Spotlight

BENEFITS & WELLNESS NEWSLETTER

February 2013

Open Enrollment

Produced by the ***Franklin County Benefits and Risk Management Department*** *for members of the* ***Franklin County Cooperative Health Benefits Program***

Franklin County is pleased to continue providing its employees with an outstanding healthcare benefit program. Employee benefit cost sharing efforts over several recent years have made a significant difference in controlling the County's overall healthcare costs. Thanks for being smart health care consumers. As a result, the County is still able to offer a comprehensive healthcare package at reasonable costs to all participating employees. For information about rate changes, refer to pages 22 and 23 of this newsletter.

Adopting healthier lifestyles is one of the best tools we as individuals have to control rising healthcare costs. Doing so will lower the risk of developing costly chronic diseases. It's well-known and documented that 70-percent of all healthcare spending is related to lifestyle and environmental factors (diet, lack of preventative care, exercise, smoking, etc.). Active living and healthy eating are keys to better health outcomes.

To that end, the County will provide Wellness programming in the coming year to help educate, encourage, and help you in developing a healthier lifestyle to benefit you, your family, and the overall health of the County's benefit program. Good health is good for everyone. Check the *ThriveOn* and the Board of Commissioners websites regularly for information on other exciting Franklin County healthy lifestyle initiatives such as *Let's Move!*, Community Gardens, *Not Me* Diabetes Prevention program, Walking and Stair clubs, and *MyPlate* Healthy Nutrition. Stay tuned, better health is just a few steps away. Please remember to share with the Benefits Office any good ideas that you have regarding how to get more employees involved in the promotion of good health and living.

Please contact the Benefits Office at 614-525-5750 if you need additional information about the April 1st rate changes, or about participation in Wellness programming in the coming year.

Don L. Brown
Franklin County Administrator

A peek at what's inside ...

Open Enrollment will be held for **three weeks**: Monday, February 11, 2013, through Sunday, March 3, 2013.
Details: Page 4

All enrollments will take place in our ***NEW* online enrollment system.**
Details: Page 4

Dependent verification documentation is required for **ANY new dependent.** No later than **March 6, 2013! *Check out the new feature for submitting documents!***
Details: Page 5

Benefits remain the same, with the exception of a few minor *(positive!)* tweeks to the pharmacy and medical plans.
Details: Pages 14-18

The **imputed income** for domestic partner coverage increases effective April 1, 2013.
Details: Page 19

Supplemental life premium may increase effective April 1, 2013, if you or your spouse age into the next age bracket.
Details: Page: 21

Employee contributions are increasing for the majority of employees, effective April 1, 2013.
Details: Pages 22-23

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PPACA REQUIREMENTS: W-2 REPORTING AND SBCs

The Patient Protection and Affordable Care Act ("PPACA") requires your employer to report the cost of your health benefits on your W-2 starting with the 2012 tax year (W-2's issued in January 2013). This new required reporting is for information purposes only and does not represent a new tax.

> *"This new required reporting is for information purposes and does not represent a new tax."*

The reported cost of your health care benefits represents both your contribution as well as your employer's contribution and includes medical, pharmacy, behavioral health, dental, vision and wellness program costs.

Look for Box 12 on your 2012 W-2. The amount labeled "Code DD" is your reported health care cost. The IRS has created Code DD as a label specifically for this reporting requirement.

Another requirement of the PPACA is that all health plans create a Summary of Benefits and Coverage (SBC) and Uniform Glossary. The SBC is an eight-page form in a simple question-and-answer format that provides you clear, consistent and comparable information about your health benefits. The Uniform Glossary provides definitions of the terms used in the SBC.

> *"The SBC ... provides you clear, consistent and comparable information about your health benefits."*

The SBC is similar to a nutritional label you find on a food item. You use food labels to compare nutritional information food items; you use the SBC and Uniform Glossary to compare one health plan to another. It isn't going to tell you ALL about the plan, but illustrates high level details.

Your SBC is posted on your Dashboard on the online enrollment system, and on the Benefits Office webpage at http://bewell.franklincountyohio.gov. Paper copies are available from your Benefits Office.

For questions about your W-2 or your SBC and Uniform Glossary, contact the Franklin County Benefits Office at 614-525-5750 or toll-free at 1-800-397-5884.

BENEFITS and RISK MANAGEMENT DEPARTMENT

Unveils NEW! Employee Website

http://bewell.franklincountyohio.gov

The Franklin County Benefits and Risk Management Department is excited to have a new tool in our communication toolbox! Utilizing the 'technical wizardry' of the Franklin County Data Center Web Team, we have designed a single point of access for Benefits, Wellness and Risk Management program information. Go to http://bewell.franklincountyohio.gov to check us out!

A word from Maggie Snow, Director of the Franklin County Benefits and Risk Management Department, "We hope you find our site informative about your health care, wellness (ThriveOn) and employee safety. Please consider our team as guides, educators, and problem solvers. We are here to provide efficient and prompt service to support you in attaining and maintaining optimal health.

Take some time to explore our site where you can discover more about the excellent benefits brought to you by the Franklin County Board of Commissioners and Franklin County Cooperative Health Benefits Program.

Be Well,

Maggie

Margaret K. Snow

http://bewell.franklincountyohio.gov

Fairfield and Pickaway County … check us out too!

The Franklin County Benefits Office website is not just for Franklin County. It provides Benefits and Wellness information for ALL members of the Franklin County Cooperative and will allow us to communicate program information more easily and consistently. The website is accessible from any computer with internet capabilities. Some information - like the Risk Management programs, etc. - only apply to Franklin County, but all things Benefits and Wellness are for you too!

IMPORTANT INFORMATION ABOUT OPEN ENROLLMENT!

Open Enrollment is your once-a-year opportunity to make changes to your health and life benefit elections for the coming plan year. You are required to confirm your benefit elections for the 2013-2014 plan year. If you fail to do so, coverage will terminate March 31, 2013.

- **Read this *Spotlight* newsletter from cover to cover.**

- **Open Enrollment is Monday, February 11, 2013, through Sunday, March 3, 2013.**

- **The 2013-2014 Open Enrollment is MANDATORY.**
  Your 2012-2013 benefits enrollment WILL NOT rollover to the 2013-2014 plan year. If you do not confirm your benefits during Open Enrollment, your benefits will terminate March 31, 2013.

- **Confirm your 2013-2014 benefits enrollment at https://mybenefits.secova.com.**
  All Open Enrollment changes will be made online in your NEW! Enrollment system. Refer to pages 6-13 for a detailed 'walk' through the new system. Your dependents, your coverage selections and costs are already illustrated in the new system - *no re-keying all your information!* There are a few new questions you will need to answer this year and you will need to re-designate and re-allocate your beneficiaries.

  There are multiple employee meetings scheduled throughout Franklin County agencies during Open Enrollment. You are encouraged to attend. Computers will be available at these meetings and Benefits Office staff will be available to anyone requiring assistance with their enrollment. As always, if you have questions, please contact the Benefits Office at 614-525-5750.

- **Your Login Credentials.**
  User Name: First 4 letters of your last name and last 6 digits of your social security number
  e.g. Smith xxx-12-3456 = SMIT123456
  Password: 6 digit date of birth
  e.g. March 17, 1968 = 031768

  A PIN Notification letter will be mailed to your home welcoming you to Open Enrollment, inviting you to use the new enrollment system and providing your Login credentials. (If you misplace your PIN Notification letter, no worries. Go to https://mybenefits.secova.com, use the Login credentials described above and you are good to go!)

LIFE EVENTS - During and After Open Enrollment

If you experience a Life Event (marriage, birth, divorce, adoption, etc.) during or after Open Enrollment that requires a change in your benefits enrollment, refer below to determine which enrollment system you use - the OLD or the NEW.

Event	Date of Event	Effective Date of Change	Use the following Enrollment ID Number(s)
Birth, Adoption, Divorce	February 2013 March 2013	Actual date of event	Make the change in the OLD enrollment system - www.eelect.com - under Enrollment ID 52097
Marriage	February 2013	3/01/2013	
Marriage	March 2013	4/01/2013	Make the change in the NEW enrollment system - https://mybenefits.secova.com

DEPENDENT VERIFICATION DOCUMENTATION

The enrollment of any dependent added to coverage during Open Enrollment will be pended until the proper dependent verification documentation is received and approved by the Benefits Office. Refer to Exhibit 1 of the Healthcare Benefits Guide for a list of acceptable documents. The Benefits Guide is posted on the online enrollment system as well as available at http://bewell.franklincountyohio.gov.

