Oral Health Integration Program (see page 12 for details).
- Cigna Healthy Rewards Program (see page 13 for details).

Visit myCigna.com or download the myCigna app to view benefits, track your claim status, order ID cards, locate a dentist, or request a pre-treatment estimate to obtain information about potential out-of-pocket expenses for services, compare average dental rates in your area, and more. Call 800-244-6224 for more information.

ELIGIBILITY	Primary enrollee, spouse, and eligible dependent children to the end of the month dependent turns age 26			
Deductibles <i>Deductibles waived for Diagnostic and Preventive (D & P) and Orthodontics</i>	\$50 per person / \$150 per family each calendar year Yes			
Maximums <i>D & P counts toward maximum</i>	\$1,200 per person each calendar year Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics 12 Months
Benefits and Covered Services	Cigna PPO dentists*		Non-Cigna PPO dentists*	
Diagnostic & Preventive Services (D & P) <i>Exams, cleanings and bitewing x-rays</i>	100%, no deductible		100%, no deductible	
Basic Services <i>Fillings, full mouth x-rays, simple tooth extractions and sealants</i>	80%, after deductible		80%, after deductible	
Periodontics (gum treatment) <i>Covered Under Basic Services</i>	80%, after deductible		80%, after deductible	
Periodontal Surgery	50%, after deductible		50%, after deductible	
Endodontics (root canals) <i>Covered Under Major Services</i>	50%, after deductible		50%, after deductible	
Oral Surgery <i>Covered Under Major Services</i>	50%, after deductible		50%, after deductible	
Major Services <i>Crowns, inlays, onlays and cast restorations</i>	50%, after deductible		50%, after deductible	
Prosthodontics <i>Bridges, dentures and implants</i>	50%, after deductible		50%, after deductible	
Orthodontic Benefits <i>Dependent children only</i>	50%, after deductible		50%, after deductible	
Orthodontic Maximums	\$1,200 Lifetime		\$1,200 Lifetime	

*In-network benefits are based on contracted rates. Out-of-network benefits are based on usual & customer service rates (UCR). If you use an out-of-network provider, you may be responsible for the difference in their charge and the UCR. If you are concerned about the cost of a service, whether in or out-of-network, ask your provider to file a "pre-claim," so you'll know the cost up front.

DENTAL INSURANCE

Oral Health Integration Program (OHIP)

OHIP is a Cigna Dental Health Connect solution – a no additional cost program for people with certain medical conditions that lead to a higher risk of oral health issues. If you qualify and participate in the program, you'll get reimbursed for out-of-pocket costs for preventive dental treatments that combat issues such as gum disease and tooth decay. Plus, you can get guidance on everything from overcoming dental anxiety to understanding the impact of tobacco.

Keep an eye out for On-Site Dental care organized through your ACCGov Wellness Program. Teeth cleaning and whitening services will be offered. See your ACCGov Wellness Team for more details.

Who qualifies?

You, your spouse and/or dependent child are eligible if you are enrolled in the Cigna dental plan through ACCGov. You also need to be diagnosed with a medical condition, such as:

- Heart disease
- Stroke
- Diabetes
- Lupus
- ALS
- Huntington's Disease
- Pregnancy

This is not a comprehensive list of covered conditions. For additional information call 800-244-6224.

How to Enroll

Enroll in the Cigna Dental Oral Health Integration Program by logging in to myCigna.com > Coverage > Dental and filling out the registration form online. Or, call the number on your ID card and ask to be mailed a registration form.

How do I get reimbursed?

Follow these three easy steps:

1. Go to your dentist and pay the copay or coinsurance for the covered treatment.
2. If your dentist is in the Cigna Healthcare network, they'll send Cigna a claim for reimbursement. If your dentist isn't in-network, you might need to submit the claim.
3. Cigna will review the claim and mail reimbursements for eligible dental services in about 30 days.

Cigna Rewards Program

Dental plan members have access to various discounts through Cigna's Healthy Rewards program.

Discounts include:

- **Fitness club memberships:**
Enjoy access to over 16,000+ local fitness centers and over 4,000 virtual workouts. Participating clubs are part of the Active & Fit network.
- **Specialty Provider Discounts:**
Get up to 25% off specialty health practitioner services including acupuncturists, chiropractors, massage therapists, physical and occupational therapists, podiatrists and registered dietitian.
- **Wearable Fitness Devices:**
Track activity, exercise, sleep, and more with Fitbit devices at a great discount.
- **Hearing Exams and Hearing Aids:**
Save up to 40% on hearing testing and diagnostics and up to 25% on brand-name hearing aids through Amplifon. You'll also enjoy free screenings and follow-up visits along with a 60-day trial period and money back guarantee.
- **Virtual Workouts:**
Get fit virtually and take advantage of more than 2,000 workouts a reduced month subscription rate from Daily Burn.
- **Nutritional Home Delivery Meal Service:**
Mom's Meals are refrigerated meals that can be purchased for you or a loved one tailored to health needs (wellness, diabetic friendly, heart healthy, etc.) with free shipping.
- **Save With Cigna Vision:**
Discounts for routine vision services, exams and eyeglasses from more than 20,000 locations nationwide.
- **Laser Vision Correction (LASIK):**
Enjoy freedom from glasses and contacts with LASIK. Cigna customers can receive up to \$1,000 off LASIK from one of 600 provider locations nationwide.

To learn more about Healthy Rewards or for a list of participating vendors, call 800-870-3470 or visit myCigna.com.

VISION INSURANCE

Blue View Vision Plan

ACCGov provides group vision coverage as a voluntary benefit, paid 100% by the employee. The Anthem Blue View Vision plan can offset the cost of exams, frames and lenses. For a complete list of network providers, please visit [anthem.com](https://www.anthem.com).

Note: You cannot elect contact lenses AND glasses in the same plan year.

Blue View Vision Benefits	In-Network	Out-of-Network Reimbursement	Frequency
Routine Eye Exam	\$10 copay	Up to \$30	Once every calendar year
Eyeglasses			
Eyeglass Frames (1 pair)	\$100 allowance, then 20% off any remaining balance	Up to \$45	Once every other calendar year
Eyeglass Lenses (in lieu of contact lenses) <ul style="list-style-type: none"> • Single vision lenses • Bifocal lenses • Trifocal lenses 	\$25 copay	Up to \$25 Up to \$40 Up to \$55	Once every calendar year
Eyeglass Lens Enhancements <ul style="list-style-type: none"> • Transitions (child under 19) • Standard Polycarbonate (child under 19) • Factory Scratch Coating 	\$0 copay	N/A	Once every calendar year
Contact Lenses (in lieu of eyeglass lenses) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
• Elective conventional	\$115 allowance, then 15% off any remaining balance	Up to \$105	Once every calendar year
• Elective disposable	\$115 allowance	Up to \$105	
• Non-Elective (medically necessary)	Covered in full	Up to \$210	

HEALTH INSURANCE SURCHARGES

Tobacco/Nicotine Surcharge

If you are a tobacco/nicotine user, you will be charged a \$35 surcharge per bi-weekly pay check (\$75 per month) toward your health insurance election. Please note, the surcharge applies to the employee ONLY, not spouse or dependent.

Tobacco Status Affidavit

During Open Enrollment, all employees who enroll in an ACCGov health insurance plan are required to complete an online Tobacco Status Affidavit regarding their tobacco/nicotine status.

Non-tobacco/Non-Nicotine Users: Employees who certify that they do NOT use tobacco or nicotine products will only be charged the base rate medical insurance premium. However, if employees who have declared themselves to be tobacco/nicotine-free use tobacco/nicotine at any time, they must immediately complete a new affidavit to change their status and will be charged the tobacco surcharge. This does NOT apply to any covered dependents. Only employees must certify their tobacco status.

Spousal/Domestic Partner Surcharge

If your spouse (or domestic partner (DP)) is enrolled in an ACCGov Health Insurance plan, you may be subject to a \$35 surcharge per biweekly pay check (\$75 per month). The spousal/DP surcharge will only apply to employees whose spouse/DP has access to their own employer sponsored health coverage, but has declined their employer's health coverage and enrolled in an ACCGov plan in its place. (NOTE: The Marketplace, Tricare, Medicare, and Medicaid are not considered other employer sponsored health coverage.)

Spousal/Domestic Partner Surcharge Affidavit

At the time of online benefit enrollment, employees who elect spousal/DP coverage will be asked to certify their spouse/DP's access to an employer sponsored health plan. The surcharge will apply as stated above. Otherwise, only the base rate medical insurance premium will be charged. If this status changes at anytime throughout the plan year, the employee must immediately complete a new affidavit.



Falsifying or failing to report one's tobacco/nicotine status and/or spousal/DP health coverage will result in disciplinary action up to and including termination of employment. In addition, an employee who willingly makes a false or fraudulent statement could be subject to insurance fraud which carries a penalty of a \$1,000 fine, 5-years imprisonment, or both pursuant to O.C.G.A. Section 16-10 -20. Employees carry the responsibility to inform the Benefits and Wellness Administrator in the Human Resources Department of any insurance status changes throughout the plan year.

