



Commissioner Marilyn Brown - Commissioner Paula Brooks - Commissioner John O'Grady
President

Healthcare Benefits Guide

Effective April 1, 2012
Plan Year: April 1st through March 31st

**For the Franklin County
Cooperative Health
Benefits Program**



Franklin County Benefits Office
373 S. High Street, 25th Floor
Columbus, OH 43215
Local Telephone: 614.525.5750
Toll-Free Telephone: 1.800.397.5884
Fax: 614.525.5515
Email: HRBenefits@franklincountyohio.gov

Table of Contents

Franklin County Cooperative Health Benefits Program Overview

- Your Eligibility and Your Dependents' Eligibility.....3
- Your Benefit Options and Costs.....4
- Your Domestic Partner and Taxes6
- Your New Hire Enrollment.....7
- Your Required Documents.....7
- Your Open Enrollment and Life Events.....8
- Your Questions10
- Your Life Insurance (including rates)11
- Your Employee Assistance Program (EAP)16
- Your Medical.....17
- Your Prescription Drug.....23
- Your Dental30
- Your Behavioral Health31
- Your Vision32
- Your COBRA33

Other Important Information

- Health Insurance Portability and Accountability Act of 1996 (HIPAA).....34
- Women's Health and Cancer Rights Act of 1998.....34
- Statement of Rights - Newborns' and Mothers' Health Protection Act.....34

Exhibits

- Exhibit 1: Definitions and Required Documents
- Exhibit 2: Monthly Health Contribution Rates for Domestic Partner Coverage
- Exhibit 3: Step Therapy Drug List
- Exhibit 4: Enrollment/Change Form

IMPORTANT!!!

This document is intended only to highlight your health benefits and should not be relied upon to fully determine coverage. This plan may not cover all of your health expenses. For a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage, please refer to the extended Summary Plan Descriptions for each type of coverage. These are available from the Franklin County Benefits Office.

If this description conflicts in any way with the policies issued in any other document associated with the Franklin County Cooperative Health Benefits Program, the policies prevail. Questions pertaining to the coverage of specific services should be directed to the Member Services Number found on the Identification Card of the appropriate carrier. Refer to the carrier information in this guide if you are unsure who to call, or contact the Franklin County Benefits Office at 614.525.5750 or 1.800.397.5884.

Franklin County Cooperative Health Benefits Program Overview

The Franklin County Board of Commissioners offers an exceptional health benefits plan through the Franklin County Cooperative Health Benefits Program.

Your Eligibility and Your Dependents' Eligibility

If you are a regular full time employee scheduled to work at least 30 hours per week, you are eligible to participate in the Franklin County Cooperative Health Benefits Program.

Eligible dependents include:

- Legal spouse of employee (excludes ex-spouse and legally separated spouse)
- Domestic partner of employee
- Natural child of employee
- Natural child of domestic partner (Domestic partner must enroll.)
- Stepchild of employee
- Legally adopted child of employee, spouse or domestic partner
- Child placed for adoption
- Child for whom legal guardianship has been awarded to employee, spouse or domestic partner.
- Child for whom health care coverage is required through a "Qualified Medical Child Support Order" (QMCSO).
- Child of an enrolled dependent child, i.e. grandchild of employee (Child must enroll.)

Recent healthcare market reforms require the Cooperative to extend coverage to dependents aged 26 and 27. There are specific eligibility criteria that must be met and documents that must be submitted to substantiate dependency for these and other dependents.

See **Exhibit 1** for more detailed definitions of eligible dependents (including spouses, domestic partners and dependent children) and the documentation that is required upon enrollment to confirm eligibility.

ENROLLING AN INELIGIBLE DEPENDENT IS CONSIDERED FRAUD AGAINST THE PLAN AND IS PUNISHABLE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

Your Benefit Options and Costs

Your benefit options are broken down into three categories:

EMPLOYER PAID

EMPLOYEE PAID

EMPLOYER AND EMPLOYEE SHARED COST

EMPLOYER PAID:

- \$50,000 of Basic Life Insurance
- \$50,000 Accidental Death & Dismemberment (AD&D) Life Insurance
- Employee Assistance Program (EAP)

As a full-time employee receiving benefits through the Franklin County Cooperative, you are **automatically** provided these benefits **at no cost to you**. Your employer pays 100% of the premium.

EMPLOYEE PAID:

- Additional (Supplemental) Life Insurance

You have the **option** of electing additional amounts of life insurance on yourself as well as coverage for your spouse or domestic partner and your children. You pay 100% of the premium cost. Premiums are deducted from your paycheck post-tax. Rates are provided later in this guide.

- Young Adult Dependent Coverage (dependents age 26 and 27)

If you elect to cover a young adult dependent, age 26 or 27, an **additional** monthly premium of \$310.00 is charged. This is in addition to the contribution amounts shown on the following page.

This premium may be deducted pre- or post-tax. If your dependent is covered under your plan as a dependent immediately prior to turning age 26 and coverage transitions to young adult dependent coverage, the \$310.00 is deducted pre-tax for the remainder of the tax year. If your dependent is newly enrolled at age 26 or 27, the \$310.00 is collected post-tax.

Your Benefit Options and Costs

EMPLOYER AND EMPLOYEE SHARED COST: - Benefits package including:
 Medical
 Dental
 Prescription Drug
 Vision
 Behavioral Health
 COBRA

You have the *option* of enrolling in a benefits package which includes all the coverage's listed above. Benefits are offered as a 'package', i.e. you cannot enroll in medical only or dental only. It is all or nothing.

If you enroll in the benefits package, your **monthly contribution** is:

Coverage WITHOUT a spouse or domestic partner	Coverage WITH a spouse or domestic partner
\$95.00 per month *	\$195.00 per month *
Includes: Employee only Employee plus child(ren)	Includes: Employee plus spouse Employee plus domestic partner Employee plus spouse & child(ren) Employee plus domestic partner & child(ren)

Note: This schedule of monthly contributions applies to non-union Board of Commissioner (BOC) employees. If you are a member of a bargaining unit (union) or are employed by a non-BOC agency, confirm your monthly contribution with your agency.

- * Does not include the cost of Additional (Supplemental) Life.
- * Does not include the additional premium for young adult dependent coverage.

If you decline enrollment in the benefits package, you still receive the EMPLOYER PAID Basic Life and AD&D Insurance and EAP benefits. You are also able to elect EMPLOYEE PAID Additional/ Supplemental Life Insurance.

Your Domestic Partner and Taxes

The IRS does not recognize domestic partners or their children as ‘qualified’ dependents of the employee. If you enroll a domestic partner, IRS tax rules impact your **taxable income** in two ways:

- Your monthly contribution is split pre and post tax.
- The fair market value of the domestic partner benefit is taxed as income and taxes are deducted from your pay.

Monthly Contribution: Your monthly contribution is split pre- and post- tax if a domestic partner is enrolled. In the example below, Jane enrolls a domestic partner. Her total monthly contribution for her benefits package is \$195.

\$95 is deducted from her paycheck pre-tax. The portion of the monthly contribution charged to Jane for enrolling a domestic partner is \$100. The \$100 is deducted from her paycheck post-tax. This impact is relatively minor and increases Jane’s monthly taxes minimally.

Fair Market Value: The fair market value (FMV) of the domestic partner benefit is the value of the benefit or the cost to your employer for providing the benefit. This value is taxed as regular income to the employee – it is as if your monthly income was increased by this value. This impact is much more significant on your take home pay. See **Exhibit 2** for the fair market value of your domestic partner benefit.

The example to the right is the situation for most County employees. The FMV of the domestic partner benefit is \$710.65 per month. In this example, Jane is in the 20% income tax bracket. Since the FMV is taxed as income, an additional \$142.13 is taken from Jane’s monthly pay to cover the FMV taxes. Jane’s take home pay is reduced by about \$1,700 annually.

IT IS EXTREMELY IMPORTANT TO UNDERSTAND THE TAX IMPLICATIONS PRIOR TO ENROLLING YOUR DOMESTIC PARTNER.

If you enroll a domestic partner and find the taxes to be too high, **you cannot remove your domestic partner until Open Enrollment.**

Example: Jane enrolls a domestic partner		
Jane’s monthly contribution: \$160		FMV of domestic partner benefit: \$710.65
Pre-tax	Post-tax	Jane’s income tax bracket: 20%
\$95	\$100	Jane’s additional taxes per month: \$142.13 *

* Equals 20% of \$710.65.

Jane’s monthly pay is reduced by the following amounts:	
Pre-tax monthly contribution	\$95
Post-tax monthly contribution	\$100
Taxes on the FMV of the domestic partner benefit	\$142.13
Total reduction in Jane’s pay per month	\$337.13

Jane’s monthly take home pay	\$2,800
Minus pre-tax contribution of \$95	\$2,705
Minus post-tax contribution of \$100	\$2,605
Minus FMV taxes of \$142.13	\$2,462.87

Your New Hire Enrollment

You must enroll within 30 days from your date of hire. If you miss this initial enrollment opportunity you must wait until Open Enrollment to enroll. Your benefits become effective on the 1st of the month following your 30th day of employment.

Shortly after your hire date, an Enrollment Worksheet is mailed to your home with instructions on how to access the www.eelect.com online enrollment system. The worksheet provides the enrollment ID number and your personal identification number (PIN).

Prior to logging on to make your benefit elections, you are encouraged to do the following:

- Read the dependent eligibility information provided in **Exhibit 1**.
- Collect social security numbers and dates of birth for each dependent being enrolled.
- Review the dental plans and decide into which plan you will enroll.
- Decide if you will elect Additional (Supplemental) Life and if so, how much.
- Determine beneficiary designations for your life insurance.

Log onto www.eelect.com and follow the prompts. The final enrollment screen is your Confirmation. Print this screen for your records or jot down the confirmation number.

The www.eelect.com online enrollment system is accessible from any computer with internet access: home, work, public library, etc. If you do not have a computer available to you, contact your HR/Payroll Officer for assistance.

Your Required Documents

If you enroll dependents, you must supply documentation to illustrate the eligibility of each dependent. (See **Exhibit 1**)

Make copies of the documents - no originals - and record the following on each document.

- Employee name and telephone number
- Confirmation number (or supply a copy of your printed Confirmation)

Send documents via post or inner-office mail or hand deliver to:

**Franklin County Benefits Office
373 S High Street, 25th Floor
Columbus, OH 43215**

Fax documents to:

614.525.5515

Scan and email documents to:

HRBenefits@franklincountyohio.gov

What happens if you fail to submit the documents? Coverage is not approved and your next opportunity to enroll your dependents is Open Enrollment. Late enrollment and/or submission of the required documents may delay your access to benefits and most certainly will delay receipt of your identification cards.

Your Open Enrollment

Open Enrollment occurs just after the first of the year and is your opportunity to make changes to your benefit elections. Changes are effective April 1st.

Federal restrictions prohibit dropping, adding, or changing health plan coverage outside of Open Enrollment unless a Life Event occurs.

