

Spotlight

BENEFITS & WELLNESS NEWSLETTER

February 2014

Open Enrollment

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

The Franklin County Cooperative Health Benefits Program will continue to provide its members with an excellent package of healthcare benefits this year; look for improvements in both dental and vision coverages. With the full support of the Board of Commissioners, the Benefits and Risk Management Department, the Joint Benefits Committee and various consultants, we continue to ensure our programs are well-managed with a focus on quality and financial stability. Your employee contributions help to support a fiscally sound program. As healthcare consumers, you can further support your benefits plan by “Choosing Wisely.”

You will be able to find more healthcare consumer education by going to the Benefits and Risk Management website at <http://bewell.franklincountyohio.gov>. Become a savvy shopper when it comes to making decisions about when to go to Urgent Care instead of the Emergency Room; asking your doctor if you really need a test or are there other options, and much more. All of your efforts will make a difference. Your outstanding utilization of generic medications is evidence of that. The goal of our combined efforts is to keep a solid benefit plan design and employee contributions at reasonable levels. The 2014 rate information is included in this newsletter.

A key tool to help control our healthcare costs is providing a wellness program. The County committed to begin providing wellness programming in 2013. It is here to educate, encourage, and help you in developing a healthier lifestyle to benefit you, your family, and the overall health of the benefits program.

Last summer, *Thrive On* launched a successful campaign to encourage employees to know their overall health status. For completing both the Health Risk Assessment (HRA) and a biometric screening, employees received \$100 gift cards. Below are some statistics from that campaign:

- Over 30% of eligible employees, or 2,157, individuals completed the HRA.
- Over 70%, or 1,520 individuals, who completed an HRA were eligible for the NextSteps® Coaching Program.

Thrive On encourages you to take advantage of the lunchtime and evening programs provided across Cooperative worksites. Watch for Wellness Challenges in the months to come!

Remember you can just pick up the phone and/or send a message to the folks in the Benefits and Risk Management Department: Phone - 614-525-5750, E-mail - Benefits@franklincountyohio.gov or ThriveOn@franklincountyohio.gov



Don L. Brown
Franklin County Administrator

Inside 2014-2015 Open Enrollment ...

Open Enrollment is voluntary. If you don't want to make changes, you don't need to do anything. **Current benefits will rollover to the next plan year.**

Details: Page 4

Open Enrollment will be held for **two weeks**: February 1st through February 14th.

Details: Page 4

Improvements in the Dental and Vision benefits include an increased annual benefit and increased frame allowance.

Details: Pages 11-12

Supplemental life premium increases effective April 1, 2014.

Details: Page 15

Employee contributions are increasing, effective April 1, 2014.

Details: Pages 16-17



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A FEW NOTES ABOUT YOUR W-2

The Patient Protection and Affordable Care Act (PPACA) requires your employer to report the cost of your health benefits on your W-2. This reporting is for information purposes only.

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.

“The reported cost of your health care benefits ... includes medical, pharmacy, behavioral health, dental, vision and wellness ... “

Look for Box 12 on your W-2. The amount labeled “Code DD” is your reported health care cost.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

Your Summary of Benefits and Coverage (SBC) and Uniform Glossary provides clear, consistent and comparable information about your health benefits in a simple question-and-answer format. The Uniform Glossary provides definitions of the terms used in the SBC.

“The SBC is similar to a nutritional label on a food item. ... you use [it] to compare one health plan to another.”

The SBC is similar to a nutritional label on a food item. You use food labels to compare nutritional information for 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 the online enrollment system and on the Benefits Office webpage at <http://bewell.franklincountyohio.gov>. Paper copies are available from the Franklin County Benefits Office.

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

UnitedHealthcare Premium Program and Patient Centered Medical Homes Two Resources to Identify Quality Care

A friend recommends a mechanic because he gets the job done right the first time and the cost is reasonable. We use a dry cleaner because they clean and starch our shirts to our liking and have same day service. What if we applied these same criteria to our healthcare services? How do we identify physicians who provide this level of service?

Two resources available to Cooperative members can help: UnitedHealth Premium and Patient Centered Medical Homes

UnitedHealth Premium

UnitedHealthcare has revamped and renamed its Premium Designation program. The new Premium program includes an expanded list of specialties and provides a more user-friendly rating system.

The Premium program still recognizes and promotes doctors who meet standards for quality and cost efficiency. Now, to make it easier for members to find these doctors, UnitedHealth Premium is replacing the 'star' rating system with a UnitedHealth Premium Tier I designation. Tier I designated providers have received the program's quality rating.