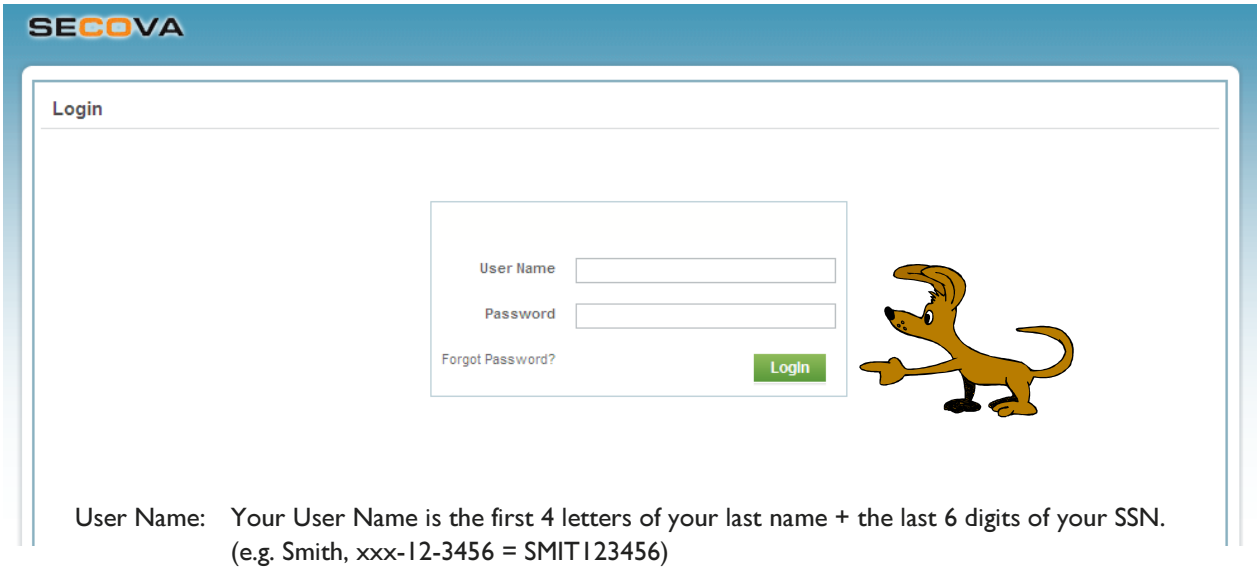
New feature! A feature of the new enrollment system allows you to scan and upload your documentation to your enrollment record. *This eliminates paperwork for you and the Benefits Office!* **Documentation must be submitted no later than Wednesday, March 6, 2013.**

NEW PLAN YEAR = NEW DEDUCTIBLES and PLAN MAXIMUMS

A new plan year means that your benefits 'reset', including (but not limited to) your medical and dental annual deductibles, your dental plan maximum and your 25 plan year visit limits on some services.

- Your medical deductible resets to $200 single and $500 family for network providers. Non-network deductibles also reset.
- Your plan year visit limits on chiropractic and therapy services resets to 25.
- Your dental deductible resets to $25 per individual for non-network services and your dental maximum benefit resets to $1,100 network and $1,000 non-network, per individual.
- *Refer to your Healthcare Benefits Guide more info!*

LOGIN PAGE— UPDATE PASSWORD — PASSWORD RESET

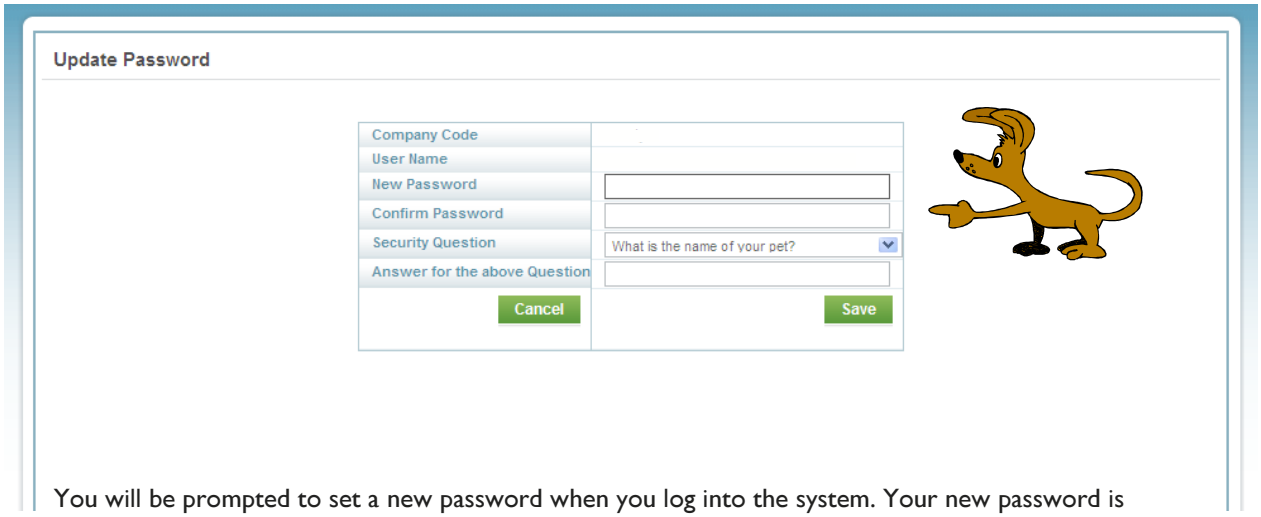


User Name: Your User Name is the first 4 letters of your last name + the last 6 digits of your SSN. (e.g. Smith, xxx-12-3456 = SMIT123456)

- Remove all special characters (e.g. O'Brien = OBRI)
- If there are less than 4 letters in your last name, use all the letters of your last name + the last 6 digits of your SSN (e.g. Lee, xxx-12-3456 = LEE123456)

Password: Your Password is the 6 digit date of birth (e.g. March 9, 1949 = 030949)

CLICK the green "Login" button once User Name and Password are entered.



You will be prompted to set a new password when you log into the system. Your new password is what you will use to enter the system from this point on. You will also be asked to establish a Security Question. The Security Question is used in the event you need to reset your password at a future date, i.e. *you forget your password!* The "Forget Password?" function (see Login) is used for password reset.

CLICK the green "Save" button once your new Password and Security Question are recorded. Congratulations! You have successfully registered on the *NEW* system!

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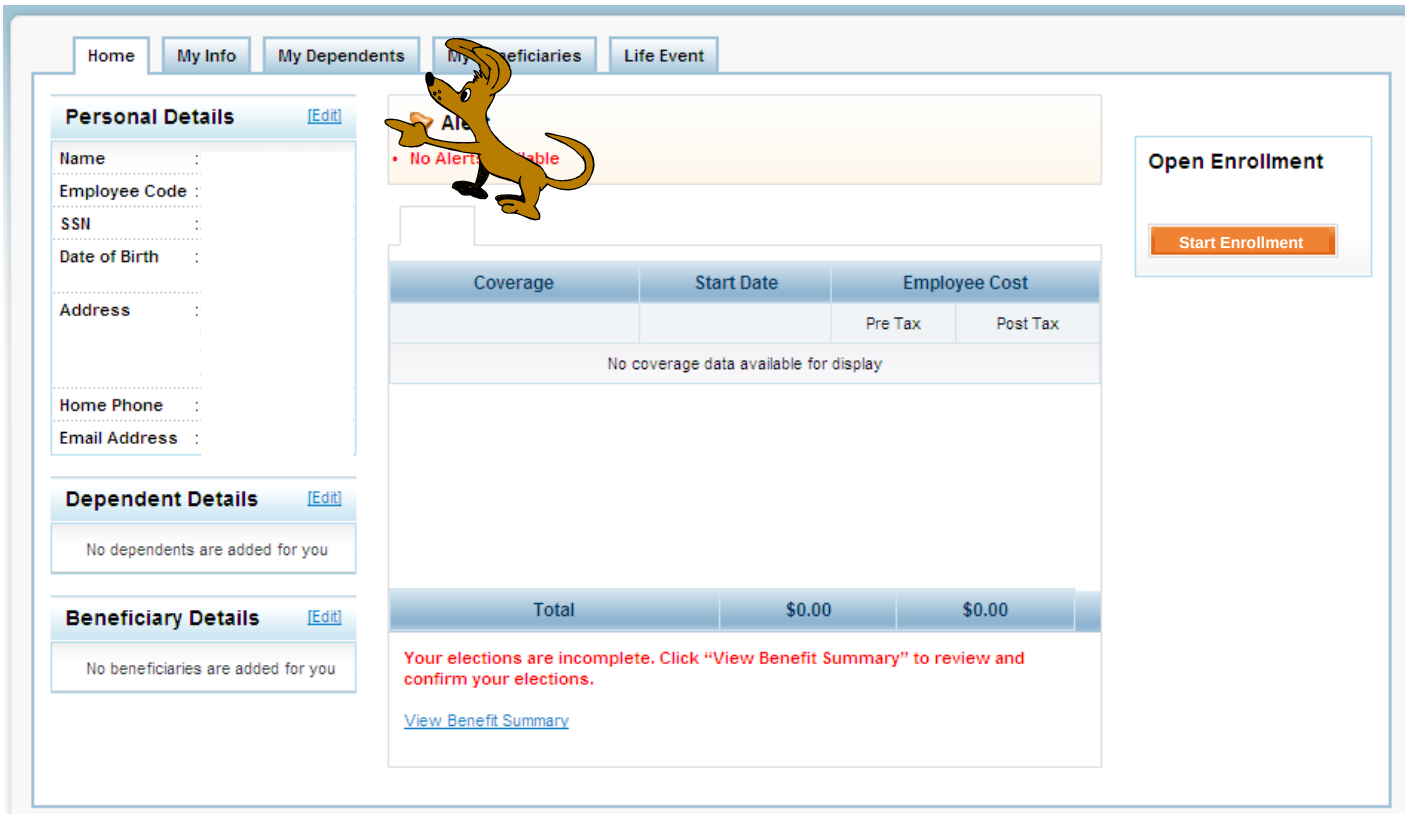
YOUR DASHBOARD — MY INFO — MY DEPENDENTS



This page is called your Dashboard. All information about YOU, YOUR DEPENDENTS and YOUR BENEFICIARIES is accessible from this page. All OPEN ENROLLMENT and LIFE EVENT activity starts from this page as well. *(Kind of like the dashboard of your car!)*

In the example above, the Dashboard states 'No coverage data available for display'. This is because you have never confirmed any benefits in this system. All your dependents, health and life coverage elections, costs, etc. are loaded in the system already *(We transferred them from the old enrollment system!)* and once you confirm your 2013-2014 benefits, your enrollment will be visible on your Dashboard.