Your Life Events

Life Events are those events and milestones that prompt you to re-examine your coverage. You have 30 days from the date of a Life Event to make changes to your benefits. Documents are required to substantiate the eligibility of any dependent enrolled for coverage due to a Life Event. Refer to the **Your Required Documents** section (previous page) of this guide for instructions.

The chart below illustrates various Life Events, how a benefit change should be requested, the documentation that is required, if any, and the date the change is effective.

Life Event	How to request change?	Effective Date of Coverage Change	Required Documentation
Marriage	Online: www.eelect.com	The first of the month following the date of the marriage	Refer to Exhibit 1 Definitions and Required Documents
Domestic Partner	Online: www.eelect.com	The first of the month following the date Affidavit is notarized.	Refer to Exhibit 1 Definitions and Required Documents
Birth	Online: www.eelect.com	Date of Birth	Refer to Exhibit 1 Definitions and Required Documents
Adoption/Legal Guardianship	Online: www.eelect.com	Date of Court Documents	Refer to Exhibit 1 Definitions and Required Documents
Change resulting from a change of other coverage	Enrollment/ Change Form Exhibit 4	Terminating County coverage: The day immediately preceding the date the other coverage begins	Documentation from new insurance carrier indicating the date other coverage begins.
	Online: www.eelect.com	Enrolling in County coverage: The day immediately following the date the other coverage ends	Documentation from prior insurance indicating date coverage end date. Refer to Exhibit 1 Definitions and Required Documents if enrolling dependents.
Divorce/Dissolution /Legal Separation	Enrollment/ Change Form Exhibit 4	Date of Court Documents	Enrollment/Change Form and a complete copy of the divorce decree or dissolution document
Dependent Child no longer eligible	Enrollment/ Change Form Exhibit 4	The last day of the month in which the child became ineligible	Enrollment/Change Form indicating date the child became ineligible
Death of Employee	N/A	Employee coverage ends the date of death. Dependent coverage continues through end of same month.	If a life insurance claim is filed, a life insurance claim form and an original (not a copy) of the death certificate are required.
Death of Dependent	Enrollment/ Change Form Exhibit 4	Dependent coverage ends the date of death	

Your Status Changes from Part-time to Full-time

If your status changes from part-time to full-time, you become eligible for benefits. You enroll as if you are a New Hire, with the date you are placed in a full-time status as your date of hire. Follow the instructions in the **Your New Hire Enrollment** section.

Your Employee Information in www.eelect.com

If corrections are needed to your **Name, Address, Social Security Number, Birth Date, or Department**, contact your HR/Payroll Officer. You cannot make these changes using the online enrollment system.

Your Employment Termination

If your employment terminates:

- Benefits terminate on the last day of the month in which your employment terminates.
- Information regarding your COBRA rights is mailed to your home.
- Life insurance continuation options are offered. If you wish to take advantage of the life insurance portability or conversion feature, please contact the life insurance carrier. Continuation of life insurance coverage must be requested within 30 days of the date your coverage terminates.

Your Questions

If you have questions regarding your **eligibility, enrollment, life event changes or unresolved benefit issues**, contact the Franklin County Benefits Office at 614-525-5750 or toll-free at 1-800-397-5884, Monday through Friday, 8am to 5pm EST. The Benefits Office is located on the 25th floor of the Franklin County Courthouse at 373 S. High Street, Columbus, OH, 43215.

Resolution of a **claim issue** is best handled by the carrier. Contact information for our current carriers is listed below.

Benefit	Carrier	Telephone Number	Website
Life Insurance	Standard Insurance Company	1-800-772-7051 ext. 1768	N/A
Employee Assistance Program (EAP)	United Behavioral Health	1-800-354-3950	www.liveandworkwell.com
Medical	United Healthcare	1-877-440-5983	www.myuhc.com
Prescription Drug	Express Scripts	1-888-212-9396	www.express-scripts.com
Vision	Vision Service Plan	1-800-877-7195	www.vsp.com
Behavioral Health	United Behavioral Health	1-800-354-3950	www.liveandworkwell.com
Dental	Aetna	1-877-238-6200	www.aetna.com
Benefits Office	Franklin County Benefits Office	614-525-5750 1-800-397-5884	http://portal/site/content/benefits.php

Your Life Insurance

Basic Life/Accidental Death & Dismemberment (AD&D)

Basic Life is group term life insurance that pays a \$50,000 benefit if an **employee's death results from illness or injury**. You are provided this coverage at no cost to you. (Dependents not covered.)

A \$50,000 AD&D benefit is also provided at no cost to you and pays an additional benefit for an employee's loss resulting from an accident. The amount payable is a percentage of the \$50,000 AD&D benefit, determined by the loss. Examples are provided below. For a full listing of covered losses and corresponding percentages, refer to the life insurance certificate.

Loss paying a 100% benefit or \$50,000:	Life Disappearance (presumption of death) Death due to exposure Sight in both eyes Quadriplegia
Loss paying 50% benefit or \$25,000	One hand or one foot Speech Hemiplegia Paraplegia

The AD&D benefit also includes the following:

Seat Belt Benefit:	\$25,000 if death results from an automobile accident and a seat belt was properly worn at the time of the accident.
Career Adjustment Benefit:	Up to \$10,000 for tuition expenses for a surviving spouse for training/education.
Child Care Benefit:	Up to \$10,000 for child care in order for a surviving spouse to work or to obtain training for work in order to increase wages.
Higher Education Benefit:	Up to \$12,500 for tuition expenses for each surviving child enrolled in an institution of higher education.
Line of Duty Benefit:	Equal to the amount of the AD&D benefit payable for the loss, for a loss sustained by a public safety officer (police, corrections or judicial officer) while in the line of duty.
Occupational Assault Benefit:	Equal to the amount of the AD&D benefit payable for the loss, for a loss while actively at work, resulting from an act of physical violence that is punishable by law.
Public Transportation Benefit:	200% of the AD&D benefit otherwise payable, for death resulting from an accident while riding as a fare-paying passenger on public transportation.

You do not need to enroll in the health benefits plan in order to receive Basic Life/AD&D coverage but you **must** designate a beneficiary on the online enrollment system.

You must be actively at work in order for coverage to become effective. If you are incapable of active work because of sickness, injury or pregnancy on the day before the scheduled effective date of insurance, insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Additional/Supplemental Life

You may purchase additional life insurance for yourself as well as coverage for your spouse or domestic partner and children. This coverage provides a benefit if death results due to accident or illness. There is no AD&D benefit attached to Additional (Supplemental) Life.

You pay 100% of the cost of this coverage. Premium is deducted from your paycheck on a post-tax basis. Additional (Supplemental) Life is group term life.

Additional (Supplemental) coverage can be requested in the following amounts:

- Employee: In increments of \$10,000 up to a maximum of \$300,000
Guaranteed Issue Amount: \$100,000
- Spouse/Domestic Partner: In increments of \$10,000 up to a maximum of \$150,000
Guaranteed Issue Amount: \$50,000
- Children: In increments of \$5,000 up to a maximum of \$10,000
Guaranteed Issue Amount: \$10,000
If both parents are County employees, child coverage can only be elected by one parent. A maximum of \$10,000 coverage total is allowed.

It is important to understand Guaranteed Issue (GI). GI allows you to enroll yourself, your spouse or domestic partner and children without supplying any paperwork or completing any medical application. GI is only available if you are a New Hire or if you experience a Life Event. It does not apply during Open Enrollment, so your New Hire Enrollment may be your only chance to take advantage of Guaranteed Issue.

Coverage requests up to the GI amount are automatically approved. Requested coverage over the GI amount must be approved by the life insurance carrier. If you request Additional (Supplemental) Life insurance **over** the GI amount, you must complete a Medical History Statement and submit it to Standard Insurance Company for approval. The form is printable from the online enrollment system. The effective date of any coverage above the GI amount is determined by Standard Insurance Company.

Example at **New Hire**: You request \$200,000 for yourself and \$100,000 for your spouse during your New Hire enrollment. You are automatically approved for \$100,000 and your spouse is automatically approved for \$50,000. The enrollment system alerts you that a Medical History Statement is required for the amounts above the Guaranteed Issue and supplies a downloadable statement for you to complete and send in to the life insurance carrier. You receive written notice from the carrier upon their decision.

Example at **Life Event**: You are enrolled for \$50,000 Additional (Supplemental) Life and your spouse is enrolled for \$30,000. Congratulations ... you are the proud parents of a newborn baby boy. Just as you are able to make changes to your medical coverage **within 31 days of a life event**, you are also able to make changes to your life coverage. You request an increase of \$100,000 for yourself and an increase of \$70,000 for your spouse. You are automatically approved for an additional \$50,000 (A total of \$100,000 – which is the GI amount) and must complete a Medical History Statement to be considered for the remaining \$50,000. Your spouse is automatically approved for an additional \$20,000 (A total of \$50,000 – which is the GI amount) and must complete a Medical History Statement to be considered for the remaining \$50,000. You enroll your son for \$10,000 of coverage, all of which is automatically approved.

Additional/Supplemental Life rates are provided in this guide.

Accelerated Death Benefit

This provision provides funds for the terminally ill while still living. It pays 75% of the death benefit to a maximum of \$500,000. It is available to you, your spouse and your children and allows you to receive a portion of the death benefit during your lifetime, prior to death.

MEDEX Travel Assist

You have available 24/7 travel assistance ranging from non-emergency (assistance with obtaining a passport, currency exchange, health hazard advice and inoculation requirements) to emergency (locating medical care providers, interpreter or legal providers, emergency ticket, passport replacement, emergency evacuation, repatriation and personal security) services. Travel must be at least 100 miles from home.

1.800.527.0218 in US, Canada, Puerto Rico, US Virgin Islands or Bermuda

1.410.453.6330 (call collect) in other locations worldwide

operations@medexassist.com

Beneficiary Financial Counseling

Available to individuals who receive a life insurance or accelerated death benefit, this service provides financial guidance, assistance locating a financial advisor and tips on researching and purchasing different kinds of investments on your own.

Portability and Conversion Options

You have two options to continue your life insurance coverage if you leave County employment or a dependent loses eligibility.

- Portability is group term insurance at a slightly higher premium rate with some restrictions.
- Conversion is a whole life policy at significantly higher premium rates.

Requests for Portability or Conversion are made to the life insurance carrier and **must be made within 31 days of the date your coverage terminates** under the benefit plan. Contact Standard Life Insurance for rates and forms.

Active at Work Provision

You must be actively at work in order for coverage to become effective. If you are incapable of active work because of sickness, injury or pregnancy on the day before the scheduled effective date of insurance, insurance will not become effective until the day after you complete one full day of active work as an eligible employee. This applies to both employee and dependent coverage.