How can you find Premium providers?

Website: On www.myuhc.com easily search for a doctor in your area. In addition to the doctor's Premium designation and contact information, this powerful website offers access to your benefit and claims information, health and wellness information and a whole lot more.

Smart phone: UnitedHealthcare's free smart phone app, UnitedHealthcare Health4Me, provides instant access to your important health information. Whether you want to find a doctor, check the status of a claim or speak directly with a health care professional, Health4Me is your go-to resource.

Toll-free call: Call the number on the back of your medical ID card to speak with a UnitedHealthcare customer care professional.

For more information about UnitedHealth Premium, go to <http://bewell.franklincountyohio.gov>.

Patient Centered Medical Homes (PCMH)

Now more than ever, we have become consumers of health care, and with that, new priorities take center stage: customer satisfaction, broad ranges of alternatives, choice, and access to goods and services. The patient centered medical home addresses these new priorities.

The medical home is not a place or building. It is a model that provider practices have adopted so that care is received in the right place, at the right time, and in the manner that best suits a patient's needs. You will find PCMH provider care to be:

- **Patient-centered:** A partnership among practitioners, patients, and their families ensures that patients have the education and support they need to participate and make decisions about their care. It is about what you want.
- **Comprehensive:** A team of care providers is wholly accountable for your physical and mental healthcare needs, including prevention and wellness, acute care, and chronic care.
- **Coordinated:** Care is organized across all elements of the broader healthcare system, including specialty care, hospitals, home health and community services.
- **Accessible:** You are able to access services with shorter waiting times, "after hours" care, 24/7 electronic or telephone access.
- **Committed to quality and safety:** Through the use of health information technology and other tools, you are provided the education and support to ensure that you make informed decisions about your health issues and the care you receive.

Page 18 lists PCMH providers contracted with UnitedHealthcare.



IMPORTANT INFORMATION ABOUT OPEN ENROLLMENT!

Open Enrollment is your opportunity to make changes to your health and life benefit elections for the coming plan year. Changes requested during Open Enrollment are effective April 1, 2014.

Open Enrollment is voluntary this year. ***If you do not want to make changes to your current elections, you do not need to do anything.*** Your current 2013-2014 plan year elections will rollover to the 2014-2015 plan year. This includes all enrollments, dependents, life insurance coverage and beneficiary assignments.

"Open Enrollment is voluntary this year. Your current 2013-2014 plan year elections will rollover to the 2014-2015 plan year."

If you want to make changes, visit the online enrollment system beginning February 1st and make the necessary changes. All changes must be completed by February 14, 2014. The online enrollment system is accessible at <https://mybenefits.secova.com>. Enrollment instructions are provided within this newsletter.

In addition to this *Spotlight* newsletter, you will receive an Enrollment Worksheet. Your worksheet will be mailed to your home. It contains a summary of your current benefit elections as well as employee contributions and options for 2014-2015. Review the **MY DEPENDENTS** and **MY CURRENT ELECTIONS** carefully. If you do not wish to make changes, you do not need to do anything. The worksheet is for your records. You do not need to return it.

Employee meetings are scheduled at the Franklin County Courthouse and Memorial Hall (see schedule below).

If you cannot attend an employee meeting and want to learn more, a self-guided webinar will be viewable at <http://bewell.franklincountyohio.gov>. It provides a detailed review of the information within this newsletter, including enrollment instructions and 2014-2015 plan year changes.

JOIN US at an Employee Meeting Near You!

Franklin County Courthouse Auditorium

Thursday, January 30, 2014, 9am

Tuesday, February 11, 2014, 2:30pm

Memorial Hall

Wednesday, February 5, 2014, 9am



NEW HIRES and LIFE EVENTS occurring near Open Enrollment

If you are hired - or experience a Life Event (marriage, birth, etc.) that requires a change in your benefit elections - near Open Enrollment, you may need to record elections in both 2013 and 2014 plan years.

The screenshot shows a web portal interface with a navigation bar at the top containing: Home, My Info, My Dependents, My Beneficiaries, Life Event, My Documents, and Interactions History. Below the navigation bar is a 'Personal Details' section with an [Edit] link. The details include: Name: SAMI SAMPLE, Employee Code: 49049, SSN: XXX-XX-0049, Date of Birth: 07/26/1976 (37 yrs), and Address: 5000 BIRCH. To the right of the details is an 'Alert' box with a bell icon and the text 'No Alerts available'. Below the alert box are two buttons: 'Plan Year 2013' and 'Plan Year 2014', which are circled in red. Below these buttons are three tabs: 'Coverage', 'Start Date', and 'Employee Cost'. To the right of the main content area is a 'Quick Links' section with links to: Healthcare Benefits Guide, Spotlight, Summary of Benefits & Cov..., Uniform Glossary, and DP Monthly Chart, along with a [Next] link.