You'll want to Click on the "Start Enrollment" button to begin your BenefitsWalk, but take a few minutes to explore your Dashboard. It will give you a better understanding of the directions that you encounter throughout the system.

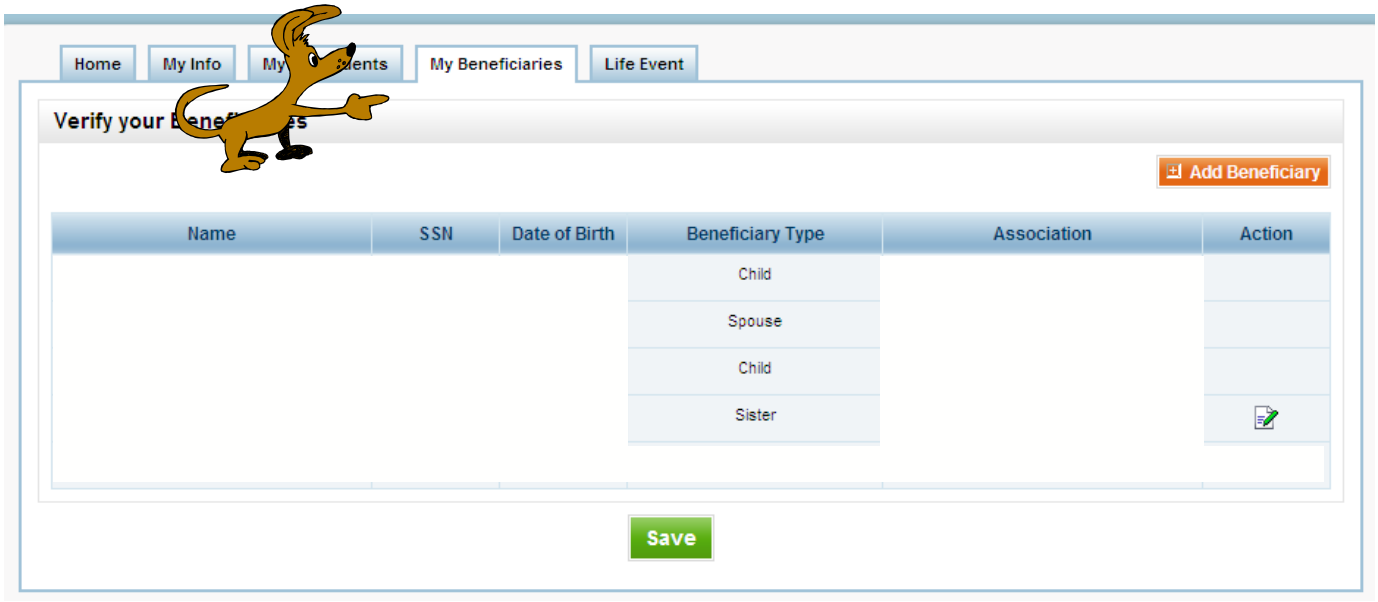
Personal Details [Edit] and **My Info**

- **Click the [Edit] button or the My Info tab to access your personal information.** To better communicate with our members, we are requiring email and phone numbers. If you do not have an email, please contact the Franklin County Benefits Office. Tobacco Use is also requested as well as other spousal coverage, if applicable.
- You have the ability to alter the Telephone, Email and Marital Status fields. All other changes must continue to be made through your payroll officer.

Dependent Details [Edit] and **My Dependents**

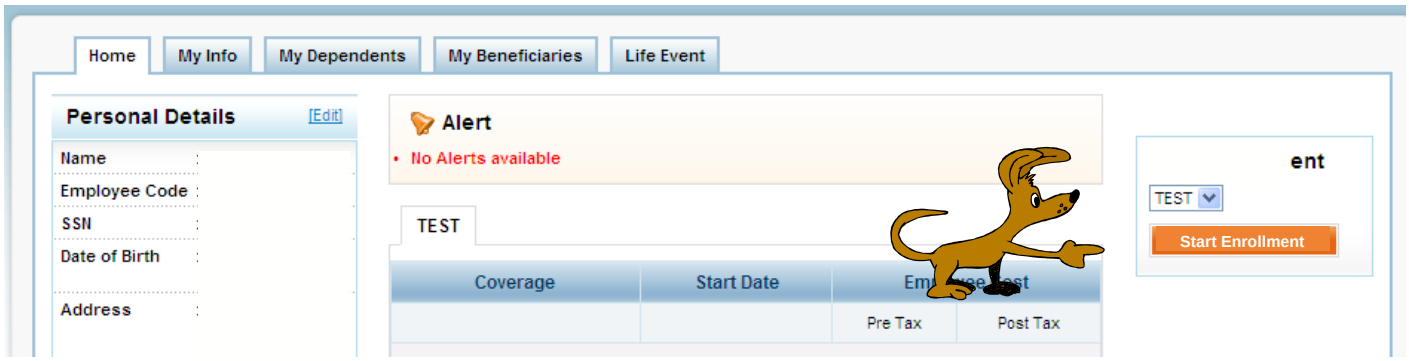
- **Click the [Edit] button or the My Dependents tab to review, edit or add dependents** that you intend to enroll in ANY benefit, including supplemental life.
- If you wish to change any information for a dependent, click the "Action" column, make the necessary changes, and "Save".

A few words about MY BENEFICIARIES



The MY BENEFICIARIES tab is where any person that could be named as a beneficiary is listed. The enrollment system is programmed with logic that says, *'I'll bet this employee wants to name his enrolled dependents (his spouse, his dependent children, etc.) as beneficiaries. I'm going to help him out by automatically listing them in the MY BENEFICIARIES tab so he doesn't need to re-key all of their information.'*

The employee in the illustration above has 4 individuals listed in MY BENEFICIARIES. His spouse and his two children are enrolled in benefits so they are automatically pulled from the MY DEPENDENTS tab and listed here. He used the "Add Beneficiary" button to add his sister as a beneficiary. So when the employee arrives at the Beneficiary Election page in the BenefitsWalk, these potential beneficiaries will appear and he can make his beneficiary designations quickly and easily!

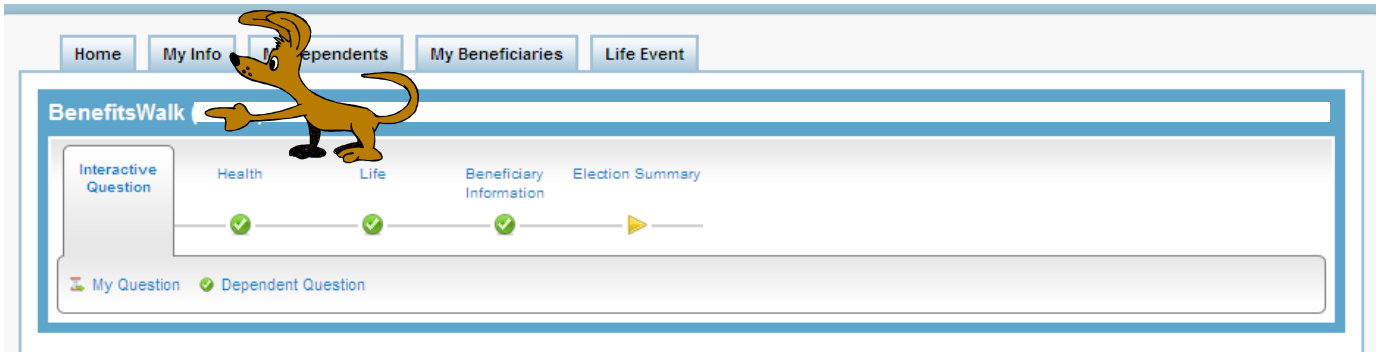


Now that you've checked out your Dashboard, it is time to take your BenefitsWalk. Click "'Start Enrollment" to begin!