**Franklin County Cooperative Health Benefits Program
Additional (Supplemental) Life Rates**

Effective April 1, 2012

Employee	
\$10,000 increments up to \$300,000 - GI Amount \$100,000	
Age	Monthly Rate per \$10,000 of Coverage
<25	\$.50
25-29	\$.54
30-34	\$.54
35-39	\$.54
40-44	\$1.00
45-49	\$1.50
50-54	\$2.30
55-59	\$4.30
60-64	\$6.60
65-69	\$10.34
70-74	\$20.60
75+	\$20.60

Spouse/Domestic Partner	
\$10,000 increments up to \$150,000 - GI Amount \$50,000	
Age	Monthly Rate per \$10,000 of Coverage
<25	\$.50
25-29	\$.54
30-34	\$.54
35-39	\$.54
40-44	\$1.00
45-49	\$1.50
50-54	\$2.30
55-59	\$4.30
60-64	\$6.60
65-69	\$10.34
70-74	\$20.60
75+	\$20.60

Child(ren)	
\$5,000 increments up to \$10,000 - GI Amount \$10,000	
Age	Monthly Rate per \$5,000 of Coverage
All	\$0.65

Child(ren) rates cover all children in the family. For example, if a \$10,000 benefit is elected and there is one child in the family, the monthly deduction is \$1.30. If there are 5 children in the family, the monthly deduction remains \$1.30.

Rates are based on the age as of April 1, 2012.

Calculate Your Monthly Cost

Employee	
(A) Number of \$10,000 increments of Coverage *	
(B) Cost per \$10,000 of Coverage	x
(A) x (B) = Monthly Cost	=

Spouse/Domestic Partner	
(A) Number of \$10,000 increments of Coverage *	
(B) Cost per \$10,000 of Coverage	x
(A) x (B) = Monthly Cost	=

Child(ren)	
\$5,000	\$0.65
\$10,000	\$1.30

Employee Monthly Cost	
Spouse/Domestic Partner Monthly Cost	+
Child(ren) Monthly Cost	+
Total Monthly Cost	=

- * Example: The Number of \$10,000 increments of coverage for \$100,000 of ADDITIONAL (SUPPLEMENTAL) LIFE coverage is 10.
- * Example: The Number of \$10,000 increments of coverage for \$30,000 of ADDITIONAL (SUPPLEMENTAL) LIFE coverage is 3.

Add the Employee, Spouse/Domestic Partner and Child(ren) Monthly Cost to find your Total Monthly Cost for ADDITIONAL (SUPPLEMENTAL) LIFE coverage.

Your Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) offers confidential support for everyday challenges and is available 24 hours a day 7 days a week. Services are available to any member of your household. You are not required to be enrolled in the benefit package to receive EAP services.

Your EAP benefit allows up to **8** sessions per presenting problem per year for assessment, short-term counseling and/or referral services. This benefit is provided at no charge to you.

Assistance is available for many life challenges, opportunities and disappointments, including:

Alcohol/drug use	Parenting	Anxiety
Depression	Job performance	Career/vocation
Self-esteem issues	Child/elder care	Legal concerns
Living wills	Smoking cessation	Family relationships
Taxes	Financial concerns	Relationship difficulties
Marital counseling	Peer/work relationships	Stress management

Accessing EAP services

Services MUST BE obtained from a network provider.

To locate an EAP clinician, contact United Behavioral Health at the intake number above or log onto www.liveandworkwell.com and conduct a provider search.

Services MUST BE certified.

To obtain a certification for services, call United Behavioral Health at the intake number above before visiting your clinician. You may prefer to obtain a certification online at www.liveandworkwell.com.

You do not receive a separate ID card from United Behavioral Health. The intake number is printed on the back of your United Healthcare ID card.

Your Medical

Your medical plan is United Healthcare’s **Choice Plus PPO** – a Preferred Provider Organization – which provides coverage for both in-network and out-of-network providers. Your out-of-pocket expense is lower if you use an in-network provider; however, if you wish to seek benefits outside of the network, you still receive comprehensive benefits.

Choice Plus PPO		
In-Network		Out-of-Network
SERVICES SUBJECT TO A COPAY		
Includes physician office visits, urgent care, emergency care, therapies and chiropractic care		
Primary Care Physician Office Visit		
Includes Family and General Practitioner, Internist, Pediatrician and OB/GYN		
Preventive Care: \$0	Non-Preventive Care: \$20	
Includes routine physical, annual gynecological and well child care exams	Includes any office visit with a ‘diagnosis’ noted on the claim submission	
Specialist Office Visit in the following specialties		
‘Two star’ Premium Designated: \$20		
‘Less than two star’ Premium Designated: \$40		
Allergy	Interventional Cardiology	Pulmonology
Cardiology	Nephrology	Rheumatology
Cardiothoracic Surgery	Neurology	Spine Surgery
Electrophysiology	Neurosurgery	Sports Medicine
Endocrinology	Orthopaedic Surgery	Total Joint Replacement
Infectious Disease		
All Other Specialists Office Visit: \$20		
Therapy/Rehab: \$20		
Physical/occupational/speech/cardio therapy and chiropractic included. Limited to 25 visits per year for each therapy type.		
Urgent Care Copay: \$25		
Emergency Room Copay: \$150 (Waived if admitted) (Applies to ER/Observation)		
<p>All services* are subject to the deductible and coinsurance.</p> <p>* Emergency Care coverage is the same as in-network coverage.</p> <p>Deductible Individual: \$400 Family: \$1,000</p> <p>Coinsurance Plan pays 80% You pay 20% Subject to balance billing</p> <p>Out-of-Pocket Max Individual: \$1,200 Family: \$3,000</p>		

Choice Plus PPO		
In-Network		Out-of-Network
SERVICES COVERED 100%		
Includes Preventive Care, Minor Diagnostic Services and In-Office Surgical Procedures		
Preventive Care: 100%		
Mammogram, Pap smear, Immunizations, etc.		
Minor Diagnostic: 100%		
Minor x-rays, blood draw, lab work, EKG, EEG, ultrasound, etc.		
Surgical Procedures in a Physician's Office: 100%		
Examples include mole removal, stitches, casts, etc.		
SERVICES SUBJECT TO THE DEDUCTIBLE, THEN COVERED 100%		
See services listed below		
Deductible:	Individual: \$200 Family: \$500	
Coinsurance:	Plan pays 100% You pay 0%	
Out-of-Pocket Maximum:	Individual: \$600 Family: \$1,500	
Major Diagnostic:		
CT scans, PET scans, MRI, Nuclear Medicine, etc.		
Therapeutic:		
Chemotherapy, dialysis, radiation oncology, IV infusion, etc.		
Other Services:		
Outpatient surgery		
Inpatient hospitalization		
Major diagnostics		
Ambulance		
Durable medical equipment		
Prosthetic devices		
Medical supplies		
Hearing aids		
Home health care		
Skilled nursing facility		
Inpatient rehabilitation		
Transplantation services		
		<p>All services, with the exception of Emergency Care, are subject to the deductible and coinsurance. Emergency Care coverage is the same as in-network coverage.</p> <p>Deductible Individual: \$400 Family: \$1,000</p> <p>Coinsurance Plan pays 80% You pay 20% Subject to balance billing</p> <p>Out-of-Pocket Max Individual: \$1,200 Family: \$3,000</p>

A complete description of the medical plan benefits, limits and exclusions can be found in the Summary Plan Description available from the Franklin County Benefits Office or the Benefits page on the Franklin County Portal.

United Healthcare's Premium Designation Program

The Premium Designation Program recognizes physicians and facilities meeting or exceeding guidelines for quality and cost efficient care and encourages you to use this information to make an informed choice when selecting a provider.

The program uses national standards – standards set by the medical profession using evidence-based guidelines – to evaluate providers. It is like doctors grading doctors, not United Healthcare grading doctors.

Physicians in 16 specialties have the ability to receive a no star, one star or two star rating. Two star physicians have met both quality and cost efficiency standards. One star physicians have met quality standards. No star physicians have met neither standard. Some physicians have not provided adequate data to be designated, and are identified as 'insufficient information'.

If your physician practices in one of the specialties below, your copay depends upon the Premium Designation of the provider. To find out the designation of your physician, go to www.myuhc.com or www.mychoicenotchance.com.

Allergy	Cardiology	Cardiothoracic Surgery
Electrophysiology	Endocrinology	Infectious Disease
Interventional Cardiology	Nephrology	Neurology
Neurosurgery	Orthopaedic Surgery	Pulmonology
Rheumatology	Spine Surgery	Sports Medicine
Total Joint Replacement		

Your copay for Primary Care Physician services (General and Family Practitioner, Internal Medicine, Pediatrician and OB/GYN) is \$20 regardless of designation.

Custom Care Coordination (1.866.844.4869)

Facing a long-term chronic illness or other complex health issue can take a huge toll on you and your family. With Custom Care Coordination, you have 24/7 access to a team of registered nurses – dedicated to Franklin County Cooperative members – to provide extra support every step of the way. Tailored to your specific situation, your nurse helps you take full advantage of the resources already available to you, gives you tips for working with your health care providers more effectively, tells you about additional services that may be helpful and answers questions about your specific health concerns.

Custom Care Coordination is voluntary and you and your nurse work to establish the level of support which you want and need. You may contact Custom Care Coordination directly by calling the telephone number for Members on the back of your United Healthcare ID card. Or a nurse may contact you if you have an existing chronic health condition, such as asthma, diabetes or coronary artery disease or if you've had a recent or are expecting a future hospitalization.

Nurseline (1.800.736.4513)

Nurseline provides access to registered nurses, day or night, to help you make healthcare decisions.

"My baby has a temperature of 102 degrees. It's midnight. What do I do?"

"I have diabetes. How can I manage my condition and stay healthy?"

"I've been diagnosed with breast cancer. What treatment options are available?"

"I don't have a primary care physician. Can you help me find one?"

These nurses are an excellent resource when you need help choosing care, understanding treatment options and more. Nurseline also provides access to an audio health information library with over 1,100 health and well-being topics.

Healthy Pregnancy Program (1.800.411.7984)

A healthy pregnancy is the first step to a healthy baby and mother. The Healthy Pregnancy Program provides health assessments, customized educational materials and maternity nurse support throughout your pregnancy. Enrollees in the Healthy Pregnancy Program are eligible to receive a complimentary Healthy Baby Bag. When United Healthcare becomes aware of your pregnancy, you are mailed a welcome packet inviting you to join the program. If you are interested, simply return the postage- paid business reply card, call 1.800.411.7984 or visit the Healthy Pregnancy Program website at www.healthy-pregnancy.com.

Neonatal Resource Services (1.888.936.7246)

The Healthy Pregnancy Program helps to identify high-risk pregnancies. During the last months of your pregnancy and well into the first year of your newborn's life, the Neonatal Resource Services provides nurse consulting services and a Neonatal Centers of Excellence network to help you find the specialized care you and your baby need. Call Optum Health at 1.888.936.7246 and follow the prompts or visit the United Resource Networks website at www.myuhc.com.

Cancer Resource Services (1.866.936.6002)

Nurses that specialize in cancer treatment help you understand your cancer diagnosis, available treatment options, and where you can seek treatment for your specific cancer. Gain access to some of the nation's leading cancer centers by calling 1.866.936.6002 or visiting the United Resource Networks website at www.myuhc.com.