Refer to the chart below for enrollment instructions. If you have questions or prefer one-on-one assistance, please contact the Franklin County Benefits Office.

Event	Hire Date	Effective Date of Coverage	Enrollment Instructions
New Employee Franklin or Fairfield County	Hired between 12/30/2013 and 1/02/2014	2/01/2014	If you haven't confirmed your benefit elections in Plan Year 2013, you must confirm enrollment in Plan Year 2013 first and then again during Open Enrollment in Plan Year 2014.
	Hired between 1/03/2014 and 1/30/2014	3/01/2014	
	Hired on or after 1/31/2014	On or after 4/01/2014	Enroll only in Plan Year 2014
New Pickaway Employee	Hired on or after 12/02/2013	On or after 4/01/2014	See Pickaway County HR for instruction
Event	Type of Life Event	Effective Date of Change in Coverage	Enrollment Instructions
Life Event All Counties	Any life event approved by the Benefits Office after 1/28/2014	Effective any date in January, February or March, 2014	Contact the Franklin County Benefits Office for assistance. Please send your name, the date and type of life event and your telephone number to Benefits@franklincountyohio.gov .
		Effective any date on or after April 1, 2014	
	Any life event <u>effective</u> on or after April 1, 2014		

Enrollment Worksheet

Your Enrollment Worksheet (shown to the right) will be mailed to your home this week. It illustrates your current dependents, benefit elections and beneficiary assignments.

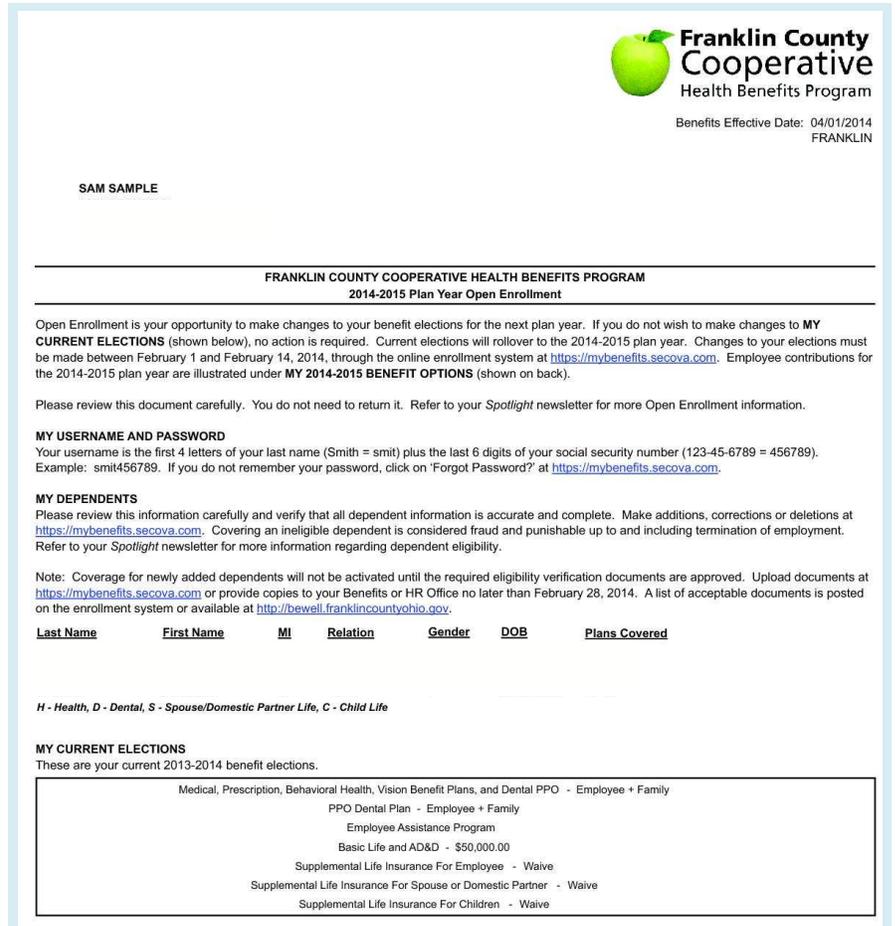
Review the **MY DEPENDENTS** and **MY CURRENT ELECTIONS** sections. If you do not want to make any changes, you do not need to do anything. The benefits that you have now will rollover to the next plan year.