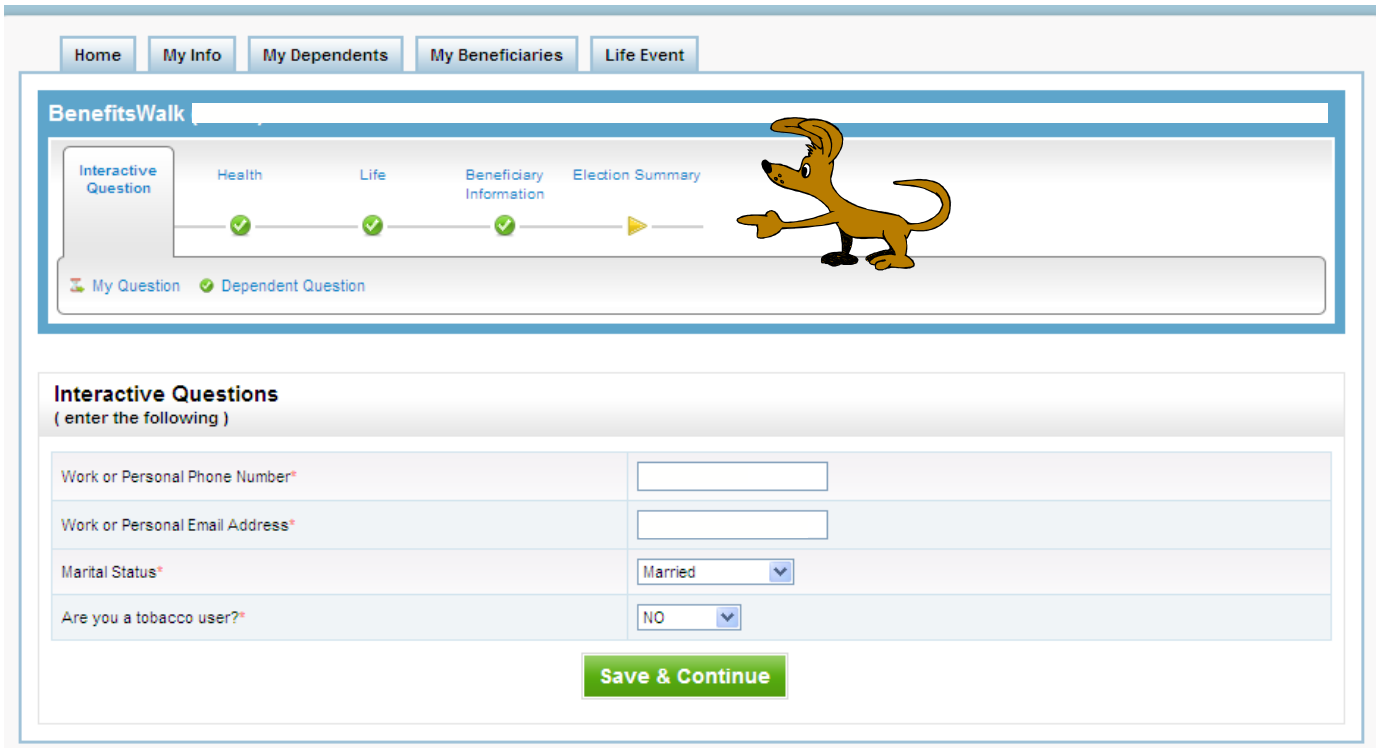
BUT FIRST … *after clicking "Start Enrollment",* the system asks if you want to review your Dependents. If you do, select 'Yes' to go to the MY DEPENDENTS tab. If you've already checked out the MY DEPENDENTS tab, just select 'No'.

AND THEN … you are asked to review a Disclaimer prior to being directed to the BenefitsWalk. Upon acceptance, you are automatically directed to your enrollment.

START YOUR 'BenefitsWalk' WITH INTERACTIVE QUESTIONS



Once at the BenefitsWalk, you are directed through the enrollment process page by page … starting with INTERACTIVE QUESTIONS and ending with ELECTION SUMMARY, where you will confirm your enrollment. You can move freely about your BenefitsWalk, you can click on Life, then go back to Interactive Questions, then to Election Summary, etc., but If you leave a page without saving … all changes are lost! Please take your time and read the directions provided on each page carefully.



The INTERACTIVE QUESTIONS are designed to gather information that will assist in the development of program strategies and product offerings as well as communication efforts with members. ALL INFORMATION IS 100% SECURE and 100% CONFIDENTIAL. After answering the questions, hit "Save & Continue" to move to the next screen.

HINT; As you make your way through the BenefitsWalk, watch the yellow arrows turn to green circles with check marks. If you have a page the doesn't turn from yellow arrow to green circle with check mark, you may want to go back and make sure you have completed all necessary elections.

BenefitsWalk — HEALTH — DENTAL — EAP

Home | My Info | My Dependents | My Beneficiaries | Life Event

BenefitsWalk

Interactive Question | Health | Life | Beneficiary Information | Election Summary

Health Benefit Plan | Employee Assistance Program

Health Benefit Plan

Coverage	Employee Cost		Coverage Date		Dependents
	Pre Tax	Post Tax	Start	End	
Medical -3Medical, Prescription, Behavioral Health, Vision Benefit Plans, and Dental PPO -Employee + Family	$207.00	$0.00	03/01/2013		

☐ I want to waive Health Benefit Plan

Your Health Benefit Plan will be deducted as Pre Tax

	Employee Only	Employee + Child (ren)	Employee + Spouse	Employee + Family
4Medical, Prescription, Behavioral Health, Vision Benefit Plans, and Dental DMO	$101.00	$101.00	$207.00	$207.00
View Plan Details				
3Medical, Prescription, Behavioral Health, Vision Benefit Plans, and Dental PPO	$101.00	$101.00	$207.00	$207.00

Cost for this plan

Employee Cost : $ 207.00

Deductions per month :
$ 207.00
(For this Plan)

Total Deductions per month:
$ 207.00

FRANKLIN COUNTY: You will select your health (Medical, Prescription Drug, Behavioral Health, Vision AND Dental) enrollment on this page. You have the option of enrolling in the Dental DMO or the Dental PPO. The employee illustrated above was enrolled in the Dental PPO in the old system, so defaulted to the Dental PPO in the new system. A summary of dental plan options is provided on page 17.

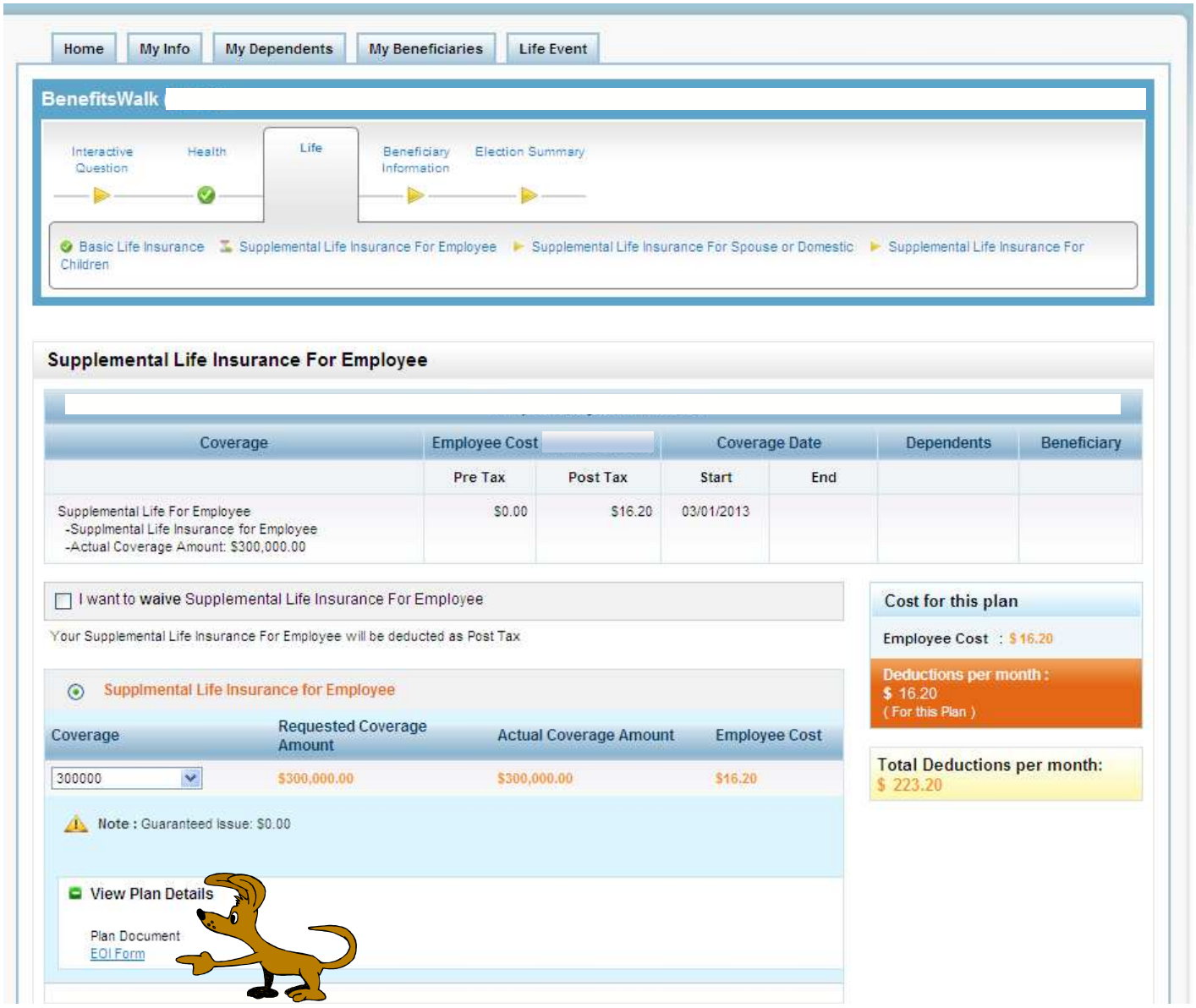
FAIRFIELD COUNTY: You will select your health (Medical, Prescription Drug, Behavioral Health, Vision and Dental) enrollment on this page. You will not see the option to enroll in the Dental DMO.

PICKAWAY COUNTY: You will select your health (Medical, Prescription Drug, Behavioral Health, and Vision) enrollment on this page. Because you have the option of electing dental only or health only or both … you will have a separate election page for your dental.