Kidney Resource Services (1.888.936.7246)

Kidney Resource Services provides access to a Centers of Excellence network of top-performing dialysis centers and nurse consulting services to support the management of kidney diseases. Dialysis patients who are candidates for kidney transplantation can also access the Transplant Centers of Excellence network. Call 1.888.936.7246 and follow the prompts or visit the United Resource Networks website at www.myuhc.com.

Congenital Heart Disease (CHD) Services (1.888.936.7246)

Congenital heart defects are the number one cause of death for children from a birth defect during the first year of life. Treatment usually involves complex surgical interventions. This program provides information and access to the CHD Centers of Excellence network, and gives patients care that is planned, coordinated and provided by a team of experts who specialize in treating CHD. Nurses help you find a network medical center for specialized care. Call 1.888.936.7246 and follow the prompts or visit the United Resource Networks website at www.myuhc.com.

Transplant Resource Services (1.888.936.7246)

The Transplant Centers of Excellence network is the nation's leading network and includes only transplant programs that have met strict criteria for transplant excellence. Nurse consultants provide the information you need to make informed decisions about transplant care. Call 1.888.936.7246 and follow the prompts or visit the United Resource Networks website at www.myuhc.com.

UnitedHealth Allies

UnitedHealth Allies offers **discounts at certain health care providers of medical services that are not covered** by your health care benefits. It does not make payments to the provider but **offers discounts** for the following products and services:

- Cosmetic Dentistry
- Wellness
 - Accupuncture/Massage
 - Naturopathy
- Vitamins and supplements
- Long Term Care Services
 - Assisted living services
- Laser Vision Correction (LASIK)
- Alternative Care
 - Health club membership fees
 - Nutrition services
 - Weight management programs
- Health and Wellness Retailers
 - Fitness apparel and equipment
 - Aromatherapy
 - Nutrition and natural foods

For more information, go to www.myuhc.com and search for UnitedHealth Allies or go directly to www.unitedhealthallies.com.

Bariatric Surgery

Bariatric surgery is a serious, life-changing medical procedure that should be considered as a final step in one's weight loss journey. Coverage eligibility **requires** 2-year enrollment in the benefit plan prior to surgery, a medically documented 1-year weight loss history provided by treating physician(s) – monitoring of the patient over the course of a 12 month period (monthly visits are not required), which may also include nutritional/dietary counseling, pre-operative screenings and participation in program support groups. Surgery must be performed by one of the network programs listed below. A \$1,700 copay is due when surgery is scheduled. Standard copays apply for any pre or post operative testing. Additional administrative and counseling charges vary by program. Contact the Benefits Office for more information about requirements and costs. Contact the program for more information regarding their services.

The Ohio State University
Medical Center Bariatric Program
614.293.5123
www.medicalcenter.osu.edu/go/bariatric

Mount Carmel Bariatric Program
614.234.2052
[www.mountcarmelhealth.com/
programs-services/bariatric-center](http://www.mountcarmelhealth.com/programs-services/bariatric-center)

Fresh Start Bariatrics
at Riverside Hospital
614.443.2584
www.freshstartbariatrics.com

Your Prescription Drug

Your prescription drug plan encourages the use of generic prescription drugs whenever appropriate. Your copays are lower for generic medications and programs such as Step Therapy assist you in finding lower cost, equally effective alternatives when appropriate. Coverage for brand name medications is available; however, because brand drugs cost the plan more, your copay for brand name prescription drugs is higher.

Over-the-counter (OTC) Proton Pump Inhibitors (PPIs) are covered by the plan. You can get up to a 30 day supply at the Tier 1 copay. You must have a written prescription from your physician in order to receive coverage through the plan. Present the OTC medication, the written script and your Express Scripts, Inc. identification card to the pharmacy counter.

NON-SPECIALTY MEDICATIONS		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
Generic	\$5	\$12.50
Preferred Brand	\$25	\$62.50
Non-Preferred Brand	\$50	\$125
Brand with Generic Available	\$50 +	\$125 +

PROTON PUMP INHIBITORS (PPIs)		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
Tier 1 Over-the-counter, generic omeprazole and generic pantoprazole	\$5 Must have written prescription for OTC	\$12.50 N/A for OTC
Tier 2 Nexium, generic lansoprazole	\$50	\$125
Tier 3 All other PPIs	\$75	\$187.50
Brand with Generic Available	\$75 +	\$187.50 +

DIABETIC SUPPLIES (test strips, lancets, etc.) & INJECTIBLE INSULIN		
Must have written prescription for diabetic supplies.		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
Generic, Preferred OR Non-Preferred Brand	\$0	\$0

+ Plus price difference between brand and generic, or the cost of the brand drug, whichever is less.

CuraScript (1.866.848.9870)

CuraScript is your exclusive specialty medication mail order pharmacy. With the exception of a short list of medications that are required for short term use in certain circumstances, specialty medications are not available from your retail pharmacy.

With CuraScript, you receive personalized medication management, benefit coordination, education materials and social support services. This is particularly important if you are just beginning treatment with a specialty medication. Your care coordinators are specialty medication experts – in the field of study in which you require for your individual needs – and are available Monday through Friday, 8am to 9pm EST and Saturday, 9am to 1pm EST. If you have an urgent need relating to your medication after hours, a licensed pharmacist is available to assist you.

To get started, call 1.866.848.9870. A CuraScript representative verifies benefits, assists with prior authorizations if needed and coordinates the shipment of your medications and any supplies necessary for administration, at no additional cost, to the destination of your choice.

SPECIALTY MEDICATIONS (Must fill through CuraScript regardless of days supply.)		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
Generic	\$5	\$12.50
Preferred Brand	\$25	\$62.50
Non-Preferred Brand	10% of cost up to \$150 per script	10% of cost up to \$300 per script

Retail at your Local Pharmacy vs Mail Order through Home Delivery

Both retail and mail order options are available. Up to a 30-day supply is available at retail. If you are taking a maintenance medication, you may prefer to obtain a 90-day supply through the Express Scripts, Inc. Home Delivery pharmacy. You save both time and money by obtaining your prescriptions through Home Delivery/mail order.

Time: If you choose mail order, your medications are delivered to your home in a non-descript envelope. No waiting in line at the pharmacy.

Once your prescriptions are established at mail order, you receive a reminder – either an email or a telephone call - when it is time to refill. Pick up the phone to order your refill or go online to www.express-scripts.com and request a refill.

Cost: The annual cost of a Non-Preferred Brand drug at retail is \$600 ($\40×12 fills = \$600). The same supply of medication at mail order is \$500 ($\125×4 fills = \$500). That represents a \$100 savings each year

The annual cost of a Preferred Brand drug at retail is \$300 ($\25×12 fills = \$300). The same supply of medication at mail order is \$250 ($\62.50×4 fills = \$250). That represents a \$50 savings each year.

The annual cost of a generic drug at retail is \$60 ($\5×12 fills = \$60). The same supply of medication at mail order is \$50 ($\12.50×4 fills = \$50). That represents a \$10 savings each year.

Express Scripts, Inc. covers the cost of standard shipping.

Go to www.express-scripts.com to learn more about mail order including how to transfer your prescriptions from retail to mail order.

Select Home Delivery (1.888.772.5188)

Select Home Delivery promotes the use of mail order by requiring you to either opt-in or opt-out of Home Delivery for your maintenance medications. Every year, Select Home Delivery asks you 'Do you want to continue to get your maintenance medications at retail or would you like assistance transferring to mail order/Home Delivery?' You are not required to switch to mail order, but you must contact Express Scripts, Inc. by telephone or via the website www.StartHomeDelivery.com or www.express-scripts.com and inform them of your decision.

If you want to switch from retail to mail order, an Express Scripts, Inc. representative reaches out to your physician and obtains the necessary 90-day prescriptions, establishes your mail order profile and assists you in selecting your billing options.

If you prefer to continue to get your medications at retail, Express Scripts, Inc. records the appropriate system approvals to allow a 12 month supply of medication at retail. At the end of the 12 month period, you must opt-in or opt-out of Home Delivery.

Generic vs Brand

Always ask your doctor, 'Is there a generic available to treat my condition?'

When a company develops a new drug, the FDA provides a period of time called a drug patent period, where no other company may sell the drug. This allows the original company to recover the investment in the research and development of the medication. But this also eliminates competition and causes the price to remain high. After the drug patent period has expired, other companies manufacture generic versions of the original brand medication. Since the production of generic medication does not require large investments in research, development and advertising, the cost of generics is significantly less than that of brand name medication. All generic drugs must meet the same FDA standards of quality as the brand-name drug.

Generic Equivalent vs General Alternative

Brand name drugs may have generic **equivalents** and generic **alternatives**.

A generic equivalent **contains the same active ingredient** as the brand name drug. Your pharmacy can substitute the generic equivalent drug in place of the brand name drug without a new prescription.

A generic alternative is a medication that **does not contain the same active ingredient** as the brand name, but produces the same therapeutic results. Because it is not an exact equivalent to the brand, your pharmacy **cannot** automatically substitute the generic alternative.

For example, the Proton Pump Inhibitor (PPI) drug class treats stomach acid conditions. Within this drug class, there are multiple brand name medications. Some of these brand name drugs have been produced as generics, i.e. the drug patent period has expired and generic duplicates are available.

Prilosec and **Nexium** are brand name drugs in the PPI drug class.

Prilosec has a generic equivalent by the name of omeprazole. When a prescription written for Prilosec is presented at the pharmacy, the pharmacist substitutes omeprazole without obtaining a new script.

Nexium does not have a generic equivalent, but omeprazole produces the same results as Nexium, i.e. they both treat stomach acid conditions. Therefore, omeprazole is the generic alternative to Nexium. Because omeprazole is not the generic equivalent of Nexium, i.e. not the same active ingredient, the pharmacy cannot automatically dispense omeprazole in place of Nexium. A new prescription – written for omeprazole – is needed.

Mandatory Generic and Dispense as Written

If a prescription is presented for a brand name medication for which there is a generic equivalent available, the pharmacist is instructed to fill the script as a generic, unless otherwise directed by the member. If your physician has indicated ‘dispense as written’ or ‘DAW’ on the written prescription, the brand name medication is dispensed. This does now, however, lower the copay. If you obtain a brand name medication for which there is a generic equivalent available, you pay the brand name copay as well as the cost difference between the brand and the generic drug. Quite often, you pay the full cost of the drug.

Formulary or Preferred Drug List

Your formulary, also known as a preferred drug list, is a recommended list of brand name and generic drugs that have been compared and evaluated against other brand-name and generic medications by a committee of physicians, pharmacists and other healthcare representatives. The drugs on the preferred drug list are chosen because they provide maximum quality and value for your plan and yourself. Your formulary is updated January 1st of each year as well as minor adjustments throughout the plan year. It is recommended that you carry a copy of your formulary in your wallet or purse and provide a copy to your physician for your medical file.

Step Therapy

Step Therapy is a program especially for people who take prescription drugs for ongoing conditions like arthritis, high cholesterol, high blood pressure, etc. These drugs are sometimes referred to as maintenance medications. Step Therapy helps the member identify a safe and effective drug to treat the condition while keeping costs as low as possible for both the member and the plan.