If you wish to make benefit election changes for the 2014-2015 plan year, follow the enrollment instructions on the following pages

If you misplace your worksheet, follow Steps 1 and 2 below to view your current benefits.

NOTE: Life insurance beneficiaries can be changed at any time during the plan year. Current assignments will rollover as well.

NOTE: Your 2014-2015 employee contributions are illustrated on page 2 of your Enrollment Worksheet under **MY 2014-2015 BENEFIT OPTIONS**.



Franklin County Cooperative
Health Benefits Program
Benefits Effective Date: 04/01/2014
FRANKLIN

SAM SAMPLE

FRANKLIN COUNTY COOPERATIVE HEALTH BENEFITS PROGRAM
2014-2015 Plan Year Open Enrollment

Open Enrollment is your opportunity to make changes to your benefit elections for the next plan year. If you do not wish to make changes to **MY CURRENT ELECTIONS** (shown below), no action is required. Current elections will rollover to the 2014-2015 plan year. Changes to your elections must be made between February 1 and February 14, 2014, through the online enrollment system at <https://mybenefits.secova.com>. Employee contributions for the 2014-2015 plan year are illustrated under **MY 2014-2015 BENEFIT OPTIONS** (shown on back).

Please review this document carefully. You do not need to return it. Refer to your *Spotlight* newsletter for more Open Enrollment information.

MY USERNAME AND PASSWORD
Your username is the first 4 letters of your last name (Smith = smit) plus the last 6 digits of your social security number (123-45-6789 = 456789). Example: smit456789. If you do not remember your password, click on "Forgot Password?" at <https://mybenefits.secova.com>.

MY DEPENDENTS
Please review this information carefully and verify that all dependent information is accurate and complete. Make additions, corrections or deletions at <https://mybenefits.secova.com>. Covering an ineligible dependent is considered fraud and punishable up to and including termination of employment. Refer to your *Spotlight* newsletter for more information regarding dependent eligibility.

Note: Coverage for newly added dependents will not be activated until the required eligibility verification documents are approved. Upload documents at <https://mybenefits.secova.com> or provide copies to your Benefits or HR Office no later than February 28, 2014. A list of acceptable documents is posted on the enrollment system or available at <http://bewarewell.franklincountyohio.gov>.

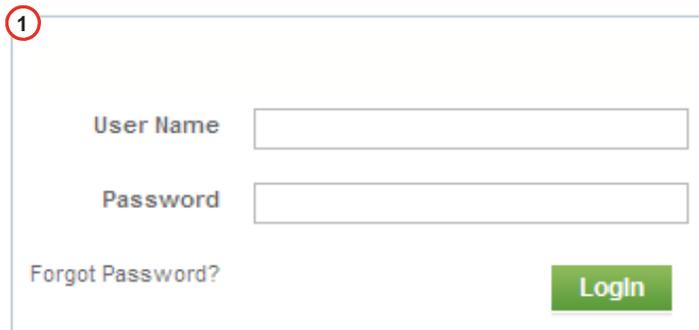
Last Name	First Name	MI	Relation	Gender	DOB	Plans Covered
H - Health, D - Dental, S - Spouse/Domestic Partner Life, C - Child Life						

MY CURRENT ELECTIONS
These are your current 2013-2014 benefit elections.

Medical, Prescription, Behavioral Health, Vision Benefit Plans, and Dental PPO - Employee + Family
PPO Dental Plan - Employee + Family
Employee Assistance Program
Basic Life and AD&D - \$50,000.00
Supplemental Life Insurance For Employee - Waive
Supplemental Life Insurance For Spouse or Domestic Partner - Waive
Supplemental Life Insurance For Children - Waive

ENROLLMENT INSTRUCTIONS: <https://mybenefits.secova.com>

Step 1: Logging on



1

User Name

Password

[Forgot Password?](#)

User Name:

Your User Name is the first 4 letters of your last name + the last 6 digits of your SSN.
(e.g. Smith, 123-45-6789 = smit456789)

Password:

During last Open Enrollment, you reset your password and recorded a security question to use to reset your password in the event you forgot it. If you forgot your password, use the "Forgot Password?" reset function at <https://mybenefits.secova.com>.

