

FLEXIBLE BENEFITS
FOR YOU

Your Guide to Retiree Dental

2024 FLEXIBLE BENEFITS PROGRAM



Georgia

Department of
Administrative Services



Retiree Dental Insurance

Review this guide to learn about your dental options, how to change coverage, and other important reminders.

WHAT TO KNOW ABOUT YOUR BENEFITS

- You can continue dental coverage as a retiree for you and your dependents, if you were enrolled as an active employee prior to your retirement. (You must enroll for dental coverage during Open Enrollment the year prior to your retirement.)
- As an active employee, you can also enroll in dental coverage during this Open Enrollment. However, to be eligible for retiree dental, you must retire on or after February 1, 2024.
- Your coverage will continue automatically through pension deductions, if eligible.
- Each year, you have the option to change your dental coverage during the Retiree Option Change Period (ROCP).
- You can drop coverage at retirement or at any time throughout the plan year. Be aware that this decision is permanent. You can re-enroll in dental coverage if you return to work in a benefits-eligible position.
- If you are rehired and return to a benefits-eligible position, your retiree dental coverage will automatically terminate. You must enroll in dental coverage as an active employee. You must be enrolled at the time you retire again in order to carry dental coverage into your retirement.

PAYING FOR COVERAGE

- Retiree dental premiums are normally deducted from your pension but you can arrange to pay your dental premiums through direct bill to GaBreeze.
- You must pay your monthly premiums on time to avoid cancellation of dental coverage. If you do not make timely payments, your coverage will be canceled and you will not be able to re-enroll in dental coverage.


Retiree Option Change Period (ROCP) starts on October 16, 2023 and ends on November 4, 2022, at 12:59 a.m. ET

During this time, you can make changes in your dental coverage or discontinue coverage. If you discontinue your dental coverage, you will not be able to re-enroll unless you return to work in a benefits-eligible position and enroll in a dental plan option. Also, you are eligible to enroll in other Flexible Benefits Program plan options.



Dental Insurance

Dental coverage keeps you smiling and helps you stay healthy. When you enroll for dental coverage, you have access to check-ups, no-cost preventive care, and affordable services. By protecting your dental health, you help take care of the rest of you.

Choices	Advantages to Consider	For More Information
<ul style="list-style-type: none"> Dental Care® DHMO Dental PPO Select Dental PPO Select Mid Dental PPO Select Plus 	<ul style="list-style-type: none"> One of the few programs, anywhere, with a DHMO and <i>three</i> DPPO options Strong DHMO network in metropolitan areas, making it an attractive option in those locations Largest PPO network in Georgia, giving you convenient access to services, and maximum benefits, close to home Flexibility to select richer coverage when you need it (like for extensive dental procedures or orthodontia) and lower coverage for those years you don't 	 <p>DPPO Plan Guide DHMO Plan Guide</p> <p>myCigna.com</p> <p>888-764-0099 24 hours a day, seven days a week</p> <p>Download the mobile app to find in-network dentists, track claims, and view benefits Google Apple</p>
Coverage		
<p>You, your spouse, and your children</p>		

Important News for 2024

Starting January 1, the Dental DHMO will cover dental implants. (They are also covered under the DPPO Select Mid and Select Plus plan options). And: the DPPO lifetime orthodontia maximums re-started in 2023, so additional benefits may be available to you.

Cost

	Dental PPO Options			Dental HMO
	Select Plan	Select Mid Plan	Select Plus Plan	
Employee	\$26.87	\$34.20	\$40.86	\$22.52
Employee + Spouse	\$52.35	\$66.83	\$79.96	\$41.04
Employee + Child(ren)	\$54.89	\$70.09	\$83.87	\$50.89
Family	\$76.92	\$98.30	\$117.68	\$60.17