Step Therapy drugs are grouped in categories:

Frontline/first-line drugs (generic and some low cost brand): These drugs are proven safe, effective and affordable. Step Therapy requires (with exceptions) that a Frontline/first-line medication be tried first. *Why?* Because these drugs provide the same health benefit as more expensive drugs, at a lower cost.

Back-up drugs (brand): These drugs are much more expensive to the member in the form of a higher copay and to the plan in higher overall cost. Back-up drugs have not been proven to be any safer or more effective than Frontline drugs.

Step Therapy requires members who are beginning to take Step Therapy drugs for the first time to try the Frontline drug first.

Retail Pharmacy: If you present a prescription for a Back-up drug at your local pharmacy, the pharmacist alerts you of the requirement to use a Frontline drug first. Your pharmacist may or may not offer to contact your physician's office to discuss your options. It is recommended that you discuss your options with your physician. In order for the pharmacy to dispense a Frontline medication, your physician must write a new prescription or call in a new prescription to the pharmacy.

Mail Order: Similarly, if you submit a prescription for a Back-up drug at the mail order pharmacy, Express Scripts informs you that they cannot fill the script as written. They then reach out to your physician to discuss your options. Again, it is recommended that you contact your physician's office. After multiple attempts, if Express Scripts receives no response from your physician's office, the written prescription is returned to you with a letter of explanation.

If there is a medical reason (i.e. allergy to the Frontline drug, tried the Frontline drug before and it didn't produce the desired therapeutic results, etc.) that would prevent you from taking the Frontline drug, your physician should contact Express Scripts and request a Prior Authorization.

A list of medications included in the Step Therapy program is included in **Exhibit 3**. The list is subject to change without notification.

Copay Override

If a member has tried 2 formulary alternatives for their condition without success, and a brand name medication is prescribed, a copay override may be requested. The member's physician must contact Express Scripts, Inc., request a 98 copay override and supply clinical information. If documentation cannot be provided that shows the member has tried 2 formulary alternatives for their condition, the override request is be denied.

Pharmacist Medication Consultation

The Pharmacist Medication Consultation program offers an opportunity for you to have a confidential one-on-one discussion with a pharmacist from The Ohio State University Health Plan, Inc. The pharmacist provides you personal assistance and information about your medications and other Franklin County Cooperative pharmacy benefits. You learn safe and cost-effective ways to take your medications and be the healthiest you.

- Optimize the effectiveness and safety of your medication regimen
- Reduce the risk of drug interactions and potentially harmful side effects
- Face-to-face or telephonic consultations available
- Personal medication record
- Medication related action plan
- 100% confidential
- No cost to you
- Available to all Cooperative members covered by the pharmacy benefits

Call the Ohio State University Health Plan, Inc. at 877.678.6275 to schedule your appointment.

Your Dental

You have a choice between two dental plan options: the Aetna Dental PPO or the Aetna DMO.

Aetna Dental PPO – a Preferred Provider Organization – provides coverage at both in-network and out-of-network providers. Your out-of-pocket expense is lower if you use an in-network provider. If you use an out-of-network provider, you pay a \$25 deductible, a higher coinsurance and any charges above the reasonable & customary rate.

Aetna DMO – a Dental Maintenance Organization – provides coverage only at in-network providers. If you obtain services from an out-of-network provider, you do not have coverage.

Plan Provision	Aetna Dental PPO		Aetna Dental DMO
	In-Network	Out-of-Network	
Annual Deductible	None	\$25 per covered individual	None
Diagnostic Exams, X-Rays	100%	90% after deductible	100%
Preventive Prophylaxis (Cleaning) Adult (Limit 2 per year) Child limit (Limit 2 per year)	100% an additional routine cleaning is allowed for expectant mothers	90% after deductible an additional routine cleaning is allowed for expectant mothers	Covered at fixed co-pays See schedule for details Adult - \$8 Child - \$7
Basic Filling, Endodontics, Periodontics, Sealants, Oral Surgery, Repair of Crowns, Bridgework or Dentures	80%	70% after deductible	Covered at fixed co-pays See schedule for details
Major Restorative Crown, Bridge, Dentures	80%	60% after deductible	Covered at fixed co-pays See schedule for details
Annual Maximum Benefit (Non Orthodontic Services)	\$1,100	\$1,000	Covered at fixed co-pays See schedule for details
Orthodontics Children under 19 only N/A for adults	75%	75%	Covered at fixed co-pays See schedule for details
Lifetime Maximum Benefit (Orthodontic Services)	\$1,500 Children under 19 only	\$1,400 Children under 19 only	Covered at fixed co-pays See schedule for details

A full detailed list of the dental services offered under the Aetna Dental DMO plan and the accompanying fixed copays is available from the Franklin County Benefits Office.

Your Behavioral Health

Your Behavioral Health benefit provides similar services to your Employee Assistance Program (EAP) - confidential support for everyday challenges, including:

- | | | |
|--------------------|-------------------------|---------------------------|
| Alcohol/drug use | Parenting | Anxiety |
| Depression | Job performance | Career/vocation |
| Self-esteem issues | Child/elder care | Legal concerns |
| Living wills | Smoking cessation | Family relationships |
| Taxes | Financial concerns | Relationship difficulties |
| Marital counseling | Peer/work relationships | Stress management |

Plan Provision	United Behavioral Health	
	In-Network	Out-of-Network
Annual Deductible	None	All services* are subject to the deductible and coinsurance. * Emergency Care coverage is the same as in-network coverage.
Coinsurance	Plan pays 100% You pay 0%	
Out-of-Pocket Maximum	\$600 Individual \$1,500 Family	
Outpatient	100% coverage for the first 30 visits \$20 copay for additional visits beyond the first 30 visits	
Inpatient	100% coverage for inpatient treatment for mental health or substance abuse	
		Deductible Individual: \$400 Family: \$1,000 Coinsurance Plan pays 80% You pay 20% Subject to balance billing Out-of-Pocket Max Individual: \$1,200 Family: \$3,000

Accessing Behavioral Health services

If services beyond those provided by the EAP are needed and you are enrolled in the benefit package, your behavioral health benefit ‘kicks in’. The network of EAP clinicians is also the network of behavioral health clinicians, so care continues with the same clinician.

If treatment transitions from EAP to in-network behavioral health, you or your provider **MUST** contact United Behavioral Health. The intake number is printed on the back of your United Healthcare ID card.

Coverage for providers not in the United Behavioral Health network is also available under your behavioral health benefit. If you are accessing an out-of-network provider for treatment, **certification is recommended prior to services being rendered.**

Your Vision

Your vision benefit provides coverage at both in- and out-of-network providers. Your out-of-pocket expense is typically much higher at an out-of-network provider. Network providers also handle the submission of your claim. Out-of-network providers do not. For assistance with out-of-network claims, contact VSP or download a claim form at www.vsp.com.

Visit www.vsp.com to locate a network provider or call 1.800.877.7195 and follow the Interactive Voice Response (IVR) system prompts. Both the website and the IVR system require your social security number and zip code to generate a list of network providers in your area.

Plan Provision	In-Network	Out-of-Network
Exams	Every 12 months \$10 copay	Every 12 months Reimbursed up to \$40
Lenses Single Bifocal Trifocal Lenticular	Every 12 months \$20 copay for materials for frames and/or lenses Polycarbonate lenses for dependent children	Every 12 months Reimbursed up to \$50 Reimbursed up to \$60 Reimbursed up to \$70 Reimbursed up to \$70
Contact Lenses (Contact lenses provided in lieu of lenses and frames.)	Every 12 months \$105 Allowance For contacts and fitting	Every 12 months Reimbursed up to \$80 Reimbursed up to \$175 ***
Frames Covered Selection	Every 24 months \$130 allowance (Retail) \$50 allowance (Wholesale)	Every 24 months Reimbursed up to \$30
Child Frames (Under age 12)	Every 12 months	Every 12 months

Extra Discounts

Contacts

- 15% off cost of contact lens exam (filling and evaluation)

Glasses and Sunglasses

- Average 35% to 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens option, from the same VSP doctor on the same day as your WellVision Exam. Or receive 20% discount from any VSP doctor within 12 months of your last WellVision Exam.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

***Necessary contacts are determined at the provider’s discretion. Your provider must contact Vision Service Plan prior to the purchase of contacts deemed Necessary.

Your COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires continuation health coverage is offered to eligible individuals who lost health coverage due to certain specific events. Franklin County Cooperative Health Benefits Program offers COBRA continuation coverage at full cost of coverage plus a 2 percent administrative charge.

COBRA coverage under the Franklin County Cooperative Health Benefits Program includes medical, prescription drug, dental, vision and behavioral health. It does NOT include Employee Assistance Program or term life insurance coverage. All eligible employees can elect COBRA coverage for a period of up to 18 months and dependents for up to 36 months.

The qualifying events that cause an employee to lose group health coverage are:

- Termination of the employee's employment for any reason other than gross misconduct
- Reduction in the employee's hours of employment

The following are qualifying events for the spouse, domestic partner or dependent child of a covered employee if they cause the spouse, domestic partner or dependent child to lose coverage:

- Termination of employee's employment
- Reduction in the employee's hours of employment
- Death of the employee
- Divorce, legal separation of the employee or termination of a domestic partnership
- Loss of eligibility by an enrolled dependent who is a child
- Spouse or domestic partner becomes eligible for Medicare
- Covered employee becomes entitled to Medicare

Contact your HR/Payroll Officer for current COBRA rates and to initiate the COBRA process. For additional information call the Franklin County Benefits Office.

Other Important Information

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) provides rights and protections for participants and beneficiaries in group health plans. HIPAA includes protections for coverage under group health plans that limit exclusions for preexisting conditions; prohibit discrimination against employees and dependents based on their health status; and allow a special opportunity to enroll in a new plan to individuals in certain circumstances. HIPAA may also give you a right to purchase individual coverage if you have no group health plan coverage available, and have exhausted COBRA or other continuation coverage.

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, we provide benefits under the plan for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema.) If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including copayments and any annual deductible) are the same as are required for any other covered health service. Limitations on benefits are the same as for any other covered health service.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable.) In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours.)

Exhibit 1

Definitions And Required Documents Checklist

If you are requesting coverage for a dependent (spouse, domestic partner or child), the eligibility of the dependent must be verified before coverage will be approved. To verify a dependent's eligibility, submit the applicable required documents (see dependent types and required documents below).

The required documents must be provided to the Franklin County Benefits Office:

New Hire: **Within 30 days of your date of hire**

Qualified Life Event, i.e. marriage, birth, etc.: **Within 30 days of the date of the life event**

Open Enrollment: **No later than the date specified in your Open Enrollment materials**

If the required documents are not provided within this timeframe, coverage will not be approved and the next opportunity to enroll your dependents will be at the next annual Open Enrollment.

READ THIS ENTIRE CHECKLIST BEFORE YOU ENROLL YOUR DEPENDENTS.