WELLNESS REWARDS



ACCGov Wellness is a voluntary employee benefit dedicated to enhancing the mind, body and spirit of Athens-Clarke County employees and retirees.

The goals of the Wellness services, programs, and resources are to improve employee health and well-being, increase productivity and decrease absenteeism, and manage health care costs by providing a variety of opportunities for employees and retirees to adopt and maintain healthy behaviors.

ALL FULL-TIME EMPLOYEES are eligible to earn up to \$700 annually in rewards for logging completed healthy activities on the ACC Well website:

[ACCGov.com/mywell](https://accgov.com/mywell)

The ACC Well is accessible via computer or mobile device for on-the-go activity tracking. Activate your account to immediately start earning rewards for your healthy activities! You can also take on challenges to learn about different topics, while building habits to improve your health and wellness.

Earn up to \$175 per quarter! You will receive your earned rewards with the second paycheck following the end of the quarter. **Employees will have the choice of receiving their quarterly Wellness Rewards credit via a taxable increase to their paycheck or a non-taxable contribution to their Health Savings Account (CHS plan members only).** Eligible employees will receive a one-time email survey in January where you can indicate your choice. If there is no response, funds will automatically be deposited in the HSA.

Employees enrolled in an ACCGov health plan are eligible to receive an additional \$50 Health Risk Assessment (HRA) credit toward their insurance premium each month. Earn the HRA credit by completing an annual blood work & biometric screening.

Screening options:

1. Wellness will host on-site blood draw and biometric screening in December 2025. If you choose to attend this screening, your results will be automatically uploaded to your personal ACC Well account. Screening details will be shared via email soon!
2. Have your doctor submit the “Biometric Screening Verified Form.” Either make an appointment with your personal physician to complete the measurements and complete/submit the form during your next annual wellness visit, or have your doctor submit the physician form using your results measured within the last year. The physician form is available on the benefits page in your ACC Well account.

Upon successful completion and submission of the biometric screening measurements, employees enrolled in an eligible health plan will begin to earn the HRA credit. If you are enrolling in an ACCGov health plan for 2026 Open Enrollment, be sure you select a plan that includes Wellness (e.g. CHS + Wellness).

HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Account (HSA) Anthem Spending Account

An HSA is a tax-advantaged medical savings account available to individuals participating in a high deductible health plan (CHS plan). The HSA has triple tax advantages for participants: 1) the funds contributed to the account are not subject to income tax; 2) HSA funds, if invested, can earn interest tax free; and 3) distributions used for qualified medical expenses are not taxed. The HSA is owned by the participant, not ACCGov.

**Note: the member is responsible for maintaining documentation of qualified expenses in case of IRS audit.*

If you are enrolling in a CHS plan for the first time, ACCGov will auto-enroll you in an HSA through the Anthem Spending Account. You will receive a debit card that may be used for convenient payment of your qualified healthcare expenses and have the option to receive a check book.

ACCGov will make bi-annual contributions into your HSA in the amount of \$125 for individual coverage or \$250 for employee + spouse, employee + child(ren) or family coverage for your participation in this plan.

HSA Employee and Employer Contributions

Contribution limitations are set annually by the IRS. For 2026, the combined total annual HSA employer and employee contribution limits are \$4,400 for Employee Only coverage and \$8,750 for Employee+1 or Family coverage. You can make contributions to your HSA each year that you are eligible. The IRS allows members age 55 and over to make up to an additional \$1,000 in “catch-up” contributions. Members eligible for Medicare can NOT contribute to an HSA within six (6) months prior to Medicare enrollment. Contributions that are not used during the plan year will roll over to the next year. HSA funds belong to the participant and are fully portable.

To access your account, log in at anthem.com or use the **Sydney App**. Under My Plan, choose Spending Accounts. You can:

- Track your claims and HSA spending
- Request reimbursement
- Set up direct deposit
- Pay your doctor or healthcare provider directly
- Check your balance
- Find a doctor

anthem.com

844-858-1839



**Download the
Sydney app today!**

Note: When you are no longer in an HSA-eligible medical plan (CHS plan), your HSA will be transitioned from Anthem to WealthCare. Expect correspondence with new account information and a new debit card.

How to Use Your HSA

You can use your HSA debit card to pay for qualified expenses, and money will be pulled directly from your HSA, or pay for qualified expenses out of pocket and ask to be reimbursed.

IMPORTANT NOTE: You may only enroll in the HSA benefit if you enrolled in a CHS plan.

HEALTH SAVINGS ACCOUNT (HSA)

Member Account Holder Fees

Description of Fee	Charge (subject to change)	Notes
Account Maintenance	\$2.25	Assumes that you are responsible for the monthly account maintenance fee.
Non-Anthem Account Maintenance	\$2.50	If you leave your company sponsored plan but keep your current HSA you are responsible for this monthly fee.
Monthly Investment Account Fee	\$2.25	\$1,000 Minimum Balance (threshold) in order to invest.
Account Closure Fee	\$25.00	One-time, charged to account holder.
Cash Advance Fee	N/A	Cash advances are not allowed with the debit card.
Check Reorder Fee	N/A	Bill payment options only.
Check Writing Fee	N/A	Bill payment options only.
Debit Card – ATM withdrawal	N/A	ATM withdrawals are not allowed.
Debit Card Transactions	\$0	Included in monthly fee.
Excess Contribution Refund	\$0	
Quarterly Statement – Paper	\$1.50	Deducted from account. Fee is waived if member chooses paperless statements.
Overdraft Fee	\$0	
Payment Directed to Provider	\$0	
Reimbursement to Member	\$0	
Return Item	\$15.00	
Stop Payment Fee	\$0	
Teller Withdrawal	N/A	Not available.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Health Care FSA Anthem Spending Account

IMPORTANT NOTE: You may not enroll in the FSA benefit if you enroll in a CHS/HSA plan.

The Flexible Spending Account (FSA) benefit is a great way to reduce your taxable income by diverting pre-tax money into a health care spending account. A debit card makes it even easier to pay for your eligible health-related, out-of-pocket expenses. The FSA is a pre-tax deduction, which can be used to reimburse oneself for eligible, out-of-pocket health care expenses. The purpose of the FSA is to cover most out-of-pocket expenses not covered under your medical, prescription, dental, or vision plans. Eligible expenses must be incurred between January 1 through December 31 in order to be considered a qualified FSA expense. The FSA follows the IRS “use-it-or-lose-it” rule, so budget your election accordingly.

How to Use Your FSA

You can use your FSA debit card to pay for qualified expenses, and money will be pulled directly from your FSA, or pay for qualified expenses out-of-pocket and ask to be reimbursed.

To access your account, log in at anthem.com or use the **Sydney App**. Under My Plan, choose Spending Accounts. You can:

- Track your claims and FSA spending
- Request reimbursement
- Set up direct deposit
- Pay your doctor or healthcare provider directly
- Check your balance
- Find a doctor

Annual Contribution Limits

- Minimum = \$260
- Maximum = \$3,300

Save Your Statements

Please remember to keep all statements for all charges made with your benefit card. Per IRS regulations, Anthem may be required to request itemized statements to verify the eligibility of purchases made with the card.

Verifying Your Card Purchases

You will receive a monthly online card activity statement any time you have new, resolved, or outstanding card transactions on your account. The card activity statement consists of an activity summary and a return form that is used to resolve outstanding transactions. If one or more of your transactions requires further action, you must submit the completed return form within the time-frame specified. Failure to submit proper documentation will result in the deactivation of your card. If you do not provide acceptable documentation or repay the plan for the ineligible transaction within the allotted time-frame, your card will be deactivated.

Note: You must still save all receipts/statements for purchases made with your card, even if you believe the transactions meet the requirements outlined above. All receipts should be retained for at least one year following the close of the plan year in which the expense is incurred.

Instances in Which You Will Not Be Required to Submit a Statement

- The expense matches a specific co-payment you have under your employer’s medical, pharmacy, or vision plan.
- Recurring expenses will not result in a request for documentation as long as the expense equals the same amount, duration, and provider as a previously approved expense.
- In limited scenarios, your claim information may be provided through an electronic file from your insurance carrier or other provider.



FLEXIBLE SPENDING ACCOUNTS (FSA)



Dependent Care FSA / Anthem Spending Account

This FSA lets you use pre-tax dollars to pay for eligible employment-related dependent care expenses. It sets money aside from your paycheck before taxes are taken out. You can then use these funds to pay for eligible dependent care expenses throughout the plan year. You save money on expenses you're already paying for like day care and preschool. Setting aside pre-tax dollars means you pay fewer taxes and increase your take-home pay.