You will also see your Employee Assistance Program (EAP) benefits enrollment on this page. EAP benefits are available to all benefits eligible employees and their dependents, even if health benefits are declined.

Select "Save & Continue" to proceed to the Life election pages of your BenefitsWalk.

BenefitsWalk — Life



The first LIFE page you come to is your BASIC Life Information. You need not do anything on this page except check out this *employer-paid benefit* and click "Save & Continue".

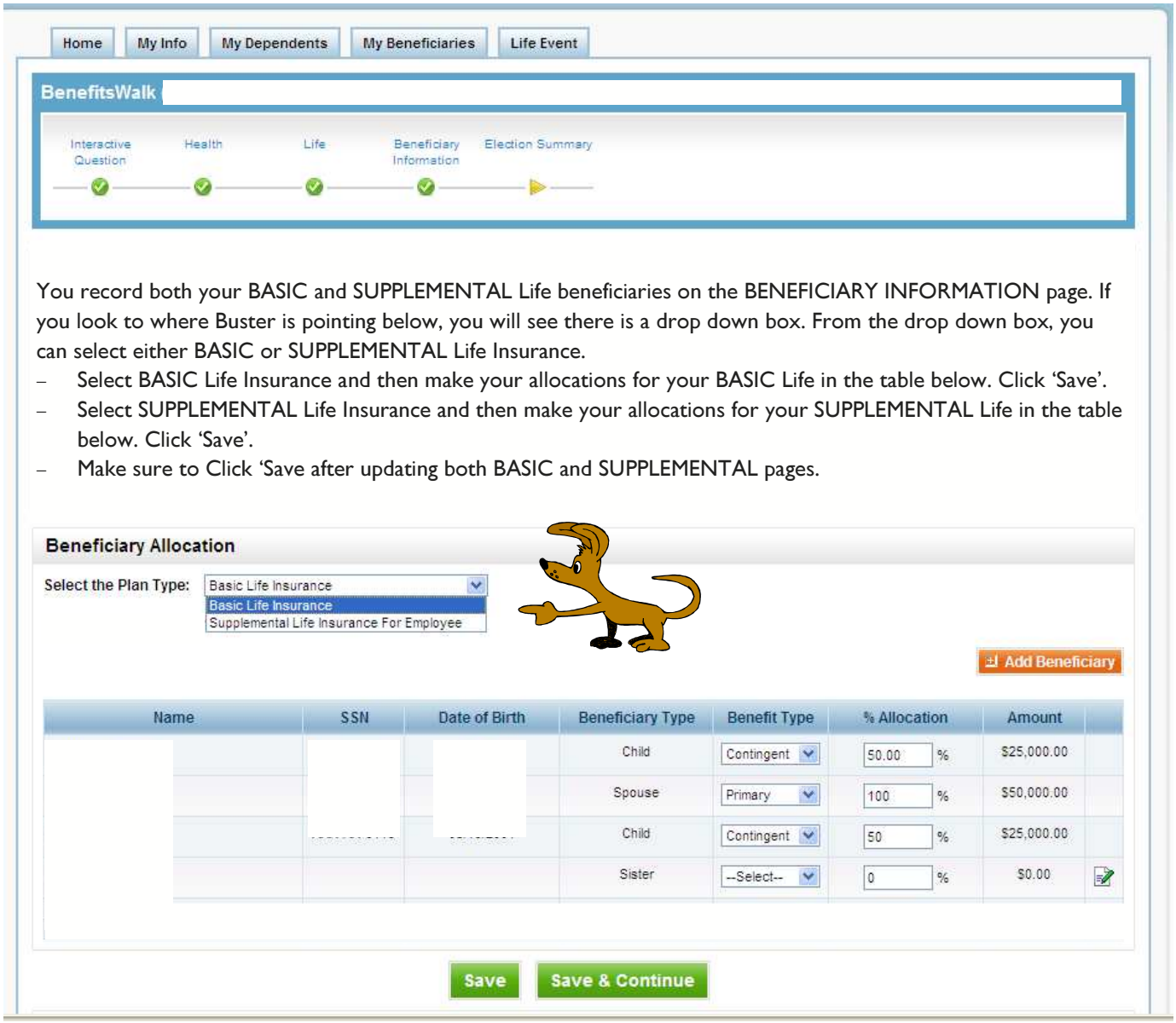
FRANKLIN and FAIRFIELD COUNTY: The next three pages are for SUPPLEMENTAL Life: page 1 for Employee, page 2 for Spouse and/or Domestic Partner and page 3 for Dependent Child.

> ENROLLING/INCREASING SUPPLEMENTAL LIFE COVERAGE: See where Buster is pointing in the illustration above? To the EOI/Medical History Form? That is the application that you must complete if coverage requires approval. This appears on the spouse and/or domestic partner page too.

"Save & Continue" after each page until you reach BENEFICIARY INFORMATION of your BenefitsWalk.

PICKAWAY COUNTY: You will proceed from the BASIC Life page to the BENEFICIARY INFORMATION page.

BenefitsWalk — BENEFICIARY INFORMATION



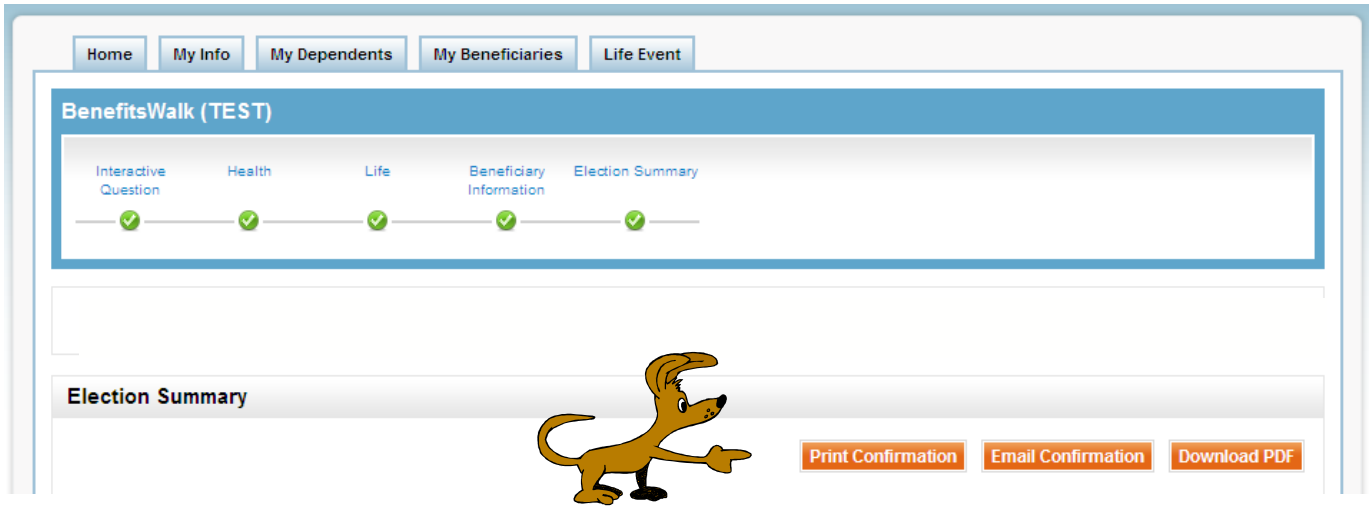
You record both your BASIC and SUPPLEMENTAL Life beneficiaries on the BENEFICIARY INFORMATION page. If you look to where Buster is pointing below, you will see there is a drop down box. From the drop down box, you can select either BASIC or SUPPLEMENTAL Life Insurance.

- Select BASIC Life Insurance and then make your allocations for your BASIC Life in the table below. Click 'Save'.
- Select SUPPLEMENTAL Life Insurance and then make your allocations for your SUPPLEMENTAL Life in the table below. Click 'Save'.
- Make sure to Click 'Save after updating both BASIC and SUPPLEMENTAL pages.

Take note of the % Allocation information in the illustration above. Just because this employee's sister is listed as a potential beneficiary, doesn't mean that the employee has to allocate any benefit to her. The individuals that will appear on this page are pulled from the MY DEPENDENTS tab and the MY BENEFICIARIES tab on the Dashboard. Any individual listed in either of these tabs will appear here as a potential beneficiary. If someone is listed here that you do not want to name as a beneficiary, just allocate 0%!

If you are unsure of your current beneficiary designations and benefit allocations, you are able to look in the old enrollment system to find out. Go to www.eelect.com, enter Enrollment ID 52097, your SSN and your PIN. View My Current Benefits. This will provide your current beneficiary information for recording in the new enrollment system.

You are almost done with your BenefitsWalk — ELECTION SUMMARY



All of your benefit elections and your dependents will be illustrated on your ELECTION SUMMARY. Please **review it carefully.** If you need to make changes to the benefits illustrated here, click on the Edit button along the right side of the page. It will take you to the appropriate page within your BenefitsWalk. Make whatever change is necessary and 'Save'. Prior to confirming, you can PRINT, EMAIL or DOWNLOAD a PDF of your ELECTION SUMMARY for your records. Click "Confirm Election" and you have completed your 2013-2014 benefits enrollment!

