

# 2023 Open Enrollment

Nov. 18 - Dec. 2, 2022

2023 Open Enrollment is coming up! Now is the time to review your benefit options from Piedmont and make informed choices—for yourself and your loved ones—for next year.

This *2023 Open Enrollment Brochure* is designed to provide an overview of your benefit choices. In addition, we will host two informational meetings at **Piedmont Augusta Main Campus** in the **Levi Hill Auditorium** on **Nov. 18** at **9 a.m.** and **1 p.m.**

Enrollment is **PASSIVE**. Be sure to review the enclosed personalized **2023 Retiree Benefits Form** carefully to see how your current elections are mapped to the new Plans. **If you do not want to make any changes, there is nothing you need to do.** However, if you want to make changes, see page 10 for detailed instructions.

Read on to learn more.

 **Piedmont**

*Real change lives here*



# All about MyHealth360

## MyHealth360°

**MyHealth360** provides a comprehensive suite of health and wellbeing benefits including:

- **Medical plans for Pre-65 Retirees:** Select the **Piedmont Transition Choice Plan** or the **Piedmont Transition Exclusive Plan** to cover yourself and eligible dependents, including domestic partners. Choose the plan that features the network providers—and costs—that are right for you and your family.
  - Your monthly premium costs will be higher in the **Piedmont Transition Choice Plan** because you and your family will have more flexibility when it comes to providers and where you receive care.
  - Your monthly premium costs will be lower in the **Piedmont Transition Exclusive Plan** because when you visit a Piedmont-network provider or facility, we will be able to better manage your care and your cost.
- **Prescription drugs:** Automatically receive coverage when you participate in a **MyHealth360** medical plan.
- **Dental:** Select from two dental plans—PPO and MAC.
- **Vision:** Select from two vision plans—EyeMed Vision and EyePrefer Vision.

### Over 65 Retirees

- You can enroll in Piedmont's Dental and Vision Plans **only**. You also may choose to cover your eligible dependents in these Plans.
- If you are enrolled in the Aetna Medicare Advantage Plan, you will receive information directly from Aetna concerning any updates to your coverage.

### Who can be covered

In addition to enrolling yourself in Piedmont's benefit plans, you also may choose to cover your eligible dependents. Eligible dependents include:

- Your spouse/domestic partner
- Your children under age 26 (includes your or your spouse/domestic partner's natural children, legally-adopted children, legal wards and stepchildren)

If your spouse/domestic partner has medical coverage available through his/her employer (active or retired), he/she is not eligible to enroll in Piedmont's medical coverage.

You will be required to complete a *Domestic Partner Affidavit*.

### Reminder

If you dropped medical, dental and/or vision coverage for yourself or eligible dependents in the past, you cannot elect to re-enroll in that coverage now or in the future.

## MyHealth360: Medical Plans Coverage Summary

Plan Provision	Piedmont Transition Choice Plan			Piedmont Transition Exclusive Plan	
	Piedmont Preferred Network (Tier One)	Cigna Open Access Plus (OAP) Network (Tier Two)	Out-of-Network (Tier Three)	Piedmont Network (Tier One)	Cigna LocalPlus Network (Tier Two)
<b>Calendar-Year Deductible</b> • Employee Only Coverage • Other Coverage Levels*	\$1,500 \$3,000	\$2,000 \$4,000	\$10,000 \$20,000	\$500 \$1,000	\$750 \$1,500
<b>Calendar-Year Out-of-Pocket Maximum</b> • Employee Only Coverage • Other Coverage Levels*	\$4,500 \$9,000	\$5,000 \$10,000	\$20,000 \$40,000	\$3,500 \$7,000	\$4,000 \$8,000
<b>Preventive Care</b>	Covered at 100% before deductible		N/A	Covered at 100% before deductible	
<b>On Demand Telehealth</b>	<b>\$35 copay (Piedmont On-Demand) /</b> \$40 copay (Cigna)		N/A	\$20 copay	
<b>Therapy</b> (physical, cardiac, speech, OT)	\$35 copay		Coinsurance after deductible. You pay 55%. Piedmont pays 45%.	\$20 copay	
<b>Behavioral Health</b>	\$35 copay			\$20 copay	
<b>Primary Care Office Visits**</b>	\$35 copay	\$40 copay		\$20 copay	
<b>Specialist Office Visits**</b> (includes telehealth)	\$70 copay			\$60 copay	
<b>In-Office Diagnostic Services</b> (includes labs and X-rays)	Included in \$35/\$70 office copay	For PCP, included in \$40 copay. For specialist, included in \$70 copay.		For PCP, \$20 copay. For specialist, \$60 copay.	
<b>Inpatient Hospital</b>	Coinsurance after deductible. You pay 15%. Piedmont pays 85%.	Coinsurance after deductible. You pay 25%. Piedmont pays 75%.		\$225/day (max 5 days)	\$450/day (max 5 days)
<b>High-Tech Diagnostic Services</b> (includes CT/PET/MRI)				\$200 copay	\$450 copay
<b>Outpatient Surgery</b>					
<b>Maternity Care</b>	\$750 copay	\$800 copay		\$500 copay	\$600 copay
<b>Urgent Care</b>	\$50 copay		\$75 copay	\$40 copay in or out of network	
<b>Emergency Room Care***</b>	\$350 copay in or out of network			\$250 copay in or out of network	