Qualified Dependents

A qualifying individual is your dependent child under the age of 13 who lives with you for MORE than half the year, or any adult you can claim as a dependent on your tax return that is physically or mentally incapable of self-care and lives with you for MORE than half the year.

Qualified Expenses

The care provided to your dependent must be so you (and your spouse, if applicable) can work. "Work" includes actively looking for a job. Work does not include unpaid volunteer work.

Expense Examples:

- Before and After School care
- Preschool or Nursery school
- Extended Day programs
- Babysitter
- Nanny services
- Summer Day Camp
- Elder Day Care for a qualifying individual

Contributions & Income Tax Filings

The current maximum employee contribution amount set by the IRS is \$7,500 per year. If you are married and file separate tax returns, the maximum amount is \$3,750 per spouse. If you are married and file a joint return, your combined maximum election amount is \$7,500. The Dependent Care FSA follows the IRS "use-it-or-lose-it" rule, so budget your election accordingly. If you elect and contribute to Dependent Care FSA, you may not be eligible to claim a Dependent Care Credit on your income tax filings. Speak with your tax advisor for further details.

CHECK OUT [ANTHEM.COM](https://www.anthem.com) FOR FAQs, PLAN DETAILS, IRS REGULATIONS, CLAIM FORMS, AND ACCOUNT DETAILS!

Note: For further details about our plans, please refer to the Summary Plan Documents, which can be obtained from the Human Resources Department or online at [ACCGov.com](https://www.ACCGov.com).

CRITICAL ILLNESS INSURANCE

What is Critical Illness Insurance?

When a serious illness strikes, Critical Illness Insurance can provide a lump-sum, tax-free, cash payment that can help you with your financial needs. You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. You can use the lump sum payment however you choose (there is no usage restriction). Critical Illness Insurance provides financial peace of mind in one of life's most stressful circumstances.

Summary of Critical Illnesses

Please see policy definitions for complete details about these covered conditions.

COVERED CONDITIONS:

- Heart attack—Blindness—Major organ failure—End-stage renal (kidney) failure—Occupational HIV—Coronary artery bypass surgery; pays 25% of lump sum benefit—Benign brain tumor

COVERED CONDITIONS WITH TIME LIMITATIONS:

- Stroke: Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event.
- Coma: Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days.
- Permanent paralysis: Complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident.

CANCER CONDITIONS:

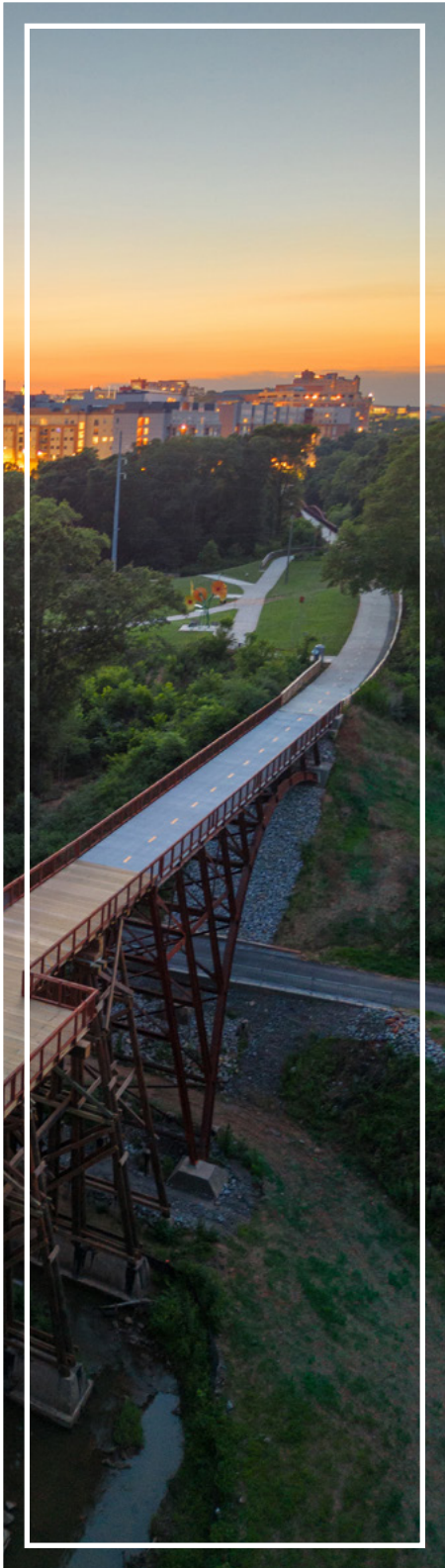
- Cancer: Carcinoma in situ pays 25% of lump sum benefit.

Benefit Options

You can choose to purchase employee coverage of \$15,000 or \$25,000, and spouse coverage of \$10,000. Child coverage is automatically added at 25% of the employee benefit amount when employee coverage is elected. The coverage offers a portable option if needed.

Added Wellness Benefit

With Critical Illness Insurance, there is an added benefit that will pay you when you, or your spouse, complete an annual physical, or other health screenings such as blood tests, stress tests, colonoscopies, chest x-rays, mammograms, etc. (A full list of covered tests is available on the ACCGov website.) The benefit will pay \$50 per calendar year if a covered health screening test is performed. This is a benefit to reward you for your healthy behavior in taking the first step to prevent a critical illness in your life.



GROUP ACCIDENT INSURANCE

What is Group Accident Insurance?

Also provided by UNUM, Group Accident Insurance is just one more elected benefit option offered to all full-time ACCGov employees to maintain the high level of benefit expectations. Accidents can happen anytime, anywhere. Group Accident Insurance is protection against accident related costs that can strain your budget. Group Accident Insurance pays a benefit directly to you if you have a covered injury, on or off the job, and need treatment. With the continued rise in the cost of medical procedures, Group Accident Insurance can provide ACCGov employees a financial safety net.

Examples of Covered Injuries and Expenses

(See the Schedule of Benefits at ACCGov.com for a full list.)

INJURY EXAMPLES:

Broken/fracture bones—burns—torn ligaments—tendon repair—lacerations—eye injuries—ruptured discs—concussion—dental work—skin graft—dislocation

EMERGENCY & HOSPITALIZATION:

Emergency room treatment—ambulance service—emergency treatment at urgent care—ICU admission—medical imaging—outpatient surgery facility—doctor office visit—hospitalization—occupational therapy—speech therapy—chiropractic visit—physical therapy—pain management

TREATMENT & OTHER SERVICES:

Surgery—physician follow up—therapy—prosthetic device/artificial limb—appliance—blood/plasma/platelets—travel & lodging due to accident—rehab confinement

ACCIDENTAL DEATH & OTHER LOSSES:

Accidental death of employee/spouse/child—accidental dismemberment—accidental loss of sight/hearing/speech—paralysis

Who Can be Covered?

Choose the coverage that is right for you! All ACCGov full-time employees and their dependents can be covered. Dependent coverage can be purchased in addition to employee coverage for a flat payroll rate. The coverage is portable if needed.

How Does it Work?

Here is a real life example: With full-time jobs and active kids, parents have a lot of demands on their time—and their bank account! When one of their rowdy boys breaks something other than a window, they don't need an injury to break the bank as well!

Out-of-pocket expenses from a torn ACL (knee ligament injury) are incurred: \$150 ER Copay + \$250 Deductible + \$700 Coinsurance (\$3,500 x 20%) + \$210 Copay for six physical therapy visits = Total expenses \$1,760

Nontaxable Benefit Payout from Unum: \$150 ER Visit + \$100 appliance (knee brace) + \$300 Outpatient Surgery facility service + \$800 Surgical Ligament tear repair + \$150 for six physical therapy sessions = Total Payout \$1,500

\$1,760 - \$1,500 = \$260 Total Out-of-Pocket Expenses!



MEDICAL TRANSPORTATION INSURANCE

What is Medical Transportation Insurance?

You never know when you will need emergency transportation. Car accidents, motorcycle wrecks, sports injuries, or medical emergencies can happen at any time. With voluntary medical transportation coverage through MASA, you are protected against out-of-pocket expenses relating to emergent ground, emergent air, and non-emergent inter-facility transport claims regardless of the provider used. Those who elect MASA have \$0 out-of-pocket costs for approved claims.

What MASA Covers

You have the flexibility to choose from three levels of coverage. Each plan offers access to a range of emergency transportation benefits. Depending on the plan you select, MASA may cover the cost of these emergency transport services:

- Emergency Ground Ambulance
- Emergency Air Ambulance
- Hospital-to-Hospital Transfers
- Repatriation to Hospital Near Home
- Patient Return Transportation
- Companion & Visitor Transportation
- Minor, Pet, and Vehicle Return
- Organ Retrieval Transportation Coverage

Who Can be Covered?

Select the coverage level that best fits your needs! All full-time ACCGov employees are eligible, and coverage is also available for dependents.

Payroll Deductions

All full-time ACCGov employees are eligible, and coverage is also available for dependents.