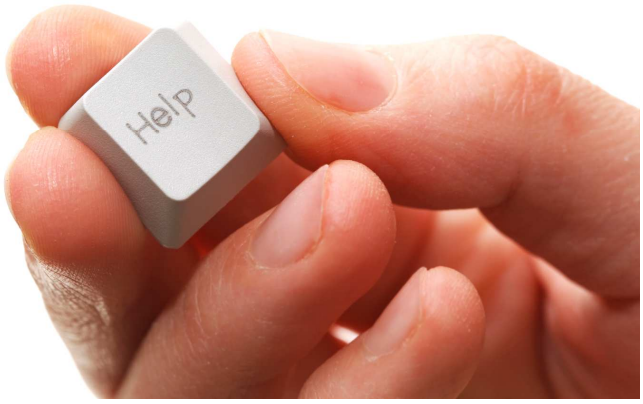
After you have confirmed your benefits enrollment, you may not be finished!

- ***Did you add a dependent that requires verification?*** If so, you must submit documentation verifying your dependent's eligibility by March 6, 2013.
- ***Did you request supplemental life insurance that requires company approval?*** If so, you must complete the Medical History Application and forward to the life insurance company.

Franklin County Benefits and Risk Management Department
Franklin County Courthouse
373 S. High Street, 25th Floor
Columbus, OH 43215
http://bewell.franklincounyohio.gov
614-525-5750
Toll-free 1-800-397-5884
Benefits@franklincountyohio.gov
Hours: M-F, 8am - 5pm

Fairfield County Benefits Office
239 West Main Street
Lancaster, OH 43130
740-652-7893
Hours: M-F, 8am - 5pm

Pickaway County Benefits Office
Contact the Franklin County Benefits Office.



SUMMARY OF MEDICAL BENEFITS

MEDICAL PLAN	NETWORK	NON- NETWORK
Office Visit Copay - Preventive Care - Non-Preventive Care - Premium Designated Specialist - Non-Premium Designated Specialist	 $0 $20 $20 $40	
Therapies and Chiropractic - Limited to 25 visits per plan year	$20	
Urgent Care	$25	
Emergency Room	$150	
Inpatient Hospitalization, Outpatient Surgery, Major Diagnostic, Ancillary Services, etc. - Deductible - Coinsurance - Out-of-Pocket Maximum	**Annual Deductible** $200 Individual $500 Family **Coinsurance** You pay 0%. Plan pays100%. **Annual Out-of-pocket Max** $600 Individual $1,500 Family	**Annual Deductible** $400 Individual $1,000 Family **Coinsurance** You pay 20%. Plan pays 80%. **Annual Out-of-pocket Max** $1,200 Individual $3,000 Family

BREAST FEEDING RELATED COVERAGE

The cost for the **rental** of breast-feeding equipment is covered 100% as well as the **purchase** of a personal double-electric breast pump. To rent or purchase breast feeding equipment, members simply contact a network physician, hospital or durable medical equipment (DME) supplier. The physician, hospital or DME supplier will bill the plan directly for reimbursement. Coverage is not allowed for the purchase of supplies at retail, i.e. at a retail baby store.

WOMEN'S PREVENTIVE CARE SERVICES

Effective April 1, 2013, the following preventive care services will be covered 100% (not subject to copays or deductibles) if received by a network provider.

- Breast feeding support, supplies and counseling (including rental or purchase of a breast pump) *See below.*
- Contraception methods and counseling (including tubal ligation) *See next page.*
- Screenings for domestic violence and gestational diabetes
- Human immune-deficiency virus (HIV) screening and counseling
- Human papillomavirus (HPV) testing (beginning at age 30 and every 3 years thereafter)
- Sexually transmitted infections counseling
- Well-woman visits (including preconception counseling and prenatal care)
- Prenatal care (Actual delivery costs and high-risk prenatal services are covered under 'non-preventive' benefit levels.)

SUMMARY OF PRESCRIPTION DRUG BENEFITS

PRESCRIPTION DRUG PLAN	NETWORK RETAIL	MAIL ORDER
Non-Specialty Medications		
Generic (G) Copay	$5	$12.50
Preferred Brand (PB) Copay	$25	$62.50
Non-Preferred Brand (NPB) Copay	$50	$125
Proton Pump Inhibitors		
Tier 1 includes ***ALL*** generics (omeprazole, pantoprazole and effective April 1, 2013, lanzoprazole) and over the counter PPIs	Tier 1: $5	Tier 1: $12.50
Tier 2 includes Nexium	Tier 2: $50	Tier 2: $125
Tier 3 includes all other brand PPIs	Tier 3: $75	Tier 3: $187.50
Specialty Medications		
Generic (G) Copay	$5	$12.50
Preferred Brand (PB) Copay	$25	$62.50
Non-Preferred Brand (NPB) Copay	10% up to $150 per prescription	10% up to $300 per prescription
Specialty medications must be obtained through CuraScript. CuraScript is Express Scripts, Inc.'s specialty pharmacy and can be reached by calling the number on your Express Scripts, Inc. identification card. CuraScript can ship your medications to your home, a home health provider or your physician's office.		
Injectible Insulin **Diabetic supplies** - Lancets, syringes, test strips, etc.	Covered 100% **Pharmacy plan:** Covered 100% **Medical plan:** 100% after annual deductible	Covered 100% **Pharmacy plan:** Covered 100% **Medical plan:** 100% after annual deductible

LANSOPRAZOLE MOVING TO TIER 1

Effective April 1, 2013, lansoprazole (generic Prevacid) is moving from Tier 2 to Tier 1. A 30 day supply (RETAIL) of lansoprazole will collect a $5 copay. Up to a 90 days supply (MAIL ORDER) will collect a $12.50 copay. (See Proton Pump Inhibitors above.)

	Current	4/01/2013
30 day supply	$50 copay	$5 copay
Up to 90 day supply	$62.50	$12.50

CONTRACEPTION METHODS AND COUNSELING

Effective April 1, 2013, certain contraception (birth control) methods and counseling will be covered 100%. These medications and services will not be subject to copays or the deductible.

- **Hormonal**
  - Oral: All generic birth control pills and the following brands: Beyaz, Generess FE, Lo Loestrin FE, Loestrin FE, Natazia, Ortho Tri-Cyclen Lo, Ovcon-50, Safyral
  - Vaginal: Nuvaring
  - Injection: Depo-SubQ Provera
  - Transdermal (Patch): Ortho Evra
- **Emergency**
  - Generic and Ella
- **Barrier**
  - Diaphragm and Femcap
- **Implant**
  - Mirena, Implanon, Paragard, Nexplanon
- **Sterilization**
  - Tubal ligation

ADDITIONAL PRESCRIPTION DRUG INFORMATION

OTHER PREVENTIVE MEDICATIONS

The following medications (when used for preventive measures) will be covered 100%, effective April 1, 2013. Some are available over-the-counter (OTC). Some are available only as prescribed drugs (Must obtain from a pharmacist). Some are available in both forms. Both OTC and prescribed forms require a written prescription from your healthcare provider for coverage under the plan.

Aspirin

- Covered 100%: Generic **OTC** Products
  - To prevent cardiovascular events
  - For men ages 45 to 79
  - For women ages 55 to 79

Flouride

- Covered 100%: Generic **Rx** Products
  - For preschool children older than 6 months of age through 5 years of age

Folic Acid

- Covered 100%: Generic **OTC** and **Rx** Products
  - For women ages 18 to 45

Iron Supplements

- Covered 100%: Generic **OTC** and **Rx** Products
  - For children ages 6 to 12 months who are at risk for iron deficiency anemia

Smoking Cessation

- Covered 100%: Generic **OTC** and **Rx** Products
  Chantix
  - For men and women aged 18 or older who use tobacco products

SELECT HOME DELIVERY

Two years ago, the Select Home Delivery program was introduced in an effort to increase awareness of mail order pharmacy services.

Select Home Delivery required members who were getting a maintenance medication at a retail pharmacy to make a choice - stay at retail or move to mail order - and notify Express Scripts, Inc. of their choice. It did not require the use of mail order - just a conscious decision to use retail or mail.

As a result of the Select Home Delivery program, there has been a marked increase in the use of mail order.

> *" ... the requirement to choose between retail and mail order and to notify Express Scripts, Inc. of that decision will no longer be necessary."*

The use of mail order will continue to be encouraged, however, the requirement to choose between retail and mail order and to notify Express Scripts, Inc. of that decision, will no longer be necessary.

Mail order continues to provide cost savings and is a convenient way to obtain your maintenance medications. There is even evidence to suggest that patients who use mail order are more likely to stick to their medication plan because their refill is just a call or mouse click away from showing up at their door!

SUMMARY OF DENTAL BENEFITS

	PPO		DMO COVERAGE ONLY FOR NETWORK PROVIDERS
	NETWORK	NON-NETWORK	
DENTAL PPO PLAN			**DMO PLAN**
Annual Deductible	None	$25 per person	None
Coinsurance			
The plan pays:			
- Diagnostic	100%	90%	100%
- Preventive	100%	90%	Fixed copay
- Basic	80%	70%	Fixed copay
- Major Restorative	80%	60%	Fixed copay
Annual Maximum Benefit	$1,100	$1,000	Based on fixed copays
Orthodontia	Children under 19 only	Children Under 19 only	
Coinsurance			
The plan pays:	75%	75%	Fixed copays
Lifetime Maximum Benefit	$1,500	$1,400	Based on fixed copays

SUMMARY OF VISION BENEFITS

	NETWORK	NON-NETWORK
VISION		
Exam (every 12 months)	$10	Reimbursed up to $40
Lenses (every 12 months)	$20	Reimbursed up to $50-$70
Frames (every 24 months)	$130 allowance (retail) $50 allowance (wholesale)	Reimbursed up to $30
Frames for children < age 12 (every 12 months)	$130 allowance (retail) $50 allowance (wholesale)	Reimbursed up to $30
Contact Lenses (every 12 month in place of glasses)	$105 allowance	Reimbursed up to $80

DENTAL DEFINITIONS

Preferred Provider Organization (PPO) - a program where dental care may be provided by 'network providers' or 'non-network providers'. Network providers have agreed to accept discounted fees; coverage is more generous as a result.