\*Other coverage levels include: Employee + Child(ren), Employee + Spouse/Domestic Partner and Family.

\*\*Both in-person and virtual.

\*\*\*Emergency care and emergency hospital admissions are covered at the highest benefit level (Tier One), regardless of your plan or location, in or out of network.

## Prescription Drug Coverage

Prescription drug coverage is provided automatically when you enroll in one of Piedmont's medical plan options. Both the **Piedmont Transition Choice Plan** and the **Piedmont Transition Exclusive Plan** provide the same prescription drug coverage through Cigna/Express Scripts.

	Generic Copays		Brand-Name* Copays		Specialty Copays
	No Cost	Regular Cost	Preferred	Non-Preferred	
<b>Mail-Order</b> — 90-day supply	\$0	\$25	\$100	\$200	\$150 (30-day only)
<b>Retail Pharmacy</b> — Up to 30-day supply (visit any retail pharmacy in the broad Cigna/Express Scripts network)	\$0	\$10	\$40	\$80	N/A
<b>Maintenance Medication Program</b> — Piedmont pharmacies, Oconee Drugs, Walgreens, Kroger and Walmart pharmacies	\$0 (30-day) \$0 (90-day)	\$10 (30-day) \$20 (90-day)	\$40 (30-day) \$80 (90-day)	\$80 (30-day) \$160 (90-day)	\$150 (30-day only)

Note: Medical and prescription drug out-of-pocket maximums are combined.

\* \$150 annual deductible for brand-name only (not generics) applies to each plan member, so you may incur this more than once.

Some specialty medications may be covered under your medical plan benefits; please refer to the benefits summary regarding costs.

### Preventive drugs, at no cost to you

To help you maintain a steady treatment regimen, certain preventive medicines are paid at 100% with no deductible when you visit an in-network pharmacy. This includes many diabetes, cholesterol, blood pressure and other select medication categories.

## Provider Networks and Directories

The provider networks are different in each **MyHealth360** Medical Plan. The level of benefits you will receive depends on your plan selection and where you choose to receive care.