Real-World Savings

Emergency transport costs can range from:

- Ground ambulance: ~\$2,000
- Air ambulance: ~\$69,000
- Hospital-to-hospital transfer: ~\$2,400

With MASA, these expenses are covered.

Coverage Election	MASA Medical Transportation Rates					
	Emergent Plus		Emergent Premier		Platinum	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$7.50	\$3.46	\$9.50	\$4.38	\$19.00	\$8.77
Family (including spouse and child(ren))	\$15.50	\$7.15	\$20.50	\$9.46	\$42.00	\$19.38

PET INSURANCE

Nationwide's "My Pet Protection Choice" (MPPC) provides comprehensive pet insurance coverage for your furry family members from any licensed veterinarian of your choice.

WITH MPPC, YOU SELECT THE BENEFIT LEVELS THAT BEST FIT YOUR NEEDS AND BUDGET.

Deductible: Applies before the plan pays benefits

- Choose from three options: \$100, \$250 or \$500

Coinurance: Applies after the deductible has been met

- Choose from three options: 80%, 70% or 50%

Annual Maximum: How much the plan will pay in benefits per year*

- Choose from two options: \$2,500 or \$5,000

You may also purchase coverage for birds, reptiles, and more! Contact Nationwide for pricing and coverage details.

REQUEST A QUOTE AND ENROLL:

Visit benefits.petinsurance.com/ACCGov to log in for a quote. If you elect to purchase this coverage through ACCGov, you will have access to more comprehensive coverage at a lower cost. Payments will be made to Nationwide via payroll deduction.

For questions, please contact Nationwide Pet Insurance at 877-738-7874.

Typical plan benefits include coverage for:

- Accidents, including poisonings and allergic reactions
- Injuries, including cuts, sprains and broken bones
- Common illnesses, including ear infections, vomiting and diarrhea
- Serious/chronic illnesses, including cancer and diabetes
- Hereditary and congenital conditions
- Surgeries and hospitalization
- X-rays, MRIs and CT scans
- Prescription medications and therapeutic diets

Enhance your coverage by adding benefits for:

- Wellness exams
- Vaccinations
- Spay/neuter
- Flea and tick prevention
- Heartworm testing and prevention
- Routine blood tests



1

Pay Your Vet

Pay for your pet's treatment at the time of service



2

Submit Your Claim

Mail or email our claim form along with your vet bill



3

Get Reimbursed!

According to your plan, after meeting the deductible



* Applies to accident, illness, hereditary/congenital conditions, and cruciate ligament issues. A one-year waiting period applies to cruciate ligament services.

INCOME PROTECTION BENEFITS



Short-Term Disability Insurance

The Unified Government of Athens-Clarke County provides you with Short-Term Disability (STD) Insurance to provide you and your family financial security should you be unable to perform the full, essential functions of your job due to a non-work related, temporary total disability. This benefit is provided at no cost to you. Disability is defined as a bodily malfunction, accidental injury, complications resulting from pregnancy, or mental illness.

Eligibility for this benefit begins on the first day of the month following a full month of regular, full-time employment. Short-Term Disability payments begin on the fifteenth (15th) workday following the onset of your illness or injury-causing disability. While you remain eligible for Short-Term Disability, you will be paid at a rate of 60% of your base salary (not to exceed \$100 per day). Short-Term Disability may continue for a maximum of twenty-six (26) weeks from the initial onset of the disability including 15-day elimination period. Contact HR for more information.

Long-Term Disability Insurance

ACCGov offers voluntary long-term income protection through Unum. Employees may enroll in this plan during Open Enrollment following the completion of 24 months of continuous, active, full-time employment. If an employee declines coverage when first eligible, and enrolls at a later Open Enrollment, he/she will be required to complete a Medical Insurability form.

The Long-Term Disability plan pays benefits in the event you become unable to work for more than six (6) months due to an illness or injury. Benefit payments begin after you have satisfied the 180-day elimination period. Benefits are subject to an application, review, and approval process by Unum. The chart below is a brief outline of the plan. Please see the Summary Plan Document for complete plan details.

Benefit Amount	60% of Monthly Earnings
Maximum Monthly Benefit	\$7,000
Elimination Period	180 Days (6 months)
Benefit Duration	Up to Social Security Retirement Age

Your premium is calculated based on your age and your salary. For example, if you are 41 years old and your annual salary is \$44,000, the calculation would be as follows:

$\$44,000 \div 12 = \$3,667$ monthly salary x rate of \$0.52 (41-year old rate) = $\$1,907 \div 100 = \19.07 (monthly premium)
 $\times 12 = \$229$ (annual cost) $\div 26$ pay periods = $\$8.81$ (bi-weekly premium).

INCOME PROTECTION BENEFITS

Long-Term Disability Income Protection Insurance (continued)

To calculate your premium based on your age and salary, use the following formula:

$$\frac{\text{Annual salary}}{\div 12} = \frac{\text{Monthly Salary}}{\div 12} \times \frac{\text{Rate by age}}{\div 100} = \frac{\text{Monthly premium}}{\div 12} \times 12 \div 26 = \frac{\text{Biweekly premium}}{\div 26}$$

Premiums will be automatically adjusted following any salary adjustment or age bracket change!

If you declined LTD insurance when first eligible and you wish to enroll this year, you must complete an Evidence of Insurability.

You will be automatically enrolled if this is your first Open Enrollment after completing two (2) years of continuous, full-time service, unless you “waive” coverage. If you choose to enroll at a later Open Enrollment, you will be required to complete an Evidence of Insurability.

If you are not enrolled in ACCGov’s current Long-Term Disability plan, you will NOT be entitled to additional credited service accrual if you become disabled as stated in the pension plan, Section 3 of Article XIV of the ordinance: “Any participant who is disabled will continue to accrue credited service to the earlier of his or her normal retirement date, death, or recovery.” Please inquire with Human Resources if you need additional information.

Employee Age	Monthly Rate for each \$100 of your monthly salary
<25	\$0.15
25-29	\$0.18
30-34	\$0.28
35-39	\$0.40
40-44	\$0.52
45-49	\$0.75
50-54	\$1.04
55-59	\$1.31
60-64	\$1.31
65-69	\$1.59
70+	\$2.02

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Basic Life Insurance and Accidental Death and Dismemberment Insurance is provided at no cost to the employee in an amount equal to two times the employee’s annual salary plus \$5,000, rounded to the next higher \$1,000. Life insurance is a benefit paid in the event of an employee’s death by illness, accident, or natural causes. An employee may purchase additional individual and dependent life insurance coverage at a minimal cost. Please refer to the Summary Plan Document for complete details and a schedule of benefits.

Contributory / Supplemental Life Insurance

You may elect to enroll in Contributory Term Life and AD&D Insurance at a minimal cost in increments of \$10,000. Medical proof of insurability is not required during your initial enrollment period for amounts under \$250,000, including the amount of Basic Life coverage. However, satisfactory medical evidence of insurability will be necessary for later enrollments, or if you increase the amount of your Contributory Term Life and AD&D Insurance at a later time. The total amount of Basic Term Life plus Contributory Term Life may not exceed \$500,000.

NOTE: The amount of life insurance begins to decrease at the age of 70. Please refer to the Summary Plan Document for complete details and a schedule of benefits.

INCOME PROTECTION BENEFITS

Dependent Life Insurance

You may purchase Dependent Life Insurance in the amount of \$5,000, \$10,000 or \$15,000 for each eligible child. You may purchase Dependent Life Insurance in the amount of \$15,000, \$25,000 or \$50,000 for your eligible spouse. Dependent Life Insurance coverage for a child under six (6) months of age is \$1,000. When that child reaches six (6) months of age, the child is insured at the full amount requested.

Coverage Exclusions

Service members of the National Guard or Reserves are not eligible for the basic life, contributory life or dependent life insurance benefit(s) while on active duty deployment. An employee, whose spouse is active military or who is also an employee of the Unified Government of Athens-Clarke County, is not eligible to take the dependent life insurance benefit.

IMPORTANT NOTE ABOUT DUAL EMPLOYMENT: Employees who are married to another ACCGov employee may not purchase dependent life insurance for their spouse, and only one parent may select coverage for their children.

Whole Life Insurance

Whole Life Insurance provides much more than a death benefit—it also offers valuable living benefits that you can use during times of need. The policy accumulates cash value, has a terminal illness rider, and includes a long term care rider. The policy can be taken with you at the same cost upon employment termination. Rates are age-based that lock in at first enrollment.

Beneficiaries

You are required to list your beneficiaries for your life insurance benefits. You are the automatic beneficiary for your dependent life insurance. Beneficiary changes may be made at any time during the year. You may pick up a beneficiary designation form at the Human Resources Department or download one from the website at ACCGov.com. Beneficiaries under 18 years of age will not have immediate access to funds. Benefits are held in an interest bearing account until the child reaches 18 years of age. Ask a Human Resources representative for more information about setting up a trust as a beneficiary.