NOTE: The answer to your security question is case sensitive.

ENROLLMENT INSTRUCTIONS: <https://mybenefits.secova.com>

Step 2: Viewing Your Current Benefit Elections

When you log on, you will land on your Dashboard and your 2013 benefit elections will appear. Click on **'View Benefit Summary'** to review your current elections. If you do not wish to make changes, simply Log Out.

The screenshot shows the user's dashboard with a navigation bar at the top containing: Home, My Info, My Dependents, My Beneficiaries, Life Event, My Documents, and Interactions History. On the left, there are sections for Personal Details, Dependent Details, and Beneficiary Details. The main content area features an Alert box stating 'No Alerts available', tabs for Plan Year 2013 and Plan Year 2014, and a table with columns for Coverage, Start Date, and Employee Cost. The table currently displays 'No coverage data available for display' and a 'Total' row with values of \$0.00 for both Employee Cost and another column. On the right, there are Quick Links and an Enrollment section with a dropdown for Plan Year 2014 and buttons for Start Enrollment and Update Effective Date. A red circle with the number 2 is placed over the 'View Benefit Summary' link at the bottom of the main content area.

Step 3: Making Changes to 2014-2015 Benefit Elections

Select Plan Year 2014 from the drop down box and click on **'Start Enrollment'** to get to your BenefitsWalk. Review and make necessary changes.

Anytime you leave your BenefitsWalk, you must select Plan Year 2014 from the drop down box 3 to continue your enrollment. After you have made all the necessary changes - **and all of your check marks are green!** 4 - select the green **'Confirm Election'** button to confirm your 2014-2015 benefit elections.

The screenshot shows the 'BenefitsWalk (Plan Year 2014)' progress bar. It consists of five steps: Interactive Question, Health, Life, Beneficiary Information, and Election Summary. Each step is represented by a green checkmark in a circle. The final step, 'Election Summary', is circled in red with the number 4. The navigation bar at the top is the same as in the previous screenshot.



SUMMARY OF MEDICAL BENEFITS

	NETWORK	NON-NETWORK
MEDICAL PLAN		
Office Visit Copay (OV) - Preventive Care - Non-Preventive Care - Premium Tier I Specialist - Non-Premium Tier I Specialist	\$0 \$20 \$20 \$40	
Therapies and Chiropractic Copay - Limited to 25 visits per plan year	\$20	Annual Deductible \$400 Individual \$1,000 Family
Urgent Care Copay (UC)	\$25	Coinsurance You pay 20%. Plan pays 80%.
Emergency Room Copay (ER)	\$150	Annual Maximum Out-of-Pocket \$1,200 Individual \$3,000 Family
Inpatient Hospitalization, Outpatient Surgery, Major Diagnostic, Ancillary Services, etc. - Deductible - Coinsurance - Maximum Out-of-Pocket (MOOP) Ambulance services not subject to the deductible effective April 1, 2014.	Annual Deductible \$200 Individual \$500 Family Coinsurance You pay 0%. Plan pays 100%. Annual Maximum Out-of-Pocket \$600 Individual \$1,500 Family	
Do copays apply to the deductible?	No	No
Do copays apply to the MOOP?	Yes	No
Does the deductible apply to the MOOP?	Yes	Yes
Amounts applied to the medical deductible and MOOP will also be applied to the behavioral health deductible and MOOP and vice versa.		

AMBULANCE SERVICE COVERAGE

Effective April 1, 2014, charges for ambulance services will no longer be subject to the deductible. This change reduces the potential out-of-pocket expense for a member transported by ambulance to the Emergency Room, but not admitted.

The following ambulance services are covered under the medical plan:

Emergency:

- Ground or air ambulance transportation requiring basic life support or advanced life support.
- Treatment at the scene without ambulance transportation.
- To a Hospital that provides a required higher level of care.

Non-Emergency:

- From a non-Network Hospital to a Network Hospital.
- To a Hospital that provides a required higher level of care.
- To a more cost-effective acute care facility.
- From an acute facility to a sub-acute setting.

COVERAGE FOR CLINICAL TRIALS

Effective April 1, 2014, coverage for medically necessary charges associated with a clinical trial will be covered. These charges include physician charges, labs, x-rays, professional fees and other routine costs.

Coverage does not apply to the actual device, equipment or drug that is provided free of charge by the trial sponsor.

