Cherokee County

1831

GEORGIA

2026 RETIREE Benefit Guide

Cherokee County GA Government

Cherokee County
GEORGIA 1831

MEDICAL INSURANCE

LUMINARE HEALTH

Scan or click the QR code to access Luminare Health's website >>>
Phone: 1-800-223-3943
Website: www.luminarehealth.com

IN-NETWORK MEDICAL BENEFITS	NORTHSIDE HEALTH NETWORK	CIGNA PPO
Deductible (Individual / Family)	$1,000 / $3,000	$1,000 / $3,000
Is Deductible Calendar Year or Policy Year?	Calendar Year	Calendar Year
Is Deductible Embedded or Non Embedded	Embedded	Embedded
Out of Pocket Maximum (Individual / Family)	$2,000 / $6,000	$2,000 / $6,000
Coinsurance	20%	20%
Prescription Drugs	$10 / $35 / $80	$10 / $35 / $80
Mail Order Drugs (90 Day Supply)	$25 / $50 / $95	$25 / $50 / $95
International Pharmacy Program	Brand Only - $0	Brand Only - $0
Specialty Rx	20% Coinsurance to a Maximum of $300 Per Prescription	20% Coinsurance to a Maximum of $300 Per Prescription
PHYSICIAN OFFICE VISITS		
Primary Care Physician / Virtual PCP	$40	$40
Teladoc (Virtual Visit)	$0	$0
Urgent Care Center	$50	$50
Retail Clinic	Not Covered	$25
Specialist	$50	$50
Referral Needed for Specialist?	No	No
PREVENTIVE CARE - NO COST		
Routine Adult Physical Exams Well Woman Exams Routine Mammograms and Colonoscopies Well Child Exam & Immunizations	Covered 100%	Covered 100%
DIAGNOSTIC / LABORATORY		
Level 1 Imaging	Covered 100%	Covered 100% at Know the Costs / Deductible then 20% at other in-network providers
Diagnostic Imaging Level 2	Deductible then 20%	Deductible then 20%
Lab Services	Covered 100%	Covered 100%
HOSPITALIZATION / OUTPATIENT SERVICES		
Inpatient Hospitalization (Facility)	Deductible then 20%	$500 Per Admission Plus Deductible then 20%
Outpatient Surgical Care (Hospital Facility)	Deductible then 20%	Deductible then 20%
Emergency Room	$250	$250
OUT-OF-NETWORK BENEFITS		
Deductible (Individual / Family)	$6,000 / $18,000	$6,000 / $18,000
Out of Pocket Maximum (Individual / Family)	$9,000 / $27,000	$9,000 / $27,000
Coinsurance	40%	40%
RETIREE MONTHLY PREMIUMS		
Retiree Only	$1,005.27	$1,095.68
Retiree + 1 Dependent	$1,628.34	$1,772.65
Retiree + Family	$2,648.16	$2,880.77

*This information summarizes the Cherokee County GA Government Medical benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

DENTAL INSURANCE

DELTA DENTAL®

Scan or Click the QR code to access Delta Dental's website >>>
Phone: 1-800-521-2651
Website: www.deltadentalins.com

BENEFITS SUMMARY	DENTAL PLAN	
Annual Deductible (Individual/Family)	$50 / $150	
Annual Benefit Maximum	$1,500	
Orthodontia Lifetime Maximum	$1,000	
Waiting Period	None	
Network	PPO and Premier Network	
	IN-NETWORK	OUT-OF- NETWORK
TYPE A - DIAGNOSTIC & PREVENTIVE SERVICES - DEDUCTIBLE WAIVED		
Oral Evaluations Prophylaxis: Cleanings Fluoride Treatment (child only) Bitewing X-rays, Full Mouth X-rays Sealants Space Maintainers	Plan pays 100%	Plan pays 100%
TYPE B - BASIC SERVICES		
Fillings & Endodontic Treatments Extractions (routine and surgical) Palliatative Emergency Treatment Occlusal Guards (one per year)	Plan pays 80% after Deductible	Plan pays 80% after Deductible
TYPE C - MAJOR SERVICES		
Periodontal Services Inlays/Crowns/Bridges Oral Surgery & Dentures	Plan pays 50% after Deductible	Plan pays 50% after Deductible
ORTHODONTIA SERVICES		
Diagnostics and Treatments	50% | $1,000 Max	50% | $1,000 Max