INSURANCE PREMIUMS

Unified Government of Athens-Clarke County 2026 Rate Sheet

Effective January 1, 2026

Coverage Election	Cigna Dental Rates		Anthem Vision Rates	
	Biweekly Payroll Deduction	Monthly Payroll Deduction	Biweekly Payroll Deduction	Monthly Payroll Deduction
Employee Only	\$14.14	\$30.64	\$2.45	\$5.30
Employee + Spouse	\$27.30	\$59.15	\$4.28	\$9.28
Employee + Child(ren)	\$33.05	\$71.60	\$4.65	\$10.07
Family	\$46.17	\$100.04	\$7.09	\$15.37

Coverage Election	Anthem Major Medical Insurance Rates POS CONVENTIONAL PLAN (POSC)			
	Biweekly Base Rate	Monthly Base Rate	Biweekly Base Rate - HRA Credit*	Monthly Base Rate - HRA Credit*
Employee Only	\$165.30	\$358.14	\$142.22	\$308.14
Employee + Spouse	\$330.60	\$716.29	\$307.52	\$666.29
Employee + Child(ren)	\$297.53	\$644.65	\$274.45	\$594.65
Family	\$495.89	\$1,074.43	\$472.81	\$1,024.43

Coverage Election	CHS_Select WITH HSA PLAN			
	Biweekly Base Rate	Monthly Base Rate	Biweekly Base Rate - HRA Credit*	Monthly Base Rate - HRA Credit*
Employee Only	\$125.92	\$272.83	\$102.84	\$222.83
Employee + Spouse	\$251.85	\$545.68	\$228.77	\$495.68
Employee + Child(ren)	\$227.68	\$493.31	\$204.60	\$443.31
Family	\$372.70	\$807.51	\$349.62	\$757.51

Coverage Election	CHS_Value WITH HSA PLAN			
	Biweekly Base Rate	Monthly Base Rate	Biweekly Base Rate - HRA Credit*	Monthly Base Rate - HRA Credit*
Employee Only	\$62.45	\$135.30	\$39.37	\$85.30
Employee + Spouse	\$124.89	\$270.60	\$101.81	\$220.60
Employee + Child(ren)	\$113.00	\$244.83	\$89.92	\$194.83
Family	\$184.33	\$399.38	\$161.25	\$349.38

IMPORTANT NOTE ABOUT HRA CREDIT AND SURCHARGES: The HRA incentive credit is equal to \$23.08 per biweekly pay period, or \$50 per monthly pay period (not to exceed \$600 per fiscal year). A \$35 tobacco surcharge will be added to the base rate premiums each bi-weekly pay period for employees enrolled in a health insurance plan who use tobacco or nicotine products. A \$35 spousal/domestic partner surcharge will be added to the base rate premiums each bi-weekly pay period for employees enrolling their spouse/domestic partner in a health insurance plan when their spouse/domestic partner has access to, and opts out of, their own employer sponsored health insurance plan.

*Paycheck will reflect an HRA Wellness Credit of \$23.08 after you complete your Biometric Screening.

GROUP ACCIDENT AND CRITICAL ILLNESS PREMIUMS

UNUM Group Accident Premiums

Coverage Election	Biweekly Payroll Deduction	Monthly Payroll Deduction
Employee Only	\$6.01	\$13.03
Employee + Spouse	\$9.72	\$21.07
Employee + Child(ren)	\$11.23	\$24.33
Family	\$14.94	\$32.37

UNUM Group Critical Illness Premiums

	Employee Bi-Weekly Premiums						Spouse Biweekly Premiums	
	Non-Tobacco			Tobacco			Non-Tobacco	Tobacco
	Rate per \$1K	\$15K	\$25K	Rate per \$1K	\$15K	\$25K	\$10K	\$10K
<25	\$0.47	\$3.99	\$6.16	\$0.66	\$5.31	\$8.35	\$2.91	\$3.78
25-29	\$0.53	\$4.41	\$6.85	\$0.81	\$6.35	\$10.08	\$3.18	\$4.48
30-34	\$0.78	\$6.14	\$9.74	\$1.25	\$9.39	\$15.16	\$4.34	\$6.51
35-39	\$1.07	\$8.15	\$13.08	\$1.80	\$13.20	\$21.51	\$5.68	\$9.05
40-44	\$1.52	\$11.26	\$18.28	\$2.64	\$19.02	\$31.20	\$7.75	\$12.92
45-49	\$2.13	\$15.48	\$25.32	\$3.74	\$26.63	\$43.89	\$10.57	\$18.00
50-54	\$2.89	\$20.75	\$34.08	\$5.08	\$35.91	\$59.35	\$14.08	\$24.18
55-59	\$3.94	\$28.02	\$46.20	\$6.74	\$47.40	\$78.51	\$18.92	\$31.85
60-64	\$5.38	\$37.98	\$62.82	\$8.66	\$60.69	\$100.66	\$25.57	\$40.71
65-69	\$7.01	\$49.27	\$81.62	\$10.49	\$73.36	\$121.78	\$33.09	\$49.15
70+	\$8.80	\$61.66	\$102.28	\$11.87	\$82.92	\$137.70	\$41.35	\$55.52

	Employee Monthly Premiums						Spouse Monthly Premiums	
	Non-Tobacco			Tobacco			Non-Tobacco	Tobacco
	Rate per \$1K	\$15K	\$25K	Rate per \$1K	\$15K	\$25K	\$10K	\$10K
<25	\$0.47	\$8.65	\$13.35	\$0.66	\$11.50	\$18.10	\$6.30	\$8.20
25-29	\$0.53	\$9.55	\$14.85	\$0.81	\$13.75	\$21.85	\$6.90	\$9.70
30-34	\$0.78	\$13.30	\$21.10	\$1.25	\$20.35	\$32.85	\$9.40	\$14.10
35-39	\$1.07	\$17.65	\$28.35	\$1.80	\$28.60	\$46.60	\$12.30	\$19.60
40-44	\$1.52	\$24.40	\$39.60	\$2.64	\$41.20	\$67.60	\$16.80	\$28.00
45-49	\$2.13	\$33.55	\$54.85	\$3.74	\$57.70	\$95.10	\$22.90	\$39.00
50-54	\$2.89	\$44.95	\$73.85	\$5.08	\$77.80	\$128.60	\$30.50	\$52.40
55-59	\$3.94	\$60.70	\$100.10	\$6.74	\$102.70	\$170.10	\$41.00	\$69.00
60-64	\$5.38	\$82.30	\$136.10	\$8.66	\$131.50	\$218.10	\$55.40	\$88.20
65-69	\$7.01	\$106.75	\$176.85	\$10.49	\$158.95	\$263.85	\$71.70	\$106.50
70+	\$8.80	\$133.60	\$221.60	\$11.87	\$179.65	\$298.35	\$89.60	\$120.30

LIFE INSURANCE PREMIUMS

Contributory / Supplemental Life Insurance Premiums

The Basic Life insurance benefit provided by ACCGov is equal to 2 times your annual salary + \$5,000 (rounded up to the nearest \$1,000). You may increase your Contributory Life insurance during this Open Enrollment by completing an Evidence of Insurability form. The amount of life insurance in excess of your current amount will “pend” until approved by Unum. If the excess amount is denied, your coverage election will not change.

UNUM Contributory Life Premiums

Coverage Election	Biweekly Premium	Monthly Premium	Coverage Election	Biweekly Premium	Monthly Premium
\$10,000	\$1.29	\$2.80	\$210,000	\$27.09	\$58.70
\$20,000	\$2.58	\$5.59	\$220,000	\$28.38	\$61.49
\$30,000	\$3.87	\$8.39	\$230,000	\$29.67	\$64.29
\$40,000	\$5.16	\$11.18	\$240,000	\$30.96	\$67.08
\$50,000	\$6.45	\$13.98	\$250,000	\$32.25	\$69.88
\$60,000	\$7.74	\$16.77	\$260,000	\$33.54	\$72.67
\$70,000	\$9.03	\$19.57	\$270,000	\$34.83	\$75.47
\$80,000	\$10.32	\$22.36	\$280,000	\$36.12	\$78.26
\$90,000	\$11.61	\$25.16	\$290,000	\$37.41	\$81.06
\$100,000	\$12.90	\$27.95	\$300,000	\$38.70	\$83.85
\$110,000	\$14.19	\$30.75	\$310,000	\$39.99	\$86.65
\$120,000	\$15.48	\$33.54	\$320,000	\$41.28	\$89.44
\$130,000	\$16.77	\$36.34	\$330,000	\$42.57	\$92.24
\$140,000	\$18.06	\$39.13	\$340,000	\$43.86	\$95.03
\$150,000	\$19.35	\$41.93	\$350,000	\$45.15	\$97.83
\$160,000	\$20.64	\$44.72	\$360,000	\$46.44	\$100.62
\$170,000	\$21.93	\$47.52	\$370,000	\$47.73	\$103.42
\$180,000	\$23.22	\$50.31	\$380,000	\$49.02	\$106.21
\$190,000	\$24.51	\$53.11	\$390,000	\$50.31	\$109.01
\$200,000	\$25.80	\$55.90	\$400,000	\$51.60	\$111.80

Coverage Election	UNUM Dependent Life Insurance Coverage	
	Biweekly Payroll Deduction	Monthly Payroll Deduction
Spouse: \$15,000	\$0.64	\$1.38
Spouse: \$25,000	\$1.06	\$2.30
Spouse: \$50,000	\$2.12	\$4.60
Child(ren): \$5,000 (coverage per child)	\$0.25	\$0.55
Child(ren): \$10,000 (coverage per child)	\$0.51	\$1.10
Child(ren): \$15,000 (coverage per child)	\$0.76	\$1.65

Whole Life Insurance Premiums

Whole Life Insurance premiums are age based and can be viewed when completing your online benefit enrollment.