* An administrative fee is included in the premium

YOUR DENTAL OPTIONS

	Dental PPO Options			Dental Care® DHMO
	Dental Select	Dental Select Mid	Dental Select Plus	
Annual Deductibles	\$50 per person / \$150 for family			No deductibles
Diagnostic and Preventive Services¹	100% coverage (no deductible applies)			All services delivered at fixed co-payments ²
Basic Services (restorative, including oral surgery)	80%	80%	90%	
Major Services (crowns, inlays, TMJ, and more)	50%	50%	60%	
Eligible Implants (subject to annual maximum benefit)	Not a covered service	50%	50%	
Orthodontia Allowance (lifetime per adult and child)	Not a covered service	50% coverage, up to \$1,500 (no deductible)	50% coverage, up to \$2,000 (no deductible)	
Maximum Annual Benefit (per person)	\$750	\$1,500	\$2,000	
Monthly Premiums	Lowest	Middle	Highest	
	Range from \$26 to \$118			\$22 to \$61

¹ Diagnostics and preventive care services do not count toward your annual maximum benefit

² See the [DHMO Plan Guide](#)

Find more information about your dental options at the [Virtual Benefits Fair](#).



Find Your WHY

Are you being treated for such conditions as pregnancy, diabetes, or heart disease? They can all affect your dental health. That's why all four options offer Oral Health Integration. If you have a qualifying condition, this feature reimburses you for services to treat (or prevent) gum disease and tooth decay. Go to [myCigna.com](#) for information and registration.



Find Out More!

[DPPO Plan Guide](#) | [DHMO Plan Guide](#)

A Network Dentist is Just a Click Away

It's easy to find a participating dentist in your area. Go to [myCigna.com](#), click **Find a Doctor, Dentist or Facility** and search the appropriate network (DHMO or DPPO).

Lighten Your Wallet

When you use a network provider, you don't need to bring your Dental ID card. Just provide your Social Security Number when you check in — and you're good to go!

CIGNA DENTAL PPO OPTIONS

Flexible Benefits is one of the few programs anywhere that offers a choice of three PPOs. This range of options gives you the flexibility to select richer benefits when you need them, and switch to lower coverage in years you don't.

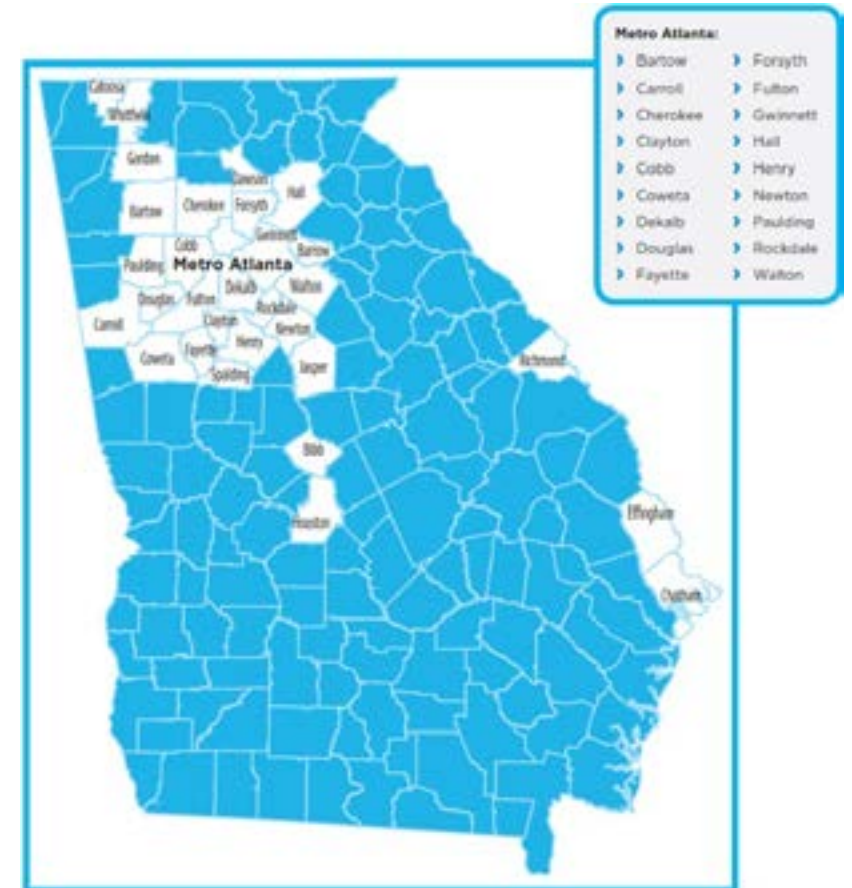
- Largest network of participating providers, both in Georgia and nationwide
- Coverage for services both in and out of network
- Preventive cleanings at no cost to you
- Orthodontia services for adults and dependent children, and dental implant coverage available under Dental Select Mid and Dental Select Plus
- Emergency dental care covered at 100% when you see a network provider
- Low-cost “tele-dental” services for when you can't get to a dentist
- **MyCigna** mobile app not only helps you find network dentists. It also has a cost-comparison tool to identify the most cost-effective providers.