Piedmont Transition Choice Plan		Piedmont Transition Exclusive Plan	
Network description	What it means for you	Network description	What it means for you
<p><b>Piedmont Preferred Network (Tier One)</b></p> <ul style="list-style-type: none"> <li>• All Piedmont Clinic physicians</li> <li>• Piedmont Healthcare facilities</li> <li>• Piedmont-branded urgent care centers</li> <li>• Children’s Healthcare of Atlanta (CHOA) facilities</li> <li>• The Children’s Health Network (TCHN) pediatricians</li> <li>• Kids First Health pediatricians</li> <li>• Middle Georgia Pediatrics and Primary Pediatrics</li> <li>• Emergency care</li> </ul> <p><i>Not all physician offices located on Piedmont campuses are in the Piedmont Clinic.</i></p>	<p><b>You will receive high-quality care at the most affordable price possible when you use Piedmont Preferred Network (Tier One) providers and services.</b></p>	<p>In the <b>Piedmont Transition Exclusive Plan</b>, you can receive care in two networks or tiers.</p> <ul style="list-style-type: none"> <li>• <b>Tier One:</b> The Piedmont Preferred Network includes all Piedmont Clinic physicians, Piedmont Healthcare facilities, Piedmont-branded urgent care centers, Children’s Healthcare of Atlanta (CHOA) facilities, The Children’s Health Network (TCHN) pediatricians, Kids First Health pediatricians, Middle Georgia Pediatrics, Primary Pediatrics and emergency care.</li> <li>• <b>Tier Two:</b> Includes non-Piedmont providers and facilities that are part of the Cigna LocalPlus Network. Please note that Tier Two in the <b>Piedmont Transition Exclusive Plan</b> is not the same, or as large, as the Tier Two network in the <b>Piedmont Transition Choice Plan</b>.</li> </ul> <p><i>Not all physician offices located on Piedmont campuses are in the Piedmont Clinic.</i></p>	<p>You will <b>not</b> have coverage outside of the Piedmont Preferred Network (Tier One) or Cigna LocalPlus Network (Tier Two) except for:</p> <ul style="list-style-type: none"> <li>• Urgent care centers</li> <li>• Emergency care (emergency room and emergency admissions)</li> <li>• Medically necessary (and approved) healthcare services not performed at any locations within the network</li> </ul>
<p><b>Cigna Open Access Plus (OAP) Network (Tier Two)</b></p> <p>Providers or facilities within the Cigna OAP Network, which includes Emory, WellStar Health Systems, Navicent and others</p>	<p>You will have <b>higher</b> out-of-pocket costs when seeing providers or receiving services at the Tier Two level, except for select services.</p>		
<p><b>Out-of-Network (Tier Three)</b></p> <p>Any provider not included in Tier One or Tier Two</p>	<p>When you select a provider at the Tier Three level, you will incur the <b>highest</b> out-of-pocket expenses.</p>		

### Check your providers

Visit [mypiedmontbenefits.com](http://mypiedmontbenefits.com), scroll down to “**Piedmont Augusta**” and select “**Pre-65 Retirees**” to see if your provider is in the Tier One or Tier Two network.

## Dental Plan Options Comparison

Our dental plans are administered by MetLife, which offers a broad network of service providers and comprehensive coverage options. Routine exams and cleanings can save you the pain and expense of future health problems. **You have the option of two dental plans — the PPO and the MAC Plan.**

Coverage Type	PPO Plan		MAC Plan	
	Preferred Dentist Program (PDP) In-Network	Out-of-Network	Preferred Dentist Program (PDP) In-Network	Out-of-Network
<b>Type A: cleanings, oral examinations</b>	100% of Negotiated Fee <sup>1</sup>	100% of R&C Fee <sup>2</sup>	80% of Negotiated Fee <sup>1</sup>	80% of Negotiated Fee <sup>1</sup>
<b>Type B: fillings</b>	80% of Negotiated Fee <sup>1</sup>	80% of R&C Fee <sup>2</sup>	50% of Negotiated Fee <sup>1</sup>	50% of Negotiated Fee <sup>1</sup>
<b>Type C: bridges and dentures</b>	50% of Negotiated Fee <sup>1</sup>	50% of R&C Fee <sup>2</sup>	50% of Negotiated Fee <sup>1</sup>	50% of Negotiated Fee <sup>1</sup>
<b>Type D: orthodontia</b>	50% of Negotiated Fee <sup>1</sup>	50% of R&C Fee <sup>2</sup>	30% of Negotiated Fee <sup>1</sup>	30% of Negotiated Fee <sup>1</sup>
<b>Deductible<sup>3</sup></b>				
– Individual	\$25.00	\$25.00	\$50.00	\$50.00
– Family	\$75.00	\$75.00	No Limit	No Limit
<b>Annual Maximum Benefit (Per Person)</b>	\$2,500	\$2,500	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum–Child Only (Per Person)</b>	\$1,500	\$1,500	\$1,500	\$1,500

<sup>1</sup> Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copays, deductibles, cost sharing and benefits maximums.

<sup>2</sup> R&C Fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

<sup>3</sup> Applies only to Type B & C Services.