OTHER VALUABLE BENEFITS

Retirement Benefits

457 DEFERRED COMPENSATION PLANS

ACCGov provides access to retirement investing opportunities through several deferred compensation plan providers. You are in control of your investment with this option. ACCGov will contribute \$.25 for every \$1 you contribute, up to 1% of your salary. This means if you contribute 4% of your salary to a 457 investment account, ACCGov will contribute 1% to a 401(a) match account. The IRS maximum contribution for 2025 is \$24,000, with an additional \$10,000 for employees over the age of 50. You must contact Corebridge Financial to initiate the match account. (Refer to Contacts List on page 39 under Financial Services/Deferred Comp.)

457 ROTH DEFERRED COMPENSATION PLAN OPTION

Corebridge Financial also offers a Roth 457 option which offers a way to set aside after-tax money. When you retire, you may make tax-free withdrawals on principal, interest, and earnings if certain conditions are met.

Planning to retire from ACCGov within the next 5 years? Here are some things to consider:

- Employees hired on or after 7/1/02 considering electing ACCGov health insurance in retirement must work until retirement or have 30 years of service to be eligible for health insurance in retirement.
- Employees considering electing dependent health or dependent life insurance coverage in retirement must have had their dependent(s) on their health or dependent life insurance coverage for a minimum of one year prior to retirement.
- Basic Life Insurance for retirees is \$10,000. All other Basic and Contributory Life Insurance coverage amounts may be converted to an individual policy and are subject to individual rates at the time of retirement. Enroll in the Whole Life Insurance plan if your goal is to build cash value that may continue into retirement.
- Catch-up contributions are available for the Deferred Compensation Plans and HSA.



OTHER VALUABLE BENEFITS

Health Advocate Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is a benefit designed to help employees and their families obtain the most cost-effective assistance for personal or family problems. Employees are encouraged to voluntarily seek assistance when needed. Professional, free, and confidential counseling is available for work-related or personal problems including stress, marital issues, children-related problems, depression, anxiety, alcohol, drug, and/or addiction issues, and financial problems. You can even speak to an attorney at no cost for up to 30 minutes!

THIS PROGRAM PROVIDES:

- Video and telephonic counseling
- Medical Bill Saver
 - » Can help you lower your out-of-pocket cost
 - » Will review your bills for appropriate cost
 - » Will work with providers to lower cost

To access this program, please call 800-854-1446 or go to the following:

- Website: unum.com/lifebalance

Employee Emergency Assistance Fund

The ACCGov Employee Emergency Assistance Fund is a resource available to employees and retirees who experience “a severe financial hardship” resulting from a sudden and unexpected illness or accident experienced by the employee/retiree or his/her dependent, and/or the loss of an employee/retiree’s primary residence due to casualty. To qualify for assistance, you must complete a Request for Assistance application. Visit ACCGov.com or contact a Charity Drive Committee member for more information.

Worldwide Emergency Travel Assistance

You must be enrolled in the Life Insurance benefit to utilize this benefit. Assist America’s medically certified personnel are ready to help 24/7 and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world. If you or your dependent children are at least 100 miles from home, Assist America provides services including hospital admission assistance, emergency medical evacuation, medical transportation home, emergency message service, transportation for a friend or family member to join the hospitalized patient, care of minor children, emergency trauma counseling, prescription assistance, and legal and interpreter referrals.

To access services:

- Within the U.S. 800-872-1414
- Outside the U.S. + (U.S. Access Code) 609-986-1234
- Reference Number 01-AA-UN-762490

TicketsatWork

TicketsatWork is an employee perks program to help you save on everyday items such as groceries, flowers and electronics, as well as trips, travel and even fitness memberships.

Start saving today by visiting ticketsatwork.com, click Become a Member, and enter company code: Athens.

Add a Domestic Partner to Your Health Insurance

Domestic partners may enroll in ACCGov's group medical, dental, vision, accident, critical illness and whole life insurance as a new hire or Open Enrollment only. They do not qualify for spouse life insurance or COBRA benefits. A domestic partnership is defined as two people, of the opposite or same gender, who live together in the mutual interdependence of a single home and have signed a Declaration of Domestic Partnership form. Domestic Partners must meet all the requirements on the Declaration of Domestic Partnership form, and complete and submit the form with the ACCGov Municipal Court. Continued eligibility of your Domestic Partner depends upon the continuing accuracy of this form. Domestic Partner eligibility ends on the date a Domestic Partner no longer meets all the requirements listed on the form. To add a Domestic Partner (DP) to your health insurance, the following steps must be completed:

- **STEP 1:** Go to Municipal Court and file a Declaration of Domestic Partnership form. There will be a filing fee. Keep a copy for your records and bring an original to the Human Resources Department.
- **STEP 2:** Pick up an Affidavit of Financial Reliance form and a Dependency Tax Questionnaire form from HR. Both parties must sign in front of a notary before he/she will notarize the form. If you are registering your Domestic Partner as an income tax dependent, you will also be required to complete a Pretax Domestic Partner Benefits Statement of Understanding form and submit proof of tax dependency.
- **STEP 3:** To add a domestic partner or change your health insurance election, you must provide HR with a Declaration of Domestic Partnership form from the Municipal Court, a notarized Affidavit of Financial Reliance form, a notarized Dependency Tax Questionnaire form, your domestic partner's Social Security number, and his/her birth date.

IMPORTANT NOTE REGARDING CHS ENROLLMENT AND DOMESTIC PARTNERS:

Domestic partners can enroll in a CHS Plan, but expenses may not be paid by employee's HSA if the Domestic Partner is not a tax dependent.

Make Changes to Your Insurance Coverage(s) Due to a Life Event

You may make changes to your enrollment status during the year if at least one of the following events occurs: birth or adoption of one or more children; marriage; divorce; death of one of your dependents; loss of other coverage; or you become newly enrolled in other coverage offered by an outside carrier, and ineligibility for continued coverage of an over age dependent (an adult child who has recently turned 26 years old). Changes must be made within 30 days of the event—documentation is required. Declaring a Domestic Partnership is not a qualifying life event.

Change Your Tax Withholding

You must complete and submit a new, current year W-4 and/or G-4 form at least 7 business days prior to the paycheck date to make any changes to your withholding. Forms can be obtained from Human Resources, or you can download current year...

- W-4 (Federal withholding) forms from: [irs.gov/pub/irs-pdf/fw4.pdf](https://www.irs.gov/pub/irs-pdf/fw4.pdf)
- G-4 (state withholding) forms from: dor.georgia.gov/form-g-4-employee-withholding

Add or Change Your Direct Deposit Information

You must complete and submit a Direct Deposit Change Form at least 7 business days prior to the paycheck date to make any changes to your direct deposit. Forms can be obtained from Human Resources.

Increase/Decrease/Cancel your HSA Contribution Amount

You must complete an updated contribution form and submit to Human Resources at least 7 days prior to the paycheck date. You may do this any time during the year.

HOW TO...

Increase/Decrease/Cancel your Deferred Contribution Plan (DCP) Amount

You must request the correct form from the Payroll Division of Human Resources.

Access your Paycheck Stub

- Go to selfservice.ACCGov.com/ess/login.aspx
- Log in to your ESS Portal
- Go to Pay/Tax Information
- Click the DETAILS of the check stub you want to view/print
- Click *View paycheck image* to print your official check stub

Set up a Trust as Your Life Insurance Beneficiary

In order to make payment to a Trust when the Trust is the designated beneficiary, the following information is necessary:

- A fully completed, signed, and notarized “Certification of Trustee” form.
- The signature(s) of the trustee(s) on the Claimant’s Statement. If the trustee is a bank or other financial institution, an authorized representative of the bank must sign.
- The submission of the entire trust is still acceptable, but it must be accompanied by a notarized statement attesting to the fact that the trust is still in effect. If the trustee is a bank or other such institution, or the trust is irrevocable, this statement is not necessary.

To add, change, or update beneficiaries go to your benefits portal, and update under the Employee Profile option. Contact AskHR for additional assistance.