Checklist

- Enroll your dependents at www.eelect.com**
The enrollment system will indicate your enrollment is pending. Your dependents will be enrolled for coverage upon the Benefits Office receiving and approving the required documents.
- IMPORTANT: Print your Confirmation Statement.**
This is the final screen of your enrollment session. If you do not have access to a printer, record the confirmation number that appears at the bottom of the Confirmation Statement.
- Refer to the dependent types in the following chart.**
Identify the dependent type of each dependent you are enrolling and the documents required.
- Make copies of the required documents.**
Originals are NOT required.
- Record the following information in the upper right corner of each document.**
 - Employee name and telephone number
 - Confirmation number (found on your Confirmation Statement)
- Submit the required documents to the Franklin County Benefits Office.**
Documents must be received within the timeframes illustrated above.

Send documents via post or inner-office: **Franklin County Benefits Office**
mail or hand deliver to: **373 S High Street, 25th Floor**
Columbus, OH 43215

Fax documents to: **614-525-5515**

Scan and email documents to: **HRBenefits@franklincountyohio.gov**

Contact the Franklin County Benefits Office if you have questions.

Local: **614.525.5750**

Toll-free: **1.800.397.5884**

Email: HRBenefits@franklincountyohio.gov

SPOUSE AND DOMESTIC PARTNER		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Spouse	<p>Legal spouse of a covered employee</p> <p>Does not include:</p> <ul style="list-style-type: none"> - Ex-spouse - <i>Legally</i> separated spouse 	<p><u>One (1) of the following OPTIONS:</u></p> <p>OPTION 1: Covered employee’s most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Marriage Certificate (court approved certificate or marriage abstract, not license) PLUS <u>one of the following to show current joint tenancy:</u></p> <ul style="list-style-type: none"> - Proof of joint ownership of residence or other real estate; - Proof that covered employee and spouse are both listed on a lease or share the rent of a home or other property; - Joint ownership of a motor vehicle; - Designation of the spouse as a primary beneficiary of the covered employee’s life insurance, or retirement benefits; - Utility bill listing both covered employee and spouse (or 2 separate utility bills at the same address, one listing the covered employee and one listing the spouse).
Domestic Partner	<p>A qualified domestic partner:</p> <ul style="list-style-type: none"> - must share a permanent residence with the covered employee; - is the sole domestic partner of the covered employee, has been in a relationship with the covered employee for at least six (6) months and intends to remain in the relationship indefinitely; - is not currently married to or legally separated from another person; - shares responsibility with the covered person for each other’s common welfare; - is at least 18 years of age and mentally competent; - is not related to the covered employee by blood to a degree of closeness that would prohibit marriage; - is financially interdependent with the covered employee in accordance with the plan requirements. 	<p>Affidavit of Domestic Partnership</p> <p>PLUS</p> <p><u>Three (3) of the following documents to show financial interdependency:</u></p> <ul style="list-style-type: none"> - Joint ownership of real estate property or joint tenancy on a residential lease; - Joint ownership of an automobile; - Joint bank or credit account; - Joint liabilities (e.g. credit cards or loans); - A will designating the domestic partner as primary beneficiary; - A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary; - A durable power of attorney signed to the effect that the covered employee and the domestic partner have granted powers to one another.

DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
<p>Natural child (up to age 28*)</p> <p>* See additional requirements for 26 and 27 year old dependents below.</p>	<p>An unmarried natural (biological) child of the covered employee or domestic partner</p> <p>The domestic partner must be enrolled in order to enroll a natural child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee or the employee has legal guardianship of the child.</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Birth Certificate of child</p>
		<p style="text-align: center;">OR</p> <p>If one of the OPTIONS above is not available (i.e., when adding a newborn), <u>one (1)</u> of the following:</p> <ul style="list-style-type: none"> - Hospital release papers on hospital letterhead - Footprints - Crib Card - Letter from physician or hospital on respective letterhead
<p>Stepchild (up to age 28*)</p> <p>* See additional requirements for 26 and 27 year old dependents below.</p>	<p>An unmarried natural (biological) child of a covered employee's spouse, i.e. an unmarried stepchild of the covered employee</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the stepchild as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Birth Certificate of stepchild</p>
		<p>If submitting spouse's tax return or birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.</p>
<p>Child (up to age 28*) for whom the employee, spouse or domestic partner is legal guardian.</p> <p>* See additional requirements for 26 and 27 year old dependents below.</p>	<p>An unmarried child for whom legal guardianship has been awarded to the covered employee, spouse or domestic partner.</p> <p>The domestic partner must be covered in order to cover a child for whom the domestic partner has been awarded legal guardianship unless there is a legal relationship between the employee and the child, i.e. the employee has legal guardianship of the child as well.</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee, spouse or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Court documents signed by a judge verifying legal custody of the child</p>
		<p>If submitting spouse's tax return or court documents of legal custody, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.</p>

DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
<p>Adopted child (up to age 28*)</p> <p>* See additional requirements for 26 and 27 year old dependents below.</p>	<p>An unmarried legally adopted child of the covered employee, spouse or domestic partner, includes children placed in anticipation of a legal adoption</p> <p>The domestic partner must be covered in order to cover an adopted child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee as well or the employee has legal guardianship of the child.</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee, spouse or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent</p> <ul style="list-style-type: none"> - Page 1 PLUS signature page if filed hard copy; OR - Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Court documents for the adopted child from a court of competent jurisdiction</p> <p>OPTION 3: International adoption papers from country of adoption</p> <p>OPTION 4: Papers from the adoption agency showing intent to adopt</p> <p>If submitting spouse's tax return, court documents or adoption papers, and the spouse is not covered under the employee's plan, documents proving <u>eligibility</u> of the spouse are also required.</p>
<p>Child (up to age 28*) covered by a QMCSO</p> <p>* See additional requirements for 26 and 27 year old dependents below.</p>	<p>A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO).</p>	<p>One (1) of the following OPTIONS:</p> <p>OPTION 1: Court documents signed by a judge</p> <p>OPTION 2: Medical support orders issued by a State agency</p>

CHILD OF A DEPENDENT CHILD (i.e. GRANDCHILD)		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
<p>Child of a dependent child, i.e. grandchild</p>	<p>A child of a dependent child</p> <p>The child of a dependent child is eligible for coverage only if the unmarried dependent is enrolled for coverage.</p>	<p>Birth Certificate of child, i.e. of grandchild</p> <p style="text-align: center;">OR</p> <p>If the child's birth certificate is not available, (i.e. when adding a newborn), <u>one</u> (1) of the following:</p> <ul style="list-style-type: none"> - Hospital release papers on hospital letterhead - Footprints - Crib Card - Letter from physician or hospital on respective letterhead

DISABLED DEPENDENT		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Disabled Dependent, age 19 or older	An unmarried dependent incapable of self-sustaining employment because of a mental or physical disability that began while the dependent was eligible.	One of the required documents for the applicable dependent child definition type above. (See DEPENDENT CHILD section)
		PLUS
		Request to Extend Limiting Age for Dependent Children

* DEPENDENTS AGE 26 UP TO BUT NOT INCLUDING AGE 28 (age 26 or 27)		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Additional requirements for 26 and 27 year old dependents	<p>The dependent must be:</p> <p>Unmarried</p> <p>Not eligible for coverage through an employer</p> <p>Not eligible for Medicaid or Medicare</p> <p>Residing in the state of Ohio</p> <p>OR</p> <p>If residing outside of Ohio, a full-time student as defined below.</p> <ul style="list-style-type: none"> - An accredited High School - An accredited college or university. For college students, minimum credit hours are ten credit hours per quarter or semester for undergraduates or six credit hours per quarter or semester for graduate students. Students must attend 2 out of 3 semesters per year or 3 out of 4 quarters per year. - A licensed vocational school, technical school, beautician school, automotive school or similar training school. Students must be enrolled full-time as defined by the institution. 	Young Adult Dependent Affidavit of Eligibility
		PLUS
		<p>One (1) of the following to prove Ohio residency:</p> <p>OPTION 1: <u>Copy of a lease agreement</u></p> <p>OPTION 2: <u>Utility bill in the dependent's name</u></p> <p>OPTION 3: <u>Current valid Ohio driver's license</u></p>
		OR
		<p>One (1) of the following to prove full-time student status:</p> <p>OPTION 1: A letter from the registrar with the dependent's name, semester and number of units enrolled, and school phone number</p> <p>OPTION 2: A transcript with the dependent's name, school name, semester and number of units enrolled, and school phone number</p>

RESOURCES TO OBTAIN DOCUMENTS
<ul style="list-style-type: none"> - Birth Certificates & Marriage Licenses: http://www.odh.ohio.gov/vitalstatistics/vitalstats.aspx - Children born outside the United States: http://www.state.gov - Letters or Transcripts: call the school registrar's office to request a letter or transcript for schools, colleges, and universities.

Exhibit 2 Monthly Health Plan Contribution Rates for Domestic Partner Coverage

Franklin County Monthly Health Plan Contribution Rates for Domestic Partner Coverage Effective April 1, 2012 through March 31, 2013

Agency	Employee Coverage Level	Domestic Partner Coverage Level	Appears in TAXES AND DEDUCTIONS on paycheck			Appears in EARNINGS on paycheck
			Pre/Before-Tax EE CONTRIBUTION	Post/After-Tax EE CONTRIBUTION	Total Monthly EE CONTRIBUTION	
Any agency on the following monthly contribution: \$60 w/o spouse \$160 or \$195 w/ spouse	Employee w/ or w/o child(ren)	Domestic Partner w/ or w/o child(ren)	\$60 or \$95	\$100	\$160 or \$195	\$710.65
	Employee w/ or w/o child(ren)	Domestic Partner w/ or w/o child(ren)	\$55	\$80	\$135	\$730.65
Mid Ohio Regional Planning Commission Single = Employee only Family = All other coverage levels	Single	Domestic Partner w/o child(ren)	\$85.80	\$118.86	\$204.66	\$691.79
	Single	Domestic Partner w/ child(ren)	\$85.80	\$118.86	\$204.66	\$752.48
	Family	Domestic Partner w/ or w/o child(ren)	\$204.66	\$0 **	\$204.66	\$0 ***
Soil and Water Conservation District Single = Employee only Family = All other coverage levels	Single	Domestic Partner w/o child(ren)	\$50	\$70	\$120	\$740.65
	Single	Domestic Partner w/ child(ren)	\$50	\$70	\$120	\$801.34
	Family	Domestic Partner w/ or w/o child(ren)	\$120	\$0 **	\$120	\$0 ***
Franklin County Veterans Memorial Single = Employee only Family = All other coverage levels	Single	Domestic Partner w/o child(ren)	\$0.00	\$130.30	\$130.30	\$680.35
	Single	Domestic Partner w/ child(ren)	\$0.00	\$130.30	\$130.30	\$741.04
	Family	Domestic Partner w/ or w/o child(ren)	\$130.30	\$0 **	\$130.30	\$0 ***
Franklin County Convention Facilities Authority Single = Employee only Family = All other coverage levels	Single	Domestic Partner w/o child(ren)	\$0	\$0	\$0	\$810.65
	Single	Domestic Partner w/ child(ren)	\$0	\$0	\$0	\$871.34
	Family	Domestic Partner w/ or w/o child(ren)	\$0	\$0 **	\$0	\$0 ***
Solid Waste Authority of Central Ohio	Employee w/o children	Domestic Partner w/o child(ren)	\$151.42	\$28.81	\$180.23	\$781.84
	Employee w/ 1 child	Domestic Partner w/o child(ren)	\$151.42	\$53.08	\$204.50	\$757.57
	Employee w/ children	Domestic Partner w/o child(ren)	\$161.17	\$43.33	\$204.50	\$767.32
	Employee w/ 1 child Employee w/ children	Domestic Partner w/ child(ren)	\$151.42	\$53.08	\$204.50	\$818.26
		Domestic Partner w/ child(ren)	\$161.17	\$43.33	\$204.50	\$828.01

The Internal Revenue Services does not recognize domestic partners or children of domestic partners as tax-qualified dependents of the employee. As a result, certain tax implications are present when enrolling a domestic partner and domestic partner children. It is extremely important to understand the tax implications prior to enrolling a domestic partner and domestic partner children.