Dental Maintenance Organization (DMO) - a program where dental care must be provided by 'network' providers; fixed fee copays may apply.

Diagnostic - procedures performed by a dentist to evaluate the condition of teeth or mouth. May include prophylaxis (cleaning), x-rays, etc.

Preventive - procedures concerned with the prevention of dental disease by protective and educational measures. May include exams, cleanings, x-rays, fluoride, etc.

Basic - dental procedures to repair or restore individual teeth due to decay, impaired function, erosion, etc. Typically includes fillings, planing, extractions, etc.

Major Restorative - procedures concerned with the restoration of teeth using inlays, onlays, crowns or veneers, root canals and tissue/bone treatment.

Orthodontics - dentistry that deals with the diagnosis of misaligned teeth. Involving the straightening or moving of teeth/jaw with braces and/or surgery.

Annual/Lifetime Maximum - maximum amount paid by the dental plan in a plan year/in a lifetime.

SUMMARY OF BEHAVIORAL HEALTH BENEFITS

	NETWORK	NON- NETWORK
BEHAVIORAL HEALTH PLAN		
Outpatient Copay - First 30 visits - 31st visit +	$0 $20	**Annual Deductible** $400 Individual $1,000 Family **Coinsurance** You pay 20%. Plan pays 80%. **Annual Out-of-pocket Max** $1,200 Individual $3,000 Family
Inpatient Hospitalization for Mental Health or Substance Abuse treatment	No Deductible No Coinsurance Plan pays 100%.	
EMPLOYEE ASSISTANCE PROGRAM (EAP)		
- 8 visits	No copay	N/A

YOUR IDENTIFICATION CARDS

You are provided three identification (ID) cards when you enroll in the plan.

Medical from UnitedHealthcare
Pharmacy from Express Scripts, Inc.
Dental from Aetna

You will receive new **Medical** ID cards this plan year. Your new cards will be mailed to your home around the 1st of April. Any employee with one or more dependents will receive two ID cards. Additional cards can be requested by calling the number on the back of your current medical ID card or by submitting a request through www.myuhc.com.

You can continue to use your current medical ID card until your new one arrives. Then discard your old card.

Keep your current pharmacy and dental cards.

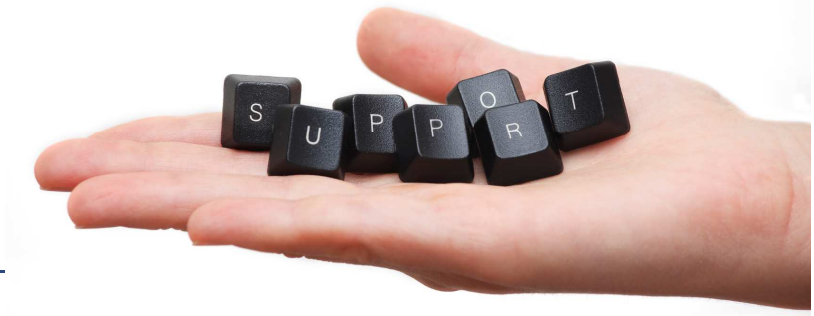
Employee Assistance Program (EAP) and behavioral health benefits are administered by the same company - United Behavioral Health (UBH) - but they are two very distinct programs.

Both programs provide counseling resources when faced with life challenges. Behavioral Health provides additional resources for inpatient and outpatient mental health or substance abuse treatment. The EAP offers a few benefits not available through behavioral health, including:

- Legal consultation from a licensed attorney
- Mediation services
- Financial counseling from a credentialed financial professional

www.liveandworkwell.com, UBH's website, provides information on both your behavioral health and EAP benefits and services. It also offers an enormous resource library … from articles about how to address bullying to downloadable do-it-yourself will kits.

To access services, call United Behavioral Health at 1-800-354-3950.



DOMESTIC PARTNER IMPUTED INCOME

Franklin County allows coverage for domestic partners and the children of domestic partners (when the domestic partner enrolls). The same employee contribution that applies to a spouse, applies to a domestic partner. However, because the IRS does not consider domestic partners and domestic partner children as 'tax-qualified' dependents, additional taxation occurs when a domestic partner and domestic partner children are enrolled.

> *"... additional taxation occurs when a domestic partner and domestic partner children are enrolled."*

Based upon IRS guidelines, a) the portion of the employee contribution that is attributable to the domestic partner or domestic partner children cannot be deducted pre-tax; and b) the value of the domestic partner benefit must be taxed as imputed income.

In the illustration below, Tom adds his domestic partner, Gail, to his plan. Tom's monthly employee contribution is $207. $101 of his monthly contribution is deducted pre-tax. $106 - the portion of Tom's contribution that is charged for his domestic partner - is deducted post-tax. This is a minimum impact to Tom's pay.

The tax that is applicable to the value of the domestic partner benefit is much more substantial and could significantly reduce Tom's take home pay. The value of the domestic partner benefit without domestic partner children for the 2013-2014 plan year is $884.18. The value of the domestic partner benefit with domestic partner children is $911.57. This value is considered imputed income and taxed at Tom's normal rate.

For example, Tom is in the 20% tax bracket. The imputed income charged to Tom is $884.18. 20% of $884.18 is $176.84. Tom owes $176.84 in taxes each month. These taxes are deducted from Tom's pay regularly.

Dennis' Coverage Level with Gail	Dennis' Monthly Employee Contribution for Employee plus Domestic Partner coverage			Dennis' Imputed Income
Employee plus Domestic Partner	$101 Pre-tax	$106 Post-tax	$207 Total	$884.18

Tom's monthly pay will be reduced by the following amounts:

$101	pre-tax contribution
$106	post-tax contribution
$176.84	tax on imputed income
$383.88	total

There are several ways to identify your 2013-2014 imputed income:

- Look for the Domestic Partner Imputed Income Chart posted on the online enrollment system.
- Go to the Franklin County Benefits Office website at http://bewell.franklincountyohio.gov.
- Call the Franklin County Benefits Office.

If you enroll a domestic partner and discover the additional taxes are too much, you will not be able to drop coverage for your domestic partner until the next Open Enrollment. ***Therefore, you are encouraged to research your options thoroughly and to seek advice from a tax attorney.***

BASIC LIFE and AD&D INSURANCE (Applies to Franklin, Fairfield and Pickaway County employees)

Basic Life and Accidental Death & Dismemberment (AD&D) insurance is provided to all benefits eligible employees. These benefits are provided at no cost to you.

Basic Life pays upon death due to illness or injury. AD&D doubles the death benefit if death is due to an accident or pays a partial benefit for injuries sustained as a result of an accident.

BASIC LIFE INSURANCE COVERAGE AMOUNTS

$125,000	Class 1: Fairfield County BDD Superintendent
1x annual salary	Class 2: Fairfield County BDD Management
$21,000	Class 3: Fairfield County BDD Non-Management
$100,000	Class 4: FCCS Executive Director
$50,000	Class 5: Franklin County Employees
1x annual salary Up to $50,000	Class 6: Fairfield County Employees
$30,000	Class 7: Pickaway County Human Services Dept
$25,000	Class 8: Pickaway County, excluding Class 7

NEW BENEFICIARY DESIGNATIONS REQUIRED IN THE NEW ENROLLMENT SYSTEM

Maintaining accurate beneficiary designations for your life Insurance allows peace of mind that your wishes will be followed in the event of your death.

The beneficiary designations in the OLD enrollment system **DID NOT TRANSFER** to the NEW enrollment system. This is a perfect time to re-designation and re-allocate your beneficiary designations!

If you are unsure of your current beneficiary allocations, login to the OLD enrollment system at www.eelect.com, Enrollment ID 52097, View My Current Elections and jot down your designations and allocations. You will then have it available when you confirm your 2013-2014 benefit elections in the NEW enrollment system.

ADDITIONAL LIFE INSURANCE BENEFITS

Line of Duty: Pays an additional benefit when an eligible public safety officer suffers a loss for which AD&D insurance benefits are payable and it is the result of a line of duty accident. Covers sheriff, deputies, correction and judicial officers.

MEDEX Travel Assist: Offers assistance when traveling with pre-trip planning, locating medical care abroad, interpretation services, emergency ticket, passport replacement and missing baggage assistance, legal assistance, emergency evacuation, etc.

Occupational Assault: Pays an additional benefit when an employee, while actively at work, suffers a loss as a result of an act of physical violence punishable by law.

Seat Belt: Pays an additional benefit if an employee, while properly wearing a seat belt, dies as a result of a car accident.

Accelerated Death: Pays the member a percent of life insurance benefit, while living, when diagnosed with terminal illness.