CERTIFICATE OF TRUST: A Certificate of Trust is also acceptable. This is a document that outlines the main points of the Trust, and is signed and notarized at the time that the Trust is established. Alternatively, a notarized Attorney’s Certification Form, which verifies that the Trust is still in effect, and has or has not been amended, can be accepted. If the Trust has been amended, a copy of the Amendments must be provided. If the names of the beneficiaries of the Trust are not listed, they must also be provided.

TRUSTEE UNDER A WILL: If the insured names a trustee under his/her will as a beneficiary, the following is required:

- A court order appointing a Trustee.
- If no such court order has been or will be issued, a copy of the Will that sets up a Trust, and evidence of probate (Estate papers).
- The signature of the trustee(s) on the Claimant’s Statement.

Update a Legal Name Change

You must complete an Employee Status Change Form to make any changes to your current name. You will also be required to attach a copy of your Social Security card to the Employee Status Change Form to verify the name change. The Employee Status Change Form can be obtained from Human Resources.

Update Your Address/Phone or Emergency Contact Information

You must complete an Employee Status Change Form to make any changes to your contact information. These forms ensure changes in both the payroll records and insurance providers that are affected. The Employee Status Change Form can be obtained from Human Resources.

ONLINE ENROLLMENT INSTRUCTIONS

1. Go to website: unum_ACCGov.bswift.com

Existing User:

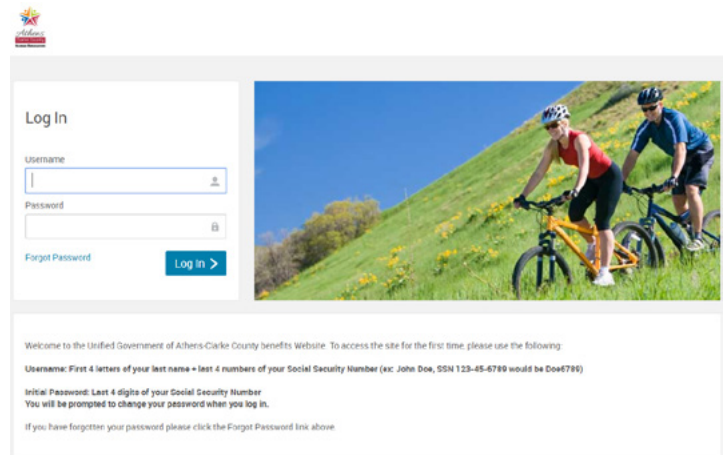
Use your current password

New User:

Username: First 4 of last name + last 4 of SSN

Password: the password for first log in, or after a password has been reset, is the last 4 digits of your SSN. Passwords must be changed after first login or after a password reset. Passwords must be at least 8 characters.

2. Once logged in, the First Time User Agreement will appear. Once agreed, you will be prompted to change the password and then you may enter a security question used in the event the password is forgotten.
3. You will be asked to verify your personal profile information, as well as employee and family information, before you can elect benefits. Once the agreement is read, click the "I agree" box and continue.
4. Verify your dependent information and add dependents, as needed. Click the "I agree" box and continue. If you are adding new dependents, you will be required to submit documentation verifying he/she is an eligible dependent. Accepted forms of documentation include birth certificate, adoption/guardianship court documents, and marriage certificate.
5. Begin plan selection. **NOTE:** If you are electing an ACCGov health plan and will earn Wellness credits, select the health plan + Wellness. For example, Anthem of Georgia POS Conventional + Wellness. If you are NOT participating in Wellness, please select a health plan that does NOT say wellness.



Log In

Username

Password

Forgot Password

Log In >

Welcome to the United Government of Athens-Clarke County benefits Website. To access the site for the first time, please use the following:

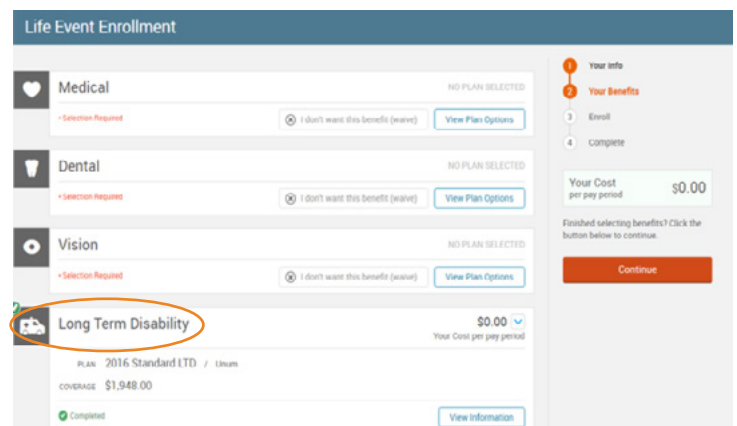
Username: First 4 letters of your last name + last 4 numbers of your Social Security Number (ex: John Doe, SSN 123-45-6789 would be Doe4789)

Initial Password: Last 4 digits of your Social Security Number
You will be prompted to change your password when you log in.

If you have forgotten your password please click the Forgot Password link above

Long Term Disability (LTD)

You must have completed 2 years of continuous, full-time service with ACCGov to be eligible for LTD. If this is the first Open Enrollment since completing 2 years of full-time service, you will be automatically enrolled in LTD, unless you select "Waive Coverage." If you enroll at a later Open Enrollment, you will be required to complete an online Evidence of Insurability.



Life Event Enrollment

Medical

NO PLAN SELECTED

+ Selection Required

I don't want this benefit (waive)

View Plan Options

Dental

NO PLAN SELECTED

+ Selection Required

I don't want this benefit (waive)

View Plan Options

Vision

NO PLAN SELECTED

+ Selection Required

I don't want this benefit (waive)

View Plan Options

Long Term Disability

2016 Standard LTD / Unum

COVERAGE \$1,948.00

Completed

View Information

Your info

Your Benefits

Enroll

Complete

Your Cost per pay period \$0.00

Finished selecting benefits? Click the button below to continue.

Continue

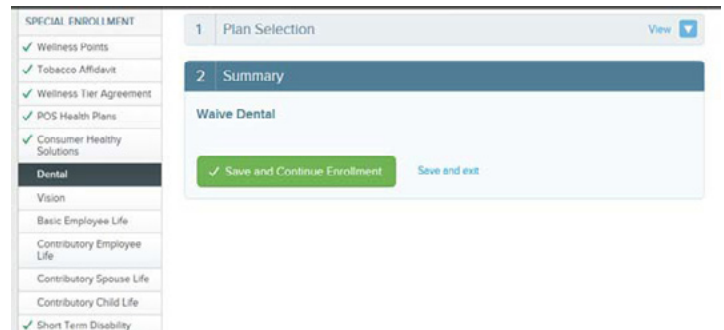
ONLINE ENROLLMENT INSTRUCTIONS

- Once the plan is elected or waived, click “Next.” Verify the election and click “Save and Continue Enrollment.” The system will step through each benefit plan. You may add dependents during Open Enrollment by clicking the “Add Dependents” link at the top of the Plan Selection screen.

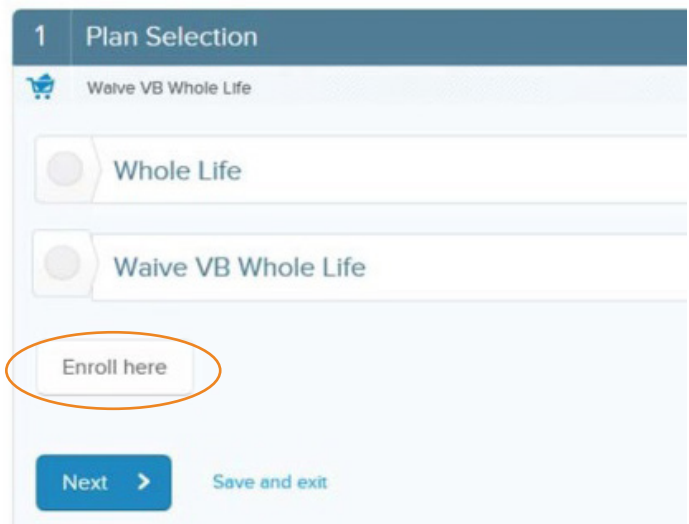
Life Insurance

- If electing Unum’s Voluntary Benefit (VB) Whole Life, you will need to click on the “Enroll here” button to open the link and elect coverage via Unum’s enrollment system. The Pay Period Deduction will calculate for Employee, Spouse, & Child (if elected) as one premium amount. If you are not making any changes, simply click “Next.” If you wish to cancel your Whole Life coverage, please contact Unum at 800-635-5597.
- If increasing your Contributory Life, you will see a message stating you must complete the online “Evidence of Insurability” questionnaire. You will be notified immediately if approved, pending review, or denied by Unum online. If your life insurance election is pending or denied, you will receive next step instructions. For further details, or questions, please contact Unum directly.