RETIREE MONTHLY PREMIUMS	
Retiree Only	$41.65
Retiree + Spouse	$85.14
Retiree + Child(ren)	$79.85
Retiree + Family	$121.16

*This information summarizes the Cherokee County GA Government Dental benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

VISION INSURANCE

NVA
National Vision Administrators, L.L.C.

Scan or Click the QR code to access NVA's website >>>
Phone: 1-800-672-7723
Website: www.e-nva.com

BENEFIT SUMMARY	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Eye Examination	$10 Copay	$21 Allowance	12 Months
Eyeglass Frames	$150 allowance then 20% discounted remaining balance	$75 Allowance	12 Months
STANDARD EYEGLASS LENSES			
Single Vision	$10 Copay	$18 Allowance	12 Months
Bifocal		$32 Allowance	
Trifocal		$56 Allowance	
CONTACT LENSES			
Fitting and Follow Up	Covered		12 Months
Conventional Contact Lenses	$120 allowance then 15% discount off remaining balance	$72 Allowance	
Disposable Contact Lenses	$120 Allowance	$72 Allowance	
Medically Necessary Contact Lenses	Covered in full	$200 Allowance	

RETIREE MONTLY PREMIUMS	
Retiree Only	$7.37
Retiree + Spouse	$14.68
Retiree + Child(ren)	$13.86
Retiree + Family	$21.23

*This information summarizes the Cherokee County GA Government Vision benefits plans and is for illustrative purposes only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

Retired Employee Medical Coverage
Election Form for Plan Year 2026 (1/1/2026 – 12/31/2026)

Cherokee County Board of Commissioners
1130 Bluffs Pkwy, Canton, GA 30114
Contact: Amy Cleveland Phone: 678-493-6038 Email: Benefits@cherokeecountyga.gov

Name: _____ **Social Security #:** _____

DOB: _____ **AGE:** _____ **DOH:** _____

Date of Retirement: _____ **Length of Service:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Personal Email: _____

Dependents Covered: _____

Note: You may elect to continue your Medical, Dental and Vision coverage until the age of 65.

Medical – Northside Health Network			**Medical – Cigna Network**		
Retiree Only	☐	$1005.27	Retiree Only	☐	$1095.68
Retiree + One	☐	$1628.34	Retiree + One	☐	$1772.65
Retiree + Family	☐	$2648.16	Retiree + Family	☐	$2880.77
25-30 Years of Service	☐	(-$753.95)	25-30 Years of Service	☐	(-$821.76)
30+ Years of Service	☐	(-$1005.27)	30+ Years of Service	☐	(-$1095.68)
Total			***Total***		
Vision – National Vision			**Dental – Delta Dental**		
Retiree Only	☐	$7.37	Retiree Only	☐	$41.65
Retiree + Child(ren)	☐	$13.86	Retiree + Child(ren)	☐	$79.85
Retiree + Spouse	☐	$14.68	Retiree + Spouse	☐	$85.14
Family	☐	$21.23	Family	☐	$121.16
Life Insurance			**Decline Coverage**		
Retiree Only $25k	☐	$22.75	Decline ALL Coverage	☐	

Effective Date: _____ **Total Monthly Premium:** _____

Note: All payments must be received by the 15th of the Month. Coverage will be terminated after 30 days of nonpayment.

☐ I will mail a monthly check ☐ Deduct premiums from my pension payment

_____ _____

Signature of Retiree Date

Human Resources Notes:

The costs reflected on this form are only for the respective year's Fully Insured Equivalent rates.