Total Monthly EE Contribution for DP and DP and DP Children is:

No more than the Total Monthly EE CONTRIBUTION for covering a spouse and children. Split between pre- and post-tax deductions on the employee's paycheck (see above) illustrated on the paycheck in the TAXES and DEDUCTIONS portion under the deduction HEALTHCARE

The value of the benefit provided to the DP and DP Children. Taxed as income to the employee and deducted from the employee's paycheck. Illustrated above in the far right hand column.

The Fair Market Value is:

Example calculation of Fair Market Value Taxes: The FAIR MARKET VALUE of domestic partner benefits for an employee paying \$195 a month for domestic partner coverage is \$710.65. As a result, an additional \$710.65 per month would be considered 'taxable' to the employee. This totals approximately \$8,500 in additional taxable income annually. If the employee's tax rate is 20%, the additional taxes the employee owes is about \$1,700 annually, or approximately \$142 a month.

Contact the Franklin County Benefits Office at 614-525-5750 or 1-800-397-5884 for additional information or questions.

Exhibit 3 Step Therapy Drug List

Franklin County Cooperative Health Benefits Program Step Therapy Programs

Most step therapy programs have exception criteria for members taking certain medications and/or medical histories. Depending on a member's specific medical history, a back-up medication may be approved without a trial of a front-line medication.

Step Therapy Program	Indication	If your prescription is for one of these medications ...	Step Therapy asks you to first try one of these FIRST-LINE medications	Step Therapy looks for ...
Alzheimer's	Alzheimer's	Aricept, Cognex, Exelon, Razadyne/ER	galantamine/ER, rivastigmine, donepezil	Prior use of 1 first line medication in the last 130 days For Aricept 23mg prior use of Aricept 10mg (brand or generic) in the last 130 days
Antiepileptic Drugs (AED)	Seizures	Rule 1: Stavzor, Depakote/ER/Sprinkle, Depakene Rule 2: Lamictal/XR/ODT Rule 3: Kepra/XR	Rule 1: valproic acid, divalproic sodium Rule 2: lamotrigine Rule 3: levetiracetam	Prior use of 1 first line medication in the last 130 days
Angiotensin Converting Enzyme (ACE) Inhibitors	Heart and hypertension	Accupril, Accuretic, Aceon, Allace, Capoten, Capozide, Lexxel, Lotensin HCT, Lotensin, Lotrel, Mavik, Monopril HCT, Monopril, Prinivil, Prinzide, Tarka, Uniretic, Univas, Vasereitc, Vasotec, Zestoretic, Zestril	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, ramipril, quinapril, quinapril/HCTZ, Quinaretic, moexipril,trandolapril,trandolapril/verapamil, moexipril/HCTZ, benazepril/amlodipine, perindopril	Prior use of 1 first line medication in the last 130 days
Angiotensin II Receptor Antagonists (ARBs)	Heart and hypertension	Atacand HCT, Atacand, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan HCT, Diovan, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Teveten, Teveten HCT, Twynsta, Tribenzor	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, ramipril, quinapril, quinapril/HCTZ, Quinaretic, moexipril,trandolapril, moexipril/HCTZ, benazepril/amlodipine, perindopril,trandolapril/verapamil, enalapril/felodipine, losartan, losartan/HCTZ, Lexxel	Prior use of 1 first line medication in the last 130 days
Antidepressants - Bupropion	Depression	Wellbutrin SR/XL, Aplenzin	bupropion SR, bupropion XL, bupropion SR, bupropion XL	Prior use of 1 first line medication in the last 130 days
Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRI)	Depression	Celexa, Lexapro, Luvox CR, Paxil CR, Paxil, Pexeva, Prozac, Prozac Weekly, Sarafem, Zoloft	fluoxetine/weekly, fluvoxamine, paroxetine, paroxetine CR, citalopram, sertraline	Prior use of 1 first line medication in the last 130 days
Antidepressants - Selective Serotonin Norepinephrine Reuptake Inhibitors (SNRI)	Depression	Cymbalta, Effexor, Effexor XR, Pristiq, Venlafaxine extended-release, Savella	fluoxetine, fluvoxamine, paroxetine, citalopram, sertraline, venlafaxine XR	Prior use of 1 first line medication in the last 130 days For Savella prior use of 2 medications (SSRI and/or SNRI) in the last 130 days
Avodart	BPH	Avodart, Proscar, Jayfin	finasteride	Prior use of 1 first line medication in the last 130 days
Beta Blockers	Heart and hypertension	Toprol XL, Bystolic, Coreg, Levatol, Inderal LA, InnoPran XL, Seral, Corzide, Tenormin, Kerlone, Timolide, Zebeta, Normodyne, Trandate, Lopressor, Corgard, Blocadren, Inderal, Coreg CR, Ziac, Lopressor HCT, Ziac, Inderide, Tenoretic	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol tartrate, metoprolol succinate (ER), nadolol, pindolol, propranolol, propranolol ER, timolol, atenolol/chlorthalidone, bisoprolol/hydrochlorothiazide, metoprolol/hydrochlorothiazide, propranolol/hydrochlorothiazide, nadolol/bendroflumethiazide	Prior use of 1 first line medication in the last 130 days
Bile Acid Sequestrants	Triglycerides	Welchol, Questran/Light, Prevalite, Colestid	cholestyramine, colestipol	Prior use of 1 first line medication in the last 130 days
Bisphosphonates Enhanced	Osteoporosis	Step-Threes: Fosamax tablets, Fosamax oral solution, Fosamax Plus D	Step-One: alendronate Step-Two: Actonel, Actonel Plus Calcium, Boniva	Prior use of a Step-One medication in the last 130 days for a Step-Two medication. Prior use of a Step-Two medication in the last 130 days for a Step-Three medication.
Branded NSAID	Arthritis/Pain	Athrotec, Mobic, Ponstel, Cataflam, Voltaren, Voltaren XR, Lodine, Lodine XL, Nalfon, Ansaad, Motrin, Indocin, Indocin SR, Orudis, Toradol, Relafen, Naprosyn, Naprelan, Anaprox, Anaprox DS, Daypro, Feldene, Clinoril, Flector, Voltaren Gel, IC 400, IC 800, Zipsor, Pemsaid, Cambia	diclofenac, etodolac, fenoprofen, furbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meloxicam, mefenamic acid, meoxicam, nabumetone, naproxen, oxaprozin, proxicam, sulfindac, tolmetin	Prior use of 2 first line medications in the last 130 days For Vimovo prior use of a Step-One Proton Pump Inhibitor (PPI) and naproxen (brand or generic)

Franklin County Cooperative Health Benefits Program
Step Therapy Programs

Step Therapy Program	Indication	If your prescription is for one of these medications ...	Step Therapy asks you to first try one of these FIRST-LINE medications	Step Therapy looks for ...
Calcium Channel Blockers - Dihydropyridine Products	Heart and hypertension	Amlolol, Cardene SR, Diltiazem, Diltiazem ER, Diltiazem SR, Diltiazem XL, Diltiazem XL SR, Diltiazem XL SR (8.5, 17, 25.5, 34 mg)	nifedipine SR, nifedipine IR, nifedipine IR, felodipine ER, isradipine, amlodipine, nisoldipine ER (20, 30, 40mg)	Prior use of 1 first line medication in the last 130 days
Calcium Channel Blockers - Verapamil Products	Heart and hypertension	Covera-HS, Verelan PM, Verelan, Calan, Calan SR, Isoptin, Isoptin SR	verapamil SR, verapamil IR, verapamil ER	Prior use of 1 first line medication in the last 130 days
COX-2 Inhibitors	Arthritis/Pain	Celebrex	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, melfenamates, melfenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	Prior use of 2 first line medications in the last 130 days
DPP-4 Inhibitors (formerly called Januvia)	Antidiabetic	Januvia, Janumet, Onglyza, Kombiglyze	metformin extended-release, metformin/glyburide, metformin/glipizide	Prior use of 1 first line medication in the last 130 days
Fenofibrate	Cholesterol	Tricor, Lofibra, Antara, Triglite, Lipofen, Fenoglide, Trilix, Fibracor	fenofibrate	Prior use of 1 first line medication in the last 130 days
HMG - Enhanced	Cholesterol	Step-Three: Atoprev, Caduet, Lescol, Lescol XL, Lipitor, Mevacor, Pravachol, Zocor, Vytorin	Step-One: lovastatin, pravastatin, simvastatin Step-Two: Crestor	Prior use of a Step-One medication in the last 130 days for a Step-Two medication. Prior use of a Step-Three medication in the last 130 days for a Step-One and a Step-Two medication.
Hypnotics	Insomnia	Ambien CR, Lunesta, Rozerem, Sonata, Ambien, Edluar, Stenol	zolpidem CR, zaleplon	Prior use of 1 first line medication in the last 130 days
Leukotriene Pathway Inhibitors	Alergies	Accolate, Singulair, Zflo/CR - (generic alternatives are not targeted)	<p>For non-asthma conditions: Fluticasone propionate^a, Beconase AQ, Flonase, Flunisolide^a, Nasacort, Nasarel, Veramyst, Nasonex, Rhinocort AQ, Omnatris</p> <p>Category 2: Fexofenadine^a, Allegra, Allegra-D, Clarinex, Clarinex-D, loratadine^a, loratadine/pseudoephedrine^a, Claritin, Claritin-D, cetirizine^a, cetirizine-pseudoephedrine^a, Zyrtec, Zyrtec D, Xyzal, Astelin/Astepro, Patanase</p> <p>^atry these generics first to avoid being targeted by another step therapy program; ^a these over-the-counter (OTC) products are not covered under your prescription benefit</p>	Prior use of 1 first line medication from each category in the last 180 days
Long-Acting Opioid-Oral	Pain	MS Contin, Oramorph SR, Embeida, Avinza, Kadian, Opana ER, OxyContin, Exalgo	Morphine sustained release	Prior use of 1 first line medication in the last 130 days
Lyrica	Neuropathic pain	Lyrica	gabapentin	Prior use of 1 first line medication in the last 130 days
Metformin	Diabetes	Glucophage XR, Glucophage, Fortamet, Riomet, Glumetza	metformin, metformin extended-release	Prior use of 90 days of therapy of first line medication in the last 130 days
Mirapex/Requip	Restless Leg Syndrome/Parkinson's Disease	Mirapex, Mirapex ER, Requip XL, Requip	ropinirole, pramipexole	Prior use of 1 first line medication in the last 130 days
Nasal Steroids	Alergies	Rhinocort Aqua, Beconase AQ, Nasacort AQ, Nasarel, Nasonex, Flonase, Veramyst, Omnatris	fluticasone propionate, flunisolide	Prior use of 1 first line medication in the last 180 days
Non-sedating Antihistamines (NSA)	Alergies	Clarinex, Clarinex-D, Allegra, Allegra-D, Xyzal	loratadine ^a , loratadine-D ^a , fexofenadine, fexofenadine-D, cetirizine syrup, cetirizine ^a , cetirizine-D ^a	Prior use of 1 first line medication in the last 180 days

Most step therapy programs have exception criteria for members taking certain medications and/or medical histories. Depending on a member's specific medical history, a back-up medication may be approved without a trial of a front-line medication.