## MetLife Dental Plan Primary Covered Services and Limitations

	PPO Plan	MAC Plan
<b>Type A: Preventive</b>	<b>How Many/How Often</b>	
<b>Prophylaxis (cleanings)</b>	Two cleanings per calendar year	
<b>Oral Examinations</b>	Two exams per calendar year	
<b>Topical Fluoride Applications</b>	One fluoride treatment per calendar year for dependent children up to 14 <sup>th</sup> birthday	
<b>X-rays</b>	<ul style="list-style-type: none"> <li>• Full mouth x-rays (one per 60 months)</li> <li>• Bitewing x-rays (one set per calendar year for adults)</li> </ul>	
<b>Space Maintainers</b>	Space maintainers for dependent children up to 16 <sup>th</sup> birthday	
<b>Sealants</b>	One application of sealant material every 60 months for each non-restored, non-decayed 1 <sup>st</sup> and 2 <sup>nd</sup> molar of a dependent child up to 19 <sup>th</sup> birthday	
<b>Type B: Basic Restorative</b>	<b>How Many/How Often</b>	
<b>Fillings</b>	Once per 24-month replacement	
<b>Simple Extraction</b>	As medically necessary	
<b>Endodontics</b>	One root canal per tooth	
<b>Periodontal Maintenance</b>	Two times in a 12-month period following active perio therapy	
<b>Type C: Major Restorative</b>	<b>How Many/How Often</b>	
<b>Denture and Bridge Rebase, Reline</b>	One per 36 months	
<b>Bridges and Dentures</b>	<ul style="list-style-type: none"> <li>• Initial placement to replace one or more natural teeth, which are lost while covered by the Plan</li> <li>• Dentures and bridgework replacement: one every 10 years</li> <li>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within <b>12 months after the temporary denture was installed</b></li> </ul>	
<b>Crowns/Inlays/Onlays</b>	Replacement: once every 10 years	
<b>General Anesthesia</b>	When dentally necessary in connection with oral surgery, extractions or other covered dental services	
<b>Oral Surgery</b>	As medically necessary	
<b>Periodontic Surgery</b>	Periodontal surgery once per quadrant, every 36 months	
<b>Type D: Orthodontia</b>	<b>How Many/How Often</b>	
	<ul style="list-style-type: none"> <li>• Your children, up to age 19, are covered while Dental Insurance is in effect</li> <li>• All dental procedures performed in connection with orthodontic treatment are payable as orthodontia</li> <li>• Payments are on a repetitive basis</li> <li>• Orthodontic benefits end at cancellation of coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Your children, up to age 19, are covered while Dental Insurance is in effect</li> <li>• All dental procedures performed in connection with orthodontic treatment are payable as orthodontia</li> <li>• Payments are on a repetitive basis</li> <li>• 20% of the orthodontia lifetime maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for orthodontia as defined in the Plan Summary</li> <li>• Orthodontic benefits end at cancellation of coverage</li> </ul>

The service categories and plan limitations shown above provide an overview of your Plan benefits. This document presents the majority of services within each category; but is not a complete description of the Plan.

## Vision Plan Covered Services and Limitations

**You can choose between two EyeMed Vision Care Plans.** The EyePrefer option offers lower copays and a higher benefit for you and your family. Both plans help pay for eye exams, eyeglasses and contact lenses, and offer discounts for other vision services.

Note: Frequency for Exams, Frames and Lenses or Contact Lenses is once every calendar year.