CIGNA DENTAL CARE® (DHMO)

When you choose the Cigna DHMO, you won't be surprised by unexpected expenses. The DHMO has no deductibles or coinsurance — as all covered services are delivered at fixed, copays. And there is no annual limit on the benefits you can receive.

- Choose a dentist from the Cigna DHMO network for all your dental care needs
- Most preventive services, such as exams, X-rays, and cleanings are covered 100%
- Fillings, crowns, root canals, and other services are available at fixed, low copays
- The DHMO covers dental implants at low, fixed charges

Other than emergency services, the DHMO provides benefits *only* when you use DHMO network providers. There is no out-of-network coverage. Plus, DHMO networks are smaller than PPO networks,



The good news is that the DHMO has strong networks in metropolitan areas. If you live in any of those on this map, have a look at the DHMO network. If your dentist is in the network (or you're open to one who is) you may want to consider the DHMO. With low premiums and fixed co-payments, the DHMO may be the best choice for you.

Help Is A Phone Call Away

Cigna's call center offers live operators 24 hours a day, seven days a week, all year round. It even has a language line to help non-English speaking participants navigate care. Just dial **888-764-0099**.

How to Make Changes

Changes you make during the Retiree Option Change Period (ROCP) will be the coverage you have until the next change period, unless you have a Qualifying Life Event (QLE) that allows for a change during the plan year.

WHAT CAN I DO DURING THE ROCP?

- Change current dental options
- Discontinue your dental coverage
- Drop covered dependents
- Update personal information

WHAT HAPPENS IF I DON'T MAKE CHANGES?

If you don't make changes during the ROCP, your dental coverage will carry over into the next year for you and your covered dependents.

WHAT DO I DO IF I DON'T REMEMBER MY GABREEZE USER ID OR PASSWORD?

You can reset your password by answering your security question. Or if you have a mobile number on file with GaBreeze, you can request an access code via text to reset your password. If there is not a mobile number on file for you, a temporary password will be mailed to your mailing address on file within five business days.

Make changes between October 16, 2023 and November 4, 2022, at 12:59 a.m. ET

1

ONLINE

GaBreeze enrollment portal
GaBreeze.ga.gov



2

MOBILE

Alight mobile app available on
[Google Play](#) or the [App Store](#)



Questions about the enrollment system?

Call GaBreeze at **877-342-7339** weekdays, 8 a.m. to 5 p.m. ET



If you drop your Flexible Benefits dental coverage, or fail to pay your monthly premiums through pension deductions or direct bill, you will not be able to re-enroll unless you return to work in a position that offers Flexible Benefits coverage.

YOUR GaBreeze CHECKLIST

Before Making Changes

- Review this Retiree Dental Benefits Guide.
- Make sure you know your GaBreeze User ID and Password. If not, reset them on [GaBreeze](#).
- Log in to GaBreeze to review your current coverages and dependents.
- Update personal information, including email and text preferences.

During the Retiree Option Change Period (ROCP)

- Check to see if supporting documentation is required for coverage (e.g., dependent verification documents).
- Select **Confirm** when finished making elections.