With this change, a member who is transported to the Emergency Room by ambulance will be responsible for payment of the \$150 ER copay (if not admitted) or the \$200 deductible (if admitted), but not both an ER copay and a \$200 deductible.

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 Maximum Out-of-Pocket \$1,200 Individual \$3,000 Family
Inpatient Hospitalization for Mental Health or Substance Abuse treatment	No Deductible No Coinsurance Plan pays 100%. Annual Maximum Out-of-Pocket \$600 Individual \$1,500 Family	
Do copays apply to the deductible?	N/A	No
Do copays apply to the MOOP?	Yes	No
Does the deductible apply to the MOOP?	N/A	Yes
Amounts applied to the behavioral health deductible and MOOP will also be applied to the medical deductible and MOOP and vice versa.		

EMPLOYEE ASSISTANCE PROGRAM (EAP)		
- 8 visits per problem per plan year	No copay	N/A

Employee Assistance Program (EAP) and behavioral health benefits are administered by the same company - United Behavioral Health (UBH). Both programs provide counseling resources when faced with life challenges. - but they are two very distinct programs.

Behavioral Health provides coverage for inpatient and outpatient mental health or substance abuse treatment, beyond what is covered under the EAP.

The EAP offers benefits not available through behavioral health, including:

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

www.liveandworkwell.com,

UBH's website, provides information on both your behavioral health and EAP benefits. It also offers an enormous resource library of articles about many topics including bullying to depression to preparing for college as well as downloadable do-it-yourself will kits and financial retirement calculators.

To access services, log onto the www.liveandworkwell.com website or call United Behavioral Health at 1-800-354-3950.



“It’s not the load that breaks you down; it’s the way you carry it.”

~ Lena Horne

singer, actress, civil rights activist and dancer
(1917 – 2010)



SUMMARY OF PRESCRIPTION DRUG BENEFITS

	NETWORK RETAIL	MAIL ORDER
PRESCRIPTION DRUG PLAN		
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 <u>ALL</u> generics (omeprazole, pantoprazole and lansoprazole) 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
Injectible Insulin	Covered 100%	Covered 100%
Diabetic supplies - Lancets, syringes, test strips, etc.	Pharmacy plan: Covered 100% Medical plan: 100% after annual deductible	Pharmacy plan: Covered 100% Medical plan: 100% after annual deductible

FORMULARY CHANGES

To those Cooperative members who were impacted by the communication 'mis-step' surrounding the 2014 formulary, thank you for your patience and understanding.

Express Scripts, Inc. mailed the notification to members impacted by a formulary change later than expected. Realizing the hardship that such late notification placed on our members, Express Scripts, Inc. agreed to delay the changes.

Be watching your mail for future communications regarding formulary changes and options.

The Cooperative's 2014 formulary is available on the Express-Scripts.com website at www.express-scripts.com.

NEW PLAN YEAR = NEW DEDUCTIBLES and PLAN MAXIMUMS

The current plan year ends March 31, 2014 and the new plan year begins April 1, 2014. At the start of a new plan year, your benefits 'reset', including (but not limited to) your medical and dental annual deductibles, your dental plan maximum and your 25 visit limits for therapies and chiropractic care.

- Your annual medical deductible resets to \$200 single and \$500 family for network providers. Your Maximum Out-of-Pocket also resets.
- Your plan year visit limits on chiropractic and therapy services reset to 25.
- Your dental deductible resets to \$25 per individual for non-network services and your dental maximum annual benefit resets to the **NEW \$1,500** network and \$1,000 non-network, per individual.

SUMMARY OF VISION BENEFITS

VISION PLAN IMPROVEMENTS

Effective April 1, 2014, the following improvements will be made to vision coverage:

- Full coverage for polycarbonate lenses
- \$20 allowance for anti-reflective coating
- Frame allowance increased from \$130 to \$140 (retail) and from \$50 to \$53 (wholesale)
- Contact lens allowance increase from \$105 to \$140
- Contact lens fitting and evaluation charge at VSP providers capped at \$60
- Fitting and evaluation at VSP providers not charged toward the allowance (100% member paid), allowing the full allowance for the purchase of contact lenses (see below for more details)