	EYEMED		EYEPREFER	
	Member Cost	Out-of-Network Reimbursement	Member Cost	Out-of-Network Reimbursement
<b>Exam with Dilatation as Necessary</b>	\$10 copay	Up to \$35	\$0 copay	Up to \$35
<b>Exam Options</b>				
– Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A	\$0 copay, paid-in-full fit and two follow-up visits	Up to \$40
– Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A	\$0 copay, 10% off retail prices, then \$40 allowance	Up to \$40
<b>Frames</b>	\$0 copay; \$130 allowance, 20% off balance over \$130	Up to \$70	\$0 copay; \$160 allowance, 20% off balance over \$160	Up to \$80
<b>Standard Plastic Lenses</b>				
– Single Vision	\$0 copay	Up to \$25	\$10 copay	Up to \$25
– Bifocal	\$0 copay	Up to \$40	\$10 copay	Up to \$40
– Trifocal	\$0 copay	Up to \$65	\$10 copay	Up to \$65
– Lenticular	\$0 copay	Up to \$65	\$10 copay	Up to \$65
– Standard Progressive Lens*	\$0 copay	Up to \$85	\$10 copay	Up to \$77
– Premium Progressive Lens*	\$0 copay, 80% of charge less \$120 allowance	Up to \$85	\$10, 80% of charge less \$120 allowance	Up to \$77
<b>Lens Options</b>				
– UV Treatment	\$15	N/A	\$0 copay	Up to \$11
– Tint (Solid and Gradient)	\$15	N/A	\$0 copay	Up to \$11
– Standard Plastic Scratch Coating	\$15	N/A	\$0 copay	Up to \$11
– Standard Polycarbonate - Adults	\$40	N/A	\$0 copay	Up to \$28
– Standard Polycarbonate - Kids under 19	\$40	N/A	\$0 copay	Up to \$28
– Standard Anti-Reflective Coating	\$45	N/A	\$0 copay	Up to \$32
– Polarized	20% off retail price	N/A	20% off retail price	N/A
<b>Other Add-Ons</b>	20% off retail price	N/A	20% off retail price	N/A
<b>Contact Lenses (materials only)</b>				
– Conventional	\$0 copay; \$130 allowance, 15% off balance over \$130	Up to \$104	\$0 copay; \$160 allowance, 15% off balance over \$160	Up to \$128
– Disposable	\$0 copay; \$130 allowance, plus balance over \$130	Up to \$104	\$0 copay; \$160 allowance, plus balance over \$160	Up to \$128
– Medically Necessary	\$0 copay, paid-in-full	Up to \$200	\$0 copay, paid-in-full	Up to \$210
<b>Laser Vision Correction</b>	15% off retail price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A
<b>Additional Pairs Benefit</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

\* Standard progressive lens covered – funded premium progressive as a standard. Premium progressive lens Tier 4 benefit listed.

### Plan Limitations and Exclusions

1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

### Additional Plan Details

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083.



## Costs for Coverage

Monthly Premiums	Retiree Only	Retiree + Child(ren)	Retiree + Spouse	Retiree + Family
<b>Piedmont Transition Choice Plan</b>	\$270.00	\$594.00	\$918.00	\$1,144.80
<b>Piedmont Transition Exclusive Plan</b>	\$190.80	\$477.00	\$795.00	\$1,017.60
<b>MetLife Dental PPO</b>	\$43.22	\$77.07	\$82.77	\$118.42
<b>MetLife Dental MAC</b>	\$16.39	\$45.10	\$31.96	\$66.01
<b>EyeMed Vision</b>	\$7.67	\$15.24	\$14.85	\$20.18
<b>EyeMed EyePrefer Vision</b>	\$15.97	\$31.72	\$30.91	\$42.00



# How to Enroll

**1** Review the enclosed personalized **2023 Retiree Benefits Form** carefully. **If you do not want to make any changes to your elections, there is nothing you need to do.** If you want to make changes or discontinue your coverage, **you must complete and return the 2023 Retiree Benefits Form.**