***Remember: Your total life insurance, including basic and contributory combined shall not exceed \$500,000.**



VB Whole Life



Coverage amount exceeds the guaranteed issue from the insurance carrier. Therefore, you will need to complete an Evidence of Insurability form and submit it to the carrier for approval. The form is available in the Document section. When the carrier approves the requested amount, your HR Manager will update the system and the new coverage amount will be reflected on your confirmation statement and in your pay check.

✓ Save and Continue Enrollment

Save and exit

Life Insurance Beneficiaries

- Even if you do not elect contributory life insurance, you will be required to enter life insurance beneficiaries for the basic life provided by ACCGov at no cost to you. If your desired beneficiary is not listed then s/he can be added by clicking the “Add Beneficiary” link below the beneficiary designation area.

ONLINE ENROLLMENT INSTRUCTIONS

The “My Estate” beneficiary will automatically default to 100%. Be sure to adjust as necessary. The total percent should equal 100%. Please be advised, for beneficiaries under the age of 18, Unum will hold any life insurance payments in an interest bearing account until the child turns 18. If you would like to set up a trust for underage beneficiaries, please contact HR for more information.

Secondary beneficiaries are not required, but are recommended.

10. After electing all benefits and selecting “Save and Continue Enrollment” on the last benefit, a review screen will show each election made for the benefit plans available to you. If an election needs to be changed, click the “Edit” button beside the benefit plan.
11. After all necessary changes have been made, check the box beside “I agree, and I’m finished with my enrollment,” then click the “Complete Enrollment” button to continue. The Confirmation Statement will appear and can be printed or emailed, if you entered an email address in your personal profile.
12. Elections may be changed or updated until 5:00pm on October 31, 2025. Simply log into the system and choose the “Change My Elections” button to make updates.

1 Plan Selection View

2 Beneficiaries

Basic Employee Life & AD&D \$75,000.00 \$0.00

Primary Beneficiaries **REQUIRED** Secondary Beneficiaries (optional)

"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any benefits due after death of the employee/retiree. "Contingent Beneficiary" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive. Please review the options below and make changes as needed. You must choose a Primary Beneficiary; Secondary Beneficiaries are optional.

Beneficiary	Percentage
My Estate (Employee)	0 %
Bob Tester (Spouse)	90 %
Janie Tester (Child)	10 %

[+ Add New Beneficiary](#)

Total: 100% ✓

Next > Save and exit

This benefit election is pending until approved by Benefits Department

Waived Edit Selection

Long Term Disability Your cost per pay period \$0.00

2016 Standard LTD Coverage: \$1,948.00

COST DETAILS PER PAY PERIOD

Total Premium	\$0.45
Employer Contribution	(\$0.45)
Your Cost (gross)	\$0.00
Your Cost (net)	\$0.00

Edit Selection

Once You've Reviewed All Your Selections: Participation

Your Benefits: 1 Enroll, 2 Review and Confirm, 3 Complete, 4 Complete Enrollment

OPEN ENROLLMENT IS OCTOBER 1-31, 2025

2026 PAYROLL SCHEDULE

Payroll Number	Payroll Pay Period	Submit Changes Deadline Date	Time Sheet Deadline Date	Date Checks To Be Issued
01	Dec. 21 - Jan. 03	December 31, 2025	January 5, 2026	January 9, 2026
02	Jan. 04 - Jan. 17	January 14, 2026	January 16, 2026	January 23, 2026
03	Jan. 18 - Jan. 31	January 29, 2026	February 2, 2026	February 6, 2026
04	Feb. 01- Feb. 14	February 12, 2026	February 16, 2026	February 20, 2026
05	Feb. 15 - Feb. 28	February 26, 2026	March 2, 2026	March 6, 2026
06	Mar. 01 - Mar. 14	March 12, 2026	March 16, 2026	March 20, 2026
07	Mar. 15 - Mar. 28	March 26, 2026	March 30, 2026	April 3, 2026
08	Mar. 29 - Apr. 11	April 9, 2026	April 13, 2026	April 17, 2026
09	Apr. 12 - Apr. 25	April 23, 2026	April 27, 2026	May 1, 2026
10	Apr. 26 - May 09	May 7, 2026	May 11, 2026	May 15, 2026
11	May 10 - May 23	May 20, 2025	May 22, 2026	May 29, 2026
12	May 24 - June 06	June 4, 2026	June 8, 2026	June 12, 2026
13	June 07 - June 20	June 17, 2026	June 22, 2026	June 26, 2026
14	June 21 - July 04	July 1, 2026	July 6, 2026	July 10, 2026
15	July 05 - July 18	July 16, 2026	July 20, 2026	July 24, 2026
16	July 19 - Aug. 01	July 30, 2026	August 3, 2026	August 7, 2026
17	Aug. 02 - Aug. 15	August 13, 2026	August 17, 2026	August 21, 2026
18	Aug. 16 - Aug. 29	August 27, 2025	August 31, 2026	September 4, 2026
19	Aug. 30 - Sep. 12	September 10, 2026	September 14, 2026	September 18, 2026
20	Sep. 13 - Sep. 26	September 24, 2026	September 28, 2026	October 2, 2026
21	Sep. 27 - Oct. 10	October 7, 2026	October 9, 2026	October 16, 2026
22	Oct. 11 - Oct. 24	October 22, 2026	October 26, 2026	October 30, 2026
23	Oct. 25- Nov. 07	November 4, 2026	November 6, 2026	November 13, 2026
24	Nov. 08 - Nov. 21	November 19, 2026	November 23, 2026	November 27, 2026
25	Nov. 22 - Dec. 05	December 3, 2026	December 7, 2026	December 11, 2026
26	Dec. 06 - Dec. 19	December 16, 2026	December 18, 2026	December 24, 2026
01	Dec. 20 - Jan. 02	December 30, 2026	January 4, 2027	January 8, 2027

- You may access your pay stub online through the Employee Self Service portal at selfservice.ACCGov.com/ess/login.aspx.
- You may email the ACCGov Payroll division of HR at Payroll@ACCGov.com.

CONTACT INFORMATION

ACC Well

Website ACCGov.com/mywell

ACCGov Human Resources

Website ACCGov.com
Main Line 706-613-3090
Benefits and Wellness #5
Employment #3
Compensation and Payroll #4
Safety and Risk #6
Wellness 706-613-3934
Fitness 706-613-3099

Anthem BCBS - Customer Service

For CHS/HSA Members Only 844-858-1839
Website anthem.com
For POS Members Only 855-397-9269
Website anthem.com
24/7 NurseLine 888-724-2583
LiveHealth Online startlivehealthonline.com
ConditionCare 800-638-4754
Future Mom Program 866-664-5404
Sword enroll.swordhealth.com
Mail Order Pharmacy 833-267-2133

Critical Illness

Website unum.com
Wellness Claim 800-635-5597
Unum Customer Service 800-635-5597

Dental

Website myCigna.com
Cigna Dental Customer Service 800-244-6224

Employee Assistance Program (EAP)

Website unum.com/lifebalance
Work-Life Balance EAP 800-854-1446

Employee Perks

TicketsatWork ticketsatwork.com

Employee Services (Online Paycheck)

Website selfservice.ACCGov.com/ess/login.aspx

Financial Services/Deferred Comp (Plans)

Mission Square (ICMA/RC), Danny Kierath 202-759-7051
Website missionsq.org
Voya, Joe Friend 678-360-9677
Email joe.friend@voyafa.com

Nationwide, Emanuel Mahand 470-365-4433
Website nationwide.com
Corebridge Financial, David Michaux 706-255-5939
Website corebridgefinancial.com

Flexible Spending Accounts

Customer Service 844-858-1839
Website anthem.com
(Use or setup login and password to your Anthem account to access FSA account information)

Group Accident

Unum Customer Service 800-635-5597
Website unum.com

HSA Administration

Customer Service 844-858-1839
Website anthem.com

Life Insurance

Unum Customer Service 800-635-5597

Medical Transportation Insurance

MASA Customer Service 800-643-9023
Website masaaccess.com
Claims Email ambulanceclaims@masaglobal.com

Pet Insurance

Nationwide Customer Service 877-738-7874
Website benefits.petinsurance.com/ACCGov

Travel Assistance

Within the U.S. 800-872-1414
Outside the U.S. +(U.S. Access Code) 609-986-1234
Email medservices@assistamerica.com
Use Reference Number 01-AA-UN-762490

Vision

Website anthem.com
Anthem View Vision Customer Service 866-723-0515
Out-of-Network Claims Fax Line 866-293-7373
Email oonclaims@eyewearspecialoffers.com
Mail Blue View Vision
 Attn: OON Claims
 PO Box 8504
 Mason, OH 45041-7111

Voluntary Long-Term Disability

Website unum.com

Athens-Clarke County has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. Athens-Clarke County reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Athens-Clarke County share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Athens-Clarke County.