	NETWORK	NON-NETWORK
VISION		
Exam (every 12 months)	100% after \$10	Reimbursed up to \$40
Lenses (every 12 months)	100% after \$20	Reimbursed up to \$50-\$70
Polycarbonate	Covered 100%	N/A
Anti-Reflective Coating (ARC)	\$20 allowance	N/A
EXAMPLES:		
Polycarbonate lenses are lighter, thinner and more impact resistant than other lens options and provide UV protection and scratch resistance. With this benefit improvement, the plan will pick up 100% of the cost of polycarbonate lenses.		
Anti-Reflective Coating reduces eyestrain resulting from glare, reflections and 'halos' seen around lights at night. With this benefit improvement, member out-of-pocket will be reduced by \$20.		
Frames (every 24 months)	Allowance \$140 (retail) \$53 (wholesale)	Reimbursed up to \$30
Frames for children < age 12 (every 12 months)	Allowance \$140 (retail) \$53 (wholesale)	Reimbursed up to \$30
Contact Lenses (every 12 months in place of glasses)	\$140 allowance Fitting and evaluation capped at \$60	Reimbursed up to \$80

CONTACT LENS FITTING AND EVALUATION

NOW

The fitting and evaluation charge for contact lens wearers can range anywhere from \$40-\$175 depending upon lens requirements. This amount is deducted from the \$105 allowance. Any remaining allowance can be used to purchase contact lenses.

NEW

The fitting and evaluation charge for contact lens wearers charged by VSP providers will be capped at \$60. This amount is not deducted from the \$140 allowance, but 100% member paid. The entire allowance is available to purchase contact lenses.



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:			100%
- Diagnostic	100%	90%	Fixed copay
- Preventive	100%	90%	Fixed copay
- Basic	80%	70%	Fixed copay
- Major Restorative	80%	60%	Based on fixed copays
Maximum Annual Benefit	\$1,500	\$1,000	Children and Adult
Orthodontia	Children under 19 only	Children Under 19 only	Fixed copays
Coinsurance The plan pays:	75%	75%	Based on fixed copays
Maximum Lifetime Benefit	\$1,500	\$1,400	

DENTAL PLAN IMPROVEMENTS

Effective April 1, 2014, the following improvements will be made to dental coverage:

- The Maximum Annual Benefit will increase from \$1,100 to \$1,500 for Network services. Members will receive an extra \$400 in benefits per year.
- Coverage for implants will be allowed under the Major Restorative benefit. Currently, services leading up to an implant, i.e. root canal, bone grafting, etc. are a covered expense, but the actual cost and placement of the implant is not. The missing tooth, replacement and alternate benefits provisions still apply.

ADVANCE CLAIM REVIEW

The purpose of the advance claim review is to determine, in advance, the benefits the plan will pay for proposed services. Knowing coverage ahead of time helps you and your dentist make informed decisions about the care you are considering. **NOTE:** The advance review process is not a guarantee of benefit payment, but rather an estimate of the amount or scope of benefits to be paid.



or an ADA approved claim form. Then, before actually treating you, your dentist should send the form to Aetna. Aetna will review the proposed

treatment plan and provide you and your dentist with a statement outlining the benefits payable by the plan. You and your dentist can then decide how to proceed.

When to Get an Advance Claim Review

An advance claim review is recommended whenever a course of dental treatment is likely to cost more than \$200. Ask your dentist to write down a full description of the treatment you need, using either an Aetna claim form

The advance claim review is voluntary. It is a service that provides you with information that you and your dentist can consider when deciding on a course of treatment. It is not necessary for emergency treatment or routine care such as cleaning teeth or check-ups.

NextSteps® Coaching Program



You did it! You took the Health Risk Assessment (HRA) and the Health (biometric) Screening and now you know your results. And, if you're like most people, you see some room for improvement. Now is the time to make some choices - some **healthy** choices.

Your HRA results show the areas in your health and lifestyle that need some attention. To help you make smart choices to reach your health goals, you'll receive invitations to join the programs that give you the best chance of reaching your full health potential - and being the most powerful you.

Which topic will work best for you?

You decide what's right for you - **you** get to choose.

- Weight management
- Physical activity
- Nutrition
- Back care
- Blood pressure
- Cholesterol
- Stress management
- Tobacco cessation

Not all employees are eligible for the same programs. Eligibility is based on your HRA results and your choice to participate.

How do you want to participate?

Online, by mail or phone. It's up to you. If you want to go it alone, you can choose to go online or receive information by mail. But if you'd like a more personal, one-on-one approach, you can choose to talk with your own personal health coach over the phone. Everyone needs support, and this option gives you live encouragement, helpful tips and suggestions, and direct answers to your questions.

Enroll now!