**2** Mail your completed form to:

**Attn: Carla James  
Head Capital Advisors  
P.O. Box 16337  
Augusta, GA 30919**

All changes must be received by **Friday, December 2, 2022.**

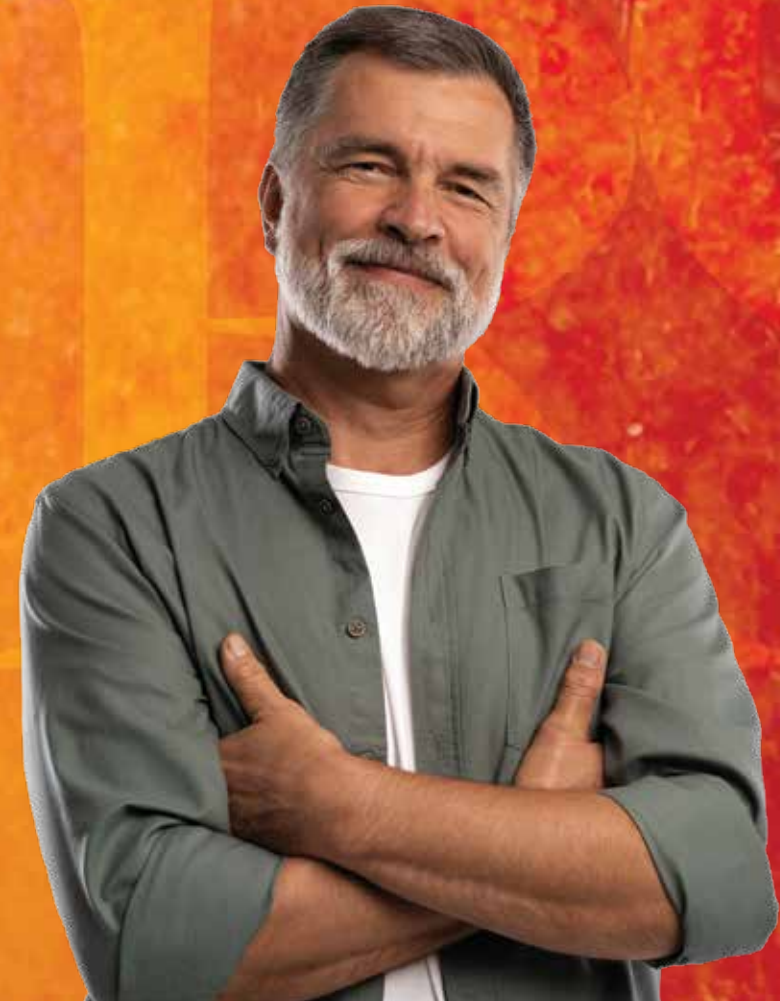
**3** An optional **Charge Card Authorization Form** is enclosed for you to make any updates to your current payment information, such as a new credit card number or updated expiration dates. If no changes are needed, you do not need to complete this form. If you currently make automatic payment through your banking institution, please update the payment amounts beginning with your January payment to reflect the new 2023 premiums.

## For more information

Visit [mypiedmontbenefits.com](http://mypiedmontbenefits.com), scroll down to "**Piedmont Augusta**" and then select "**Retirees**" to access plan documents, legal notices, contact information for carriers and more!

## Questions?

Call **Head Capital Advisors** at **706-733-5501.**



# Frequently Asked Questions

## Will I need to provide documentation to verify my dependents?

If you plan to re-enroll any dependents who are covered under your current benefits (or newly enroll a spouse or domestic partner), you will not need to verify their eligibility for coverage through Piedmont. Those dependents who are currently enrolled are verified, and we will not be requiring verification for any newly enrolled spouses or domestic partners for 2023.

## What happens if I don't enroll?

If you do not enroll in Piedmont benefits during the Open Enrollment window (**Nov. 18 - Dec. 2**), **you will be ineligible to enroll in Piedmont benefits**. Your current coverage will end December 31, 2022.

## What happens to my existing Health Savings Account (HSA) with Further?

Piedmont's medical plan options are not considered high deductible health plans and do not qualify for use with an HSA. Any remaining balance in your HSA will remain in your current account, available for you to use on medical, prescription drug, dental and/or vision claims for yourself and any covered dependents.

To access your account balance or to inquire on submitting claims, you may contact Further at **800.859.2144** or online at **HelloFurther.com**.

## What happens if I have 2022 medical or prescription claims that don't get processed before the year ends?

Meritain will continue to process 2022 claims for a period of 6 months after the end of the plan year (through June 2023).

If you have a question on an outstanding claim or if you have received a bill from a provider that you think is incorrect, please call Meritain at **800.925.2272** or visit **meritain.com** to view your EOBs.

**For over-65 retirees enrolled in Aetna Medicare Advantage**, you will receive information directly from Aetna concerning any updates to your coverage.

## Reminder

If you dropped medical, dental and/or vision coverage for yourself or eligible dependents in the past, you cannot elect to re-enroll in that coverage now or in the future.





 Piedmont

*Real change lives here*