^a these over-the-counter (OTC) products are not covered under your prescription benefit

Franklin County Cooperative Health Benefits Program
Step Therapy Programs

Step Therapy Program	Indication	If your prescription is for one of these medications ...	Step Therapy asks you to first try one of these FIRST-LINE medications	Step Therapy looks for ...
Overactive Bladder (OAB) Proton Pump Inhibitors - Enhanced	Overactive Bladder Stomach acid conditions	Detrol, Detrol LA, Sancitura XR, Vesicare, Enablix, Oxycodone, Ditropan, Ditropan XL, Toviaz, Ceinlique Step-Two: Nexium, omeprazole-sodium bicarbonate, lansoprazole orally disintegrating tab Step-Three: Aciphex, Dexilant (formerly Kapidex), Prilosec OTC, Protonix, Zegerid OTC, Prevacid OTC	oxybutynin IR, oxybutynin XL, trospium Step-One: omeprazole (Rx or OTC), lansoprazole, pantoprazole <i>Over-the-counter (OTC) products are covered under your prescription benefit and are not impacted by the Step Therapy program.</i>	Prior use of 1 first line medication in the last 130 days Prior use of a Step-One medication in the last 180 days for a Step-Two medication. Prior use of a Step-Two medication in the last 180 days for a Step-Three medication. <i>Does NOT target kids 2 years of age and younger.</i>
Strattera	ADHD	Strattera, Intuniv	Adderall, Adderall XR, Concerta, Daytrana, Desoxym, Dexedrine, Dexedrine Spansules, Dextroamphetamine IR, Dextroamphetamine SR, dextroamphetamine IR, Focalin, Focalin XR, Meradate CD, Meradate ER, methylphenidate, Methylphenidate ER, methylphenidate immediate release, mixed amphetamine salts IR, Ritalin LA, Ritalin SR, Vyvanse	Prior use of 1 first line medication in the last 130 days
Symbyax	Psychosis	Symbyax	Abilify, Clozaril, Fazaclor, Geodon, Risperdal, Risperdal M-Tab, Risperdal Consta, Seroquel, Seroquel XR, Zyprexa, Zyprexa Zyclis, Zyprexa Retprev, Invega, Invega Sustenna	Prior use of 1 first line medication in the last 270 days
Tekturna	Hypertension	Tekturna, Tekturna HCT, Valturn	benazepril, benazepril/HCTZ, benazepril/amlodipine, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, perindopril, quinapril, quinapril/HCTZ,trandolapril,trandolapril/verapamil, enalapril/feoldipine, benazepril/amlodipine	Prior use of 1 first line medication in the last 130 days
Tetracycline - oral	Dermatologic Conditions	Declomycin, Adoxa, Monodox, Avidoxykit, Adoxa/CKT/Pak, Doryx, Vibramycin, Vibra-Tabs, Oraxyl, Periostat, Oracea, Dynacin, Minocin/kit/PAC, Solodyn, Sumycin	demecloxylline, doxyycycline, minocycline, tetracycline	Prior use of 1 first line medication in the last 130 days
Thiazolidinediones (TZD)	Antidiabetic	Actos, Avandia, Actoplus Met XR, Avandamet, Duetact, Avandaryl	metformin, metformin extended-release, metformin/glyburide, metformin, glipizide, metformin/repaglinide	Prior use of 1 first line medication in the last 130 days
Topical Corticosteroids	Dermatologic Conditions	Adovate, Ala-Scalp-HP, ApexCon, Capex, Olobex, Elocon, Halog, Halonate, Florone, Kenalog, Cloderm, Cordran, Locoid, Luqid, Olux, Pandel, Psorcon, Derma-Smooth FS, Dermatop, Tecxacort, Vanos, Diprolene/AF, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zyrtec, Nucoort, Lotion, Florone, Ultravate, Topcort LP, Lidex, Westcort, Momexin, Pediaiderm, Triderm, Scalacort, Samol-HC, Pramoxone, Pramoxone E	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone fluocinolone, pramoxine	Prior use of 2 first line medication in the last 130 days

Franklin County Cooperative Health Benefits Program
Step Therapy Programs

<p align="center">Most step therapy programs have exception criteria for members taking certain medications and/or medical histories. Depending on a member's specific medical history, a back-up medication may be approved without a trial of a front-line medication.</p>				
Step Therapy Program	Indication	If your prescription is for one of these medications ...	Step Therapy asks you to first try one of these FIRST-LINE medications	Step Therapy looks for ...
Topical Immunomodulators	Dermatologic Conditions	Eidel, Protopic	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, clobetasol, clobetasone, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, hydrocortisone butyrate, hydrocortisone butyrate, hydrocortisone acetate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone, fluocindolone, clocortolone, flurandrenolide, halobronide, prednicarbate	Prior use of 1 first line medication in the last 60 days
Tramadol	Pain	Ultram, Ultracet, Ultram ER, Ryzoft, Rybix ODT	tramadol/ER, tramadol/acetaminophen	Prior use of 1 first line medication in the last 130 days
Uloric	Gout	Uloric	allopurinol	Prior use of 1 first line medication in the last 130 days
Xopenex Inhalation Solution	Respiratory	Xopenex Inhalation Solution	albuterol inhalation solution, albuterol/ipratropium inhalation solution, levalbuterol inhalation solution	Prior use of 1 first line medication in the last 130 days
Zetia	Cholesterol	Zetia	simvastatin*, pravastatin*, lovastatin*, Lipitor, Lescol, Lescol XL, Altoprev, Pravachol, Crestor, Mevacor, Zocor, Caduet, Advicor, Simcor, Vytorin <i>*try one of these generics first to avoid being targeted by another step therapy program.</i>	Prior use of 1 first line medication in the last 130 days

Exhibit 4 Enrollment Change Form

FRANKLIN COUNTY HEALTH BENEFITS ENROLLMENT/CHANGE FORM											
A. EMPLOYER AUTHORIZATION (FOR EMPLOYER USE ONLY)			Dept./Agency Number			Effective Date (Benefits Dept. Use Only)			Approved By Payroll/HR Personnel	Date	
B. ACTION (CHECK APPLICABLE BOX BELOW)											
REASON FOR ENROLLMENT /CHANGE FORM COMPLETION		Date of Hire: / /	Date of Event: / /	QUALIFYING LIFE EVENTS			Required Documents				
<input type="checkbox"/> New Hire Enrollment		Effective Date: / /	Select from the list to the right. Provide date of event.	<input type="checkbox"/> Birth of a child				Discharge papers, footprints, crib card, provider letter, or birth certificate			
<input type="checkbox"/> Open Enrollment				<input type="checkbox"/> Adoption/Guardianship				Adoption papers or court documents awarding guardianship			
<input type="checkbox"/> Qualified Life Event				<input type="checkbox"/> Dependent child no longer eligible (has other coverage)				Documentation proving other coverage			
				<input type="checkbox"/> Dependent child no longer eligible for coverage							
				<input type="checkbox"/> Marriage				Marriage certificate or abstract			
				<input type="checkbox"/> Enrolling a domestic partner				Affidavit of Domestic Partnership and supporting documents			
				<input type="checkbox"/> Divorce/Legal separation				Complete copy of the divorce decree or dissolution document			
				<input type="checkbox"/> Terminating a domestic partnership				Affidavit of Termination of Domestic Partnership			
				<input type="checkbox"/> Change due to loss of coverage				Documentation from former/new insurance with date coverage ended/began			
				<input type="checkbox"/> Death of an employee				Copy of death certificate			
				<input type="checkbox"/> Other, please explain:							
C. PLAN SELECTION											
<input type="checkbox"/> I am declining coverage. <input type="checkbox"/> I am electing coverage. Select your Dental option: <input type="checkbox"/> Dental PPO <input type="checkbox"/> DMO											
D. EMPLOYEE INFORMATION											
Social Security Number		First Name		M.I.		Last Name		Marital Relationship Status		Date of Birth (MM/DD/YY)	E-mail address
Home Address		City	State	Zip	County	Single	Married	Domestic Partnership	Home Phone	Work Phone	Cell Phone
E. FAMILY INFORMATION Employee, Spouse or Domestic Partner, and/or Dependents to be enrolled, changed, or dropped. (Attach extra sheet if needed)											
Action	Relationship	First Name	Last Name	M.I.	Gender	Date of Birth (MM/DD/YY)	Social Security Number				
<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Drop	Employee				M F	/ /					
<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Drop	Spouse or Domestic Partner				M F	/ /					
<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Drop					M F	/ /					
<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Drop					M F	/ /					
<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Drop					M F	/ /					
<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Drop					M F	/ /					
<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Drop					M F	/ /					
<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Drop					M F	/ /					
F. SIGNATURE (FORM MUST BE SIGNED FOR ANY ENROLLMENT OR CHANGE ACTIVITY)											
AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL INFORMATION. On behalf of myself and anyone enrolled in or added to this application ("Us"), I authorize any health care professional or entity to give Franklin County Benefits Office or any of their designees any and all records or information pertaining to medical or dental history or services rendered to Us for any administrative purpose, including evaluation of an application or a claim, and for any analytical or research purposes. I also authorize on behalf of Us the use of a Social Security Number for purpose of identification. The information provided on this application is accurate and complete. I understand and agree that any omissions or incorrect statements knowingly made by Us on this application may invalidate my and/or my dependents' coverage. I FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.											
FOR ASSISTANCE Franklin County Benefits Department 373 South High Street, 25th Floor Columbus, OH 43215 Telephone: 614-525-5750 Toll-free telephone: 1-800-397-5884 Fax: 614-525-5515											
Employee Signature _____ Date _____											