Portability/Conversion: Upon termination of employment or loss of eligibility, allows the member to 'take the coverage with them'. Restrictions apply and a request must be made within 31 days of coverage termination. Contact Standard at 1-800-378-4668, ext. 6785 for more information.

SUPPLMENTAL LIFE OPTIONS AND RATES (Applies to Franklin and Fairfield County employees)

Supplemental Life provides additional amounts of life insurance for employees and coverage for spouses, domestic partners and dependent children. Supplemental Life pays upon death due to illness or injury. There is no AD&D benefit attached to Supplemental Life. You pay the full cost for this benefit.

Coverage Options

Employee:	Up to $300,000
Spouse/Domestic Partner:	Up to $150,000
Dependent Children:	$5,000 or $10,000

IF YOU ARE NOT CURRENTLY ENROLLED

If you did not enroll in the supplemental life program previously, you may do so during Open Enrollment. All coverage requests must be approved by the life insurance company.

IF YOU ARE CURRENTLY ENROLLED

If you are currently enrolled in the supplemental life program and wish to increase or decrease your coverage, you may do so during Open Enrollment. All coverage increases over $10,000 must be approved by the life insurance company. Decreases in coverage do not require approval.

$10,000 BUMP

You may increase your supplemental life coverage, as well as the coverage of your spouse or domestic partner, by $10,000 without obtaining approval from the life insurance company. If you request an increase greater than $10,000, the first $10,000 will be given to you without approval and any amount requested over the first $10,000 must by approved. For example, if you request an increase of $50,000, the first $10,000 will be given to you without approval. The life insurance company must approve the remaining $40,000.

2013-2014 Supplemental Life Rates

Employee and Spouse or Domestic Partner	
$10,000 increments	
Age as of April 1, 2013	Monthly Rate per $10,000
<25	$0.50
25-29	$0.54
30-34	$0.54
35-39	$0.54
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
Dependent Child(ren)	
$5,000 increments	
$.13 per $1,000 of coverage	
$5,000 = $.65	$10,000 = $1.30

WE'RE ALL GETTING OLDER

If you or your spouse or domestic partner age into the next higher age bracket (see the rate table above), your rates will increase effective April 1, 2013. Your supplemental life rates are illustrated in the system as you go through your enrollment. If you or your spouse or domestic partner age into the next higher age bracket, you may decrease the amount of coverage in order to keep the premium at a level with which you are comfortable.

2013-2014 EMPLOYEE CONTRIBUTIONS - FRANKLIN COUNTY

- **ADAMH** Board of Franklin County
- Franklin County Department of **Animal Control**
- Franklin County **Auditor**
- Franklin County **Board of Commissioners**
  - **AFSCME** Ohio Council 8/AFL-CIO/**Local 2049**
- Franklin County **Board of Elections**
- Central Ohio Community Improvement Corporation/**COCIC**
- Franklin County **Child Support** Enforcement Agency
  - **Teamsters/Local 284**
- Franklin County **Children Services**
  - **Federation of Franklin County Children Services** Employees/**Local 3143**
- Franklin County **Clerk of Courts**
  - **AFSCME** Ohio Council 8/AFL-CIO/**Local 615**
- Columbus-Franklin County **Finance Authority**
- Franklin County Court of **Common Pleas - General** Division
- Franklin County Court of **Common Pleas - Domestic** Division and **Juvenile** Branch
- Franklin County **Community Based Correctional Facility**
- Franklin County **Coroner**
  - **FOP/OLC**
- Tenth District **Court of Appeals** for the State of Ohio
- Franklin County **Data Center**
- Franklin County **Economic Development & Planning** Department
- Franklin County **Emergency Management** and Homeland Security
- Franklin County **Engineer**
  - **AFSCME** Ohio Council 8/AFL-CIO/**Local 954**
- Franklin County **Fleet Management** Department
- Franklin County Office of **Homeland Security & Justice** Programs
- Franklin County **Human Resources**
- Franklin County **Job & Family Services**
  - **OCSEA**/AFSCME/AFL-CIO/Local 11
- Franklin County **Law Library**
- Columbus and Franklin County **Metropolitan Park District**
- Franklin County **Office on Aging**
- Franklin County **Probate** Court
- Franklin County **Prosecutor**
- Franklin County **Public Defender**
- Franklin County Department of **Public Facilities Management**
- Franklin County **Purchasing** Department
- Franklin County **Recorder**
- Franklin County **Sanitary Engineer**
- Franklin County **Sheriff**
  - **FOP/Capital City Lodge No 9**
  - **FOP/OLC - Unit 2**
  - **FOP/OLC - Unit 3**
- Franklin County **Treasurer**
- Franklin County **Veterans Service** Commission
  - **CWA/Local 4501**

EMPLOYEE CONTRIBUTIONS

Employee contributions for the agencies, departments and bargaining units listed on this page are illustrated below. These rates are effective April 1, 2013.

Coverage without a spouse:
$101 per month
This is a $6 a month increase or an increase of $72 annually.

Coverage with a spouse:
$207 a month
This is a $12 a month increase or an increase of $144 annually.

If you do not find your agency or department listed here, refer to the next page.

EMPLOYEE CONTRIBUTIONS - FRANKLIN COUNTY

If your agency or bargaining unit was not listed on the preceding page, please contact your agency Human Resources office for employee contributions. This includes but may not be limited to the following:

- Franklin County **Public Health**
- Franklin County **Convention and Facilities Authority**
- **Mid-Ohio Regional Planning** Commission (MORPC)
- Prairie Township
- Franklin County Public Facilities Management
  - **FOP/OLC**
- Franklin County **Veterans Memorial**
- Franklin **Soil and Water** Conservation District
- **Solid Waste Authority** of Central Ohio (SWACO)
- Franklin County Sheriff
  - **Teamsters Local 413 - Unit 1**

EMPLOYEE CONTRIBUTIONS - PICKAWAY COUNTY

Please contact your Human Resources office or the Franklin County Benefits Office for employee contribution rates. For information about your 'opt-out' opportunities, please contact your Human Resources office.

JOIN US at an Employee Meeting Near You!

To assist members through the 2013-2014 Open Enrollment, Franklin County Benefits Office staff will be holding employee meetings in the Auditorium and Memorial Hall on the dates/times listed below. Computers will be available at these meetings and Benefits Office staff will be available to anyone requiring assistance with their enrollment.

Franklin County Courthouse

Meeting Room B, 25th Floor
Wednesday, February 13th
8:30am and 11:30am

Auditorium
Tuesday, February 19th
9am, 11:30am and 2pm

Auditorium
Wednesday, February 27th
9am, 11:30am and 2pm

Memorial Hall

Tuesday, February 26th
8:30am, 11:30am, 2pm and 3:30pm

Additional meetings are scheduled at various Franklin County locations throughout Open Enrollment
.
If you are not located at the Courthouse or Memorial Hall, please contact your Human Resources office to see if a meeting will be held at your location.
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DEPENDENT ELIGIBILITY TEST and YADs

Dependent children from birth through age 27 are eligible for coverage. (Eligibility ends the last day of the month in which the dependent reaches age 28.) Dependent children age 26 and 27 are identified as **Young Adult Dependents or YADS** and must meet more stringent eligibility criteria than dependents less than age 26.

At Open Enrollment, you are asked to review the eligibility requirements of the plan to ensure your dependents continue to meet the definition of an eligible dependent. For each child you currently have covered or intend to request coverage for during this Open Enrollment, answer the following questions to determine eligibility:

TO CONFIRM ELIGIBILITY FOR A CHILD: Place a ✓ in each box that applies.

STEP 1: My child is:

- ❒ A natural, step or adopted (includes placed for adoption) child of mine, my spouse or my domestic partner
- ❒ A child for whom legal guardianship has been awarded to me, my spouse or my domestic partner
- ❒ A child for whom health care coverage is required through a "Qualified Medical Child Support Order".
- ❒ A grandchild, i.e. a child of an eligible dependent child

If you did not check a box in STEP 1, your child is NOT eligible. If you checked a box in STEP 1, proceed to STEP 2.

STEP 2: My child is:

- ❒ Less than 26 years of age
- ❒ Age 26 to 27 and is:
  - Unmarried
  - Not eligible for coverage through his/her employer
  - Not eligible for coverage under Medicaid or Medicare
  - Residing in the state of Ohio or residing outside of the state of Ohio and enrolled as a full-time student at an accredited school, including college/university, vocational, technical, cosmetology, automotive or similar training schools
- ❒ A disabled dependent, defined as a child of any age who is not able to be self-supporting because of a mental or physical disability that began while the child was an eligible dependent.

If you checked a box in STEP 2, your child is eligible. If you did not check a box in STEP 2, your child is NOT eligible.

PREMIUM FOR YADs:

If you checked the second box under STEP 2 (Age 26 to 27), you are the parent of a YAD. If you request coverage for a YAD or if a dependent currently on the plan turns age 26 and becomes a YAD, you will be asked to complete a Young Adult Dependent Affidavit of Eligibility. An additional monthly premium is charged for each covered YAD. Effective April 1, 2013, the additional monthly premium is: **$300**

The *Spotlight* is developed by the Franklin County Benefits and Risk Management Department at the Franklin County Board of Commissioners, in partnership with the Franklin County Cooperative Health Benefits Program. More information can be found through your benefits office or through the Franklin County Benefits Office, 373 S. High Street, 25th Floor, Columbus, OH 43215.

Franklin County
Where Government Works