




2021 COBRA Medical Plan Side-by-Side Comparison

	<div><div>Anthem Open Access POS</div><div>www.anthem.com</div></div>	<div><div>Anthem Open Access HMO</div><div>www.anthem.com</div></div>	<div><div>Kaiser Permanente HMO</div><div>www.my.kp.org/cobb</div></div>																																																
BENEFIT FEATURES	<table><tr><th>IN-NETWORK</th><th>NON-NETWORK</th></tr><tr><td>\$500/\$1,500</td><td>\$750/\$2,250</td></tr><tr><td>20%</td><td>40%</td></tr><tr><td>\$2,500 single \$5,500 family</td><td>\$4,750 single \$14,250 family</td></tr><tr><td colspan="2">\$3,600 single/ \$7,200 family</td></tr><tr><td>\$35/\$40</td><td>N/A</td></tr><tr><td>\$300</td><td>\$300</td></tr><tr><td>\$200</td><td>\$200</td></tr><tr><td>\$75</td><td>\$75</td></tr><tr><td>N/A</td><td>N/A</td></tr><tr><td>No</td><td>N/A</td></tr><tr><td>No</td><td>N/A</td></tr></table>	IN-NETWORK	NON-NETWORK	\$500/\$1,500	\$750/\$2,250	20%	40%	\$2,500 single \$5,500 family	\$4,750 single \$14,250 family	\$3,600 single/ \$7,200 family		\$35/\$40	N/A	\$300	\$300	\$200	\$200	\$75	\$75	N/A	N/A	No	N/A	No	N/A	<table><tr><th>NETWORK ONLY</th></tr><tr><td>\$500/\$1,500</td></tr><tr><td>10%</td></tr><tr><td>\$1,700 single \$5,100 family</td></tr><tr><td>\$3,600 single/\$7,200 family</td></tr><tr><td>\$35/\$40</td></tr><tr><td>\$300</td></tr><tr><td>\$200</td></tr><tr><td>\$75</td></tr><tr><td>N/A</td></tr><tr><td>No</td></tr><tr><td>No</td></tr></table>	NETWORK ONLY	\$500/\$1,500	10%	\$1,700 single \$5,100 family	\$3,600 single/\$7,200 family	\$35/\$40	\$300	\$200	\$75	N/A	No	No	<table><tr><th>NETWORK ONLY</th></tr><tr><td>\$0/\$1,500</td></tr><tr><td>10%</td></tr><tr><td>\$1,700 single \$5,100 family</td></tr><tr><td>N/A</td></tr><tr><td>\$35/\$40</td></tr><tr><td>\$300</td></tr><tr><td>\$200</td></tr><tr><td>\$75</td></tr><tr><td>\$40</td></tr><tr><td>Yes</td></tr><tr><td>Yes</td></tr></table>	NETWORK ONLY	\$0/\$1,500	10%	\$1,700 single \$5,100 family	N/A	\$35/\$40	\$300	\$200	\$75	\$40	Yes	Yes
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COBRA Anthem Open Access HRA

www.anthem.com

How it works:

Health Reimbursement Account (HRA) - Benefit dollars are provided each year by the HRA funded by Cobb County.

Coverage Level	HRA Dollars	Employee Pays (Out-of-Pocket Funds)	CDHP Deductible
Single	\$500	\$1,000	\$1,500
Single + Spouse	\$750	\$1,250	\$2,000
Single + Child(ren)	\$750	\$1,250	\$2,000
Family	\$1,000	\$1,500	\$2,500

- HRA Dollars funded by Cobb County for full out-of-pocket cost of prescriptions, doctor's visits, radiology, lab work, etc.
- The employee pays for full cost of prescriptions, doctor's visits, lab work, etc. toward meeting the CDHP deductible.

If enrolled in the Flexible Spending Account, FSA funds can be used to pay these costs if money has been set aside for the plan year.

Unused HRA funds roll over year-to-year to help offset future out-of-pocket costs.
- After the deductible has been met by a member or members of the family, traditional health coverage will be covered by the Open Access POS Plan.

BENEFIT FEATURES

	IN-NETWORK	NON-NETWORK
Office Visit Coinsurance (you pay)	20%	40%
Out-of-Pocket Maximum (Annual)	\$3,000 single \$3,500 single+spouse \$3,500 single+child(ren) \$5,500 family	\$3,500 single \$5,000 single+spouse \$5,000 single+child(ren) \$7,500 family
Rx Out-of-Pocket Maximum	\$3,600 single/\$7,200 family	
PCP Required	No	N/A
Specialist Referral Required	No	N/A

IngenioRx PHARMACY COPAYS

	RETAIL	MAIL ORDER*
Generic	\$15	\$30
Brand Formulary	\$35	\$87.50
Brand Non-Formulary	\$60	\$150
Specialty	\$200	\$200**

*90-day supply only

**30-day supply

2021 MONTHLY PREMIUMS

Surcharge if applicable: Tobacco \$35/Spouse \$46.15***

	EMPLOYEE
Single	\$791.43
Single + Spouse	\$1,582.80
Single + Child(ren)	\$1,503.68
Family	\$2,215.91

***Employee elects spouse coverage but spouse has other coverage available to them.

COBRA Delta Dental Benefits Summary

www.deltadentalins.com

Delta Dental PPO Delta Dental Premier

Benefit Category	In-Network	Non-Network
Class 1- Diagnostic/Preventive Services		
Oral exams and cleanings	100%	100%
Bitewing x-rays		
Full mouth x-rays		
Panoramic x-rays		
Fluoride application		
Sealants (under age 14)		
Class II – Basic Services		
Basic restorative (fillings)	80%	80%
Simple extractions		
Endodontics		
Periodontics		
Class III – Major Services		
Crowns and inlays	50%	50%
Bridges		
Relines and rebases		
Orthodontics for dependent children to age 19		
Diagnostic, active, retention treatment	50%	50%
Maximums & Deductible (applies to the combination of services received from network and non-network dentists)		
Annual program deductible (per person/family)	\$50/\$150	
Annual program maximum (per person)	\$1,000 Excludes orthodontics	
Lifetime orthodontic maximum (per person)	\$1,000	

- Representative sampling of covered services. Please refer to benefit booklet for detailed description of benefits and limitations.
- Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. Delta Dental's standard exclusions and limitations apply.

2021 MONTHLY DENTAL PREMIUMS

	Employee
Single	\$34.26
Family	\$85.43