After the ROCP

- Review and print your **Completed Successfully** page and report discrepancies immediately to the GaBreeze Benefits Center. Follow up to ensure that corrections are made.

FIRST TIME USING THE ENROLLMENT PORTAL?

- 1 Go to [GaBreeze](#)
- 2 Click on **New User?** and follow the prompts to create your User ID and Password
- 3 Once you have completed the registration, log in to [GaBreeze](#).
- 4 Follow the **Change Benefit Elections** prompts to choose benefits

When accessing GaBreeze, use the most current versions of these browser platforms: Google Chrome, Firefox, Microsoft Edge, and Safari.

Three Ways to Save Time

- 1 Schedule an appointment online to speak with a GaBreeze Customer Care Specialist. You'll get reminders by text or email. Go to [GaBreeze](#), or use the Aight mobile app, to book your appointment.
- 2 Hear estimated wait times when you call the GaBreeze Benefits Service Center during busy periods. If the wait is long, choose to receive a call-back or schedule a call for a more convenient time.
- 3 Download the Aight mobile app to make elections from anywhere and on the go.



Contacts

Whom to Contact for Assistance		
Contact the Flexible Benefits Vendors	Contact GaBreeze	Contact the Entity
<ul style="list-style-type: none"> Benefit questions ID cards Claims status Claims appeals Help finding a network provider 	<ul style="list-style-type: none"> Eligibility and enrollment questions/changes (QLEs) Premiums questions Enrolling or removing dependents Password reset/ access to GaBreeze Eligibility appeals 	<ul style="list-style-type: none"> Pension questions

Benefit Type	Name & Contact Information	Website
GaBreeze Benefits Center	GaBreeze 877-342-7339 Monday-Friday, 8 a.m. to 5 p.m. ET	GaBreeze.ga.gov

Frequently Asked Questions

What do I need to do to keep dental my coverage?

If you do not want to make changes for Plan Year 2024, there's nothing for you to do. Your dental benefits will continue through the next plan year. Even if you are not making changes in your dental coverage, we encourage you to review your dental plan options during the ROCP. There may be changes in your dental benefits and premiums — or your dental needs may have changed.

What happens to my dental coverage if I am rehired by the State?

If you return to an active benefits-eligible position, you must re-enroll in dental coverage as an active employee. Your retiree dental coverage will automatically terminate. You are also eligible to enroll in any of the other Flexible Benefits plan options once you return to work.

I'm a retiree not currently enrolled in dental, can I sign up for dental coverage?

You **must** be enrolled in a dental option **prior** to your retirement to be eligible to participate in dental insurance after you retiree. Note that you must enroll for dental coverage during the Open Enrollment period prior to your retirement date.

I have added my dependents for dental coverage. Do I need to submit documentation to verify their eligibility?

You must provide proof that your dependents meet the eligibility requirements. This applies to any new dependents, as well as your current covered dependents.

Can I cover my grandchildren?

You must have legal custody/guardianship. Go to GaBreeze for information on dependent eligibility for the Flexible Benefits Program.

Have more questions about your retiree dental benefits under the Flexible Benefits Program? Click below for a full list of retiree FAQs.

[Retiree Dental Benefits](#)

Legal Notices

You can find the following federal notices on **GaBreeze**.

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy
- Women's Health and Cancer Rights Act (WHCRA) of 1998
- Medicare Part D Notification
- Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- Exchange Notice
- Notice of Patient Protections
- COBRA Coverage

Terms and Conditions

Click here to read important Terms and Conditions of the Flexible Benefits Program.



FLEXIBLE BENEFITS FOR YOU

This guide summarizes the benefits you can choose through the State of Georgia Flexible Benefits Program. A more detailed explanation of benefit provisions is provided in each Benefit Summary Plan Description. In the event of conflict between this guide and the official plan descriptions and/or contracts, the terms of the official plan descriptions and contracts prevail. The Flexible Benefits Program is governed by current tax law and is subject to and operated in accordance with regulations of the Internal Revenue Service (IRS). If changes in the Flexible Benefits Program are necessary, updates will be made to comply with applicable IRS regulations.