- Go to <https://thriveon.staywell.com>
- Click on the **My Plan** tab
- In the **My Invitations** box, see a list of programs you can choose.
- Click on the **Sign Up** button next to the programs you wish to enroll.
- On the next page, click on **Sign Up** again to begin your program.

Or, call the Staywell® HelpLine at 1-855-719-1908 and a representative will be happy to help you enroll.



To learn more about the wellness programs available through the Franklin County Cooperative, please contact ThriveOn by phone at 614-525-5750 or 614-525-3948, by email at ThriveOn@franklincountyohio.gov or visit <http://bewell.franklincountyohio.gov>.

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

Fairfield County

\$125,000 Class 1: BDD Superintendent

1x annual salary Class 2: BDD Management

\$21,000 Class 3: BDD Non-Management

1x annual salary up to \$50,000 Class 6: All Other Employees

Franklin County

\$100,000 Class 4: FCCS Executive Director

\$50,000 Class 5: All Other Employees

Pickaway County

\$30,000 Class 7: Human Services Dept

\$25,000 Class 8: All Other Employees

ADDITIONAL LIFE INSURANCE BENEFITS

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

FrontierMEDEX Travel Assist: Offers assistance when traveling with pre-trip planning, locating medical care abroad, interpretation services, passport replacement, legal assistance, etc.

In the US, Canada, Puerto Rico, US Virgin Islands and Bermuda, call 1-800-527-0218. In other locations worldwide, call +1-410-453-6330 collect. You can also email FrontierMedex at operations@frontiermedex.com.

Occupational Assault: Pays an additional benefit when, while actively at work, a loss results from an act of physical violence punishable by law.

Seat Belt: Pays an additional benefit if, while properly wearing a seat belt, death results from a car accident.

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



SUPPLEMENTAL 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 and you pay the full cost for this benefit.

Coverage Options

- Employee: \$10,000 increments up to \$300,000
- Spouse/Domestic Partner: \$10,000 increments up to \$150,000
- Dependent Children: \$5,000 increments up to \$10,000

IF YOU ARE NOT CURRENTLY ENROLLED

All coverage requested must be approved by the life insurance company.

IF YOU ARE CURRENTLY ENROLLED

All coverage increases over \$10,000 must be approved by the life insurance company. Decreases in coverage do not require approval.

EVIDENCE OF INSURABILITY (EOI)

An Evidence of Insurability form must be submitted to the life insurance company for approval on some requests for Supplemental Life coverage. If you request an amount of coverage that requires the completion of an EOI form, the enrollment system alerts you and provides a copy of the EOI form. The EOI form must be forwarded to the address listed below no later than March 31, 2014. All EOI forms submitted after this date will be automatically denied.

Standard Insurance Company
 Medical Underwriting
 900 SW Fifth Avenue
 Portland, OR 97204

\$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, any amount requested over \$10,000 must be approved. For example, if you request an increase of \$50,000, \$10,000 will be given to you automatically. The life insurance company must approve the remaining \$40,000.

SUPPLEMENTAL LIFE PREMIUM INCREASES

Supplemental Life rates in the 25-29, 30-34 and 35-39 age brackets are increasing (see rate table).

If you or your spouse or domestic partner age into the next higher age bracket (see rate table), your rates will increase effective April 1, 2014.

RATE TABLE
 2014-2015 Supplemental Life Rates

Employee and Spouse or Domestic Partner	
\$10,000 increments	
Age as of April 1, 2014	Monthly Rate per \$10,000
<25	\$0.50
25-29	\$0.60 (from \$.54)
30-34	\$0.67 (from \$.54)
35-39	\$0.72 (from \$.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

FRANKLIN COUNTY 2014-2015 EMPLOYEE CONTRIBUTIONS

Effective April 1, 2014, employee contributions for the following agencies, departments and bargaining units will be:

Coverage without a spouse:

\$105 per month

\$4 per month increase
over the current \$101 a month

Coverage with a spouse/domestic partner*:

\$216 per month

\$9 per month increase
over the current \$207 per month

* \$105 pre-tax and \$111 post-tax for domestic partner coverage

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

-
- **ADAMH** Board of Franklin County
 - Franklin County Department of **Animal Control**
 - Franklin County **Auditor**
 - Franklin County **Benefits and Risk Management**
 - Franklin County **Board of Commissioners**
 - Bargaining and non-bargaining
 - Franklin County **Board of Elections**
 - Central Ohio Community Improvement Corporation/**COCIC**
 - Franklin County **Child Support** Enforcement Agency
 - Bargaining and non-bargaining
 - Franklin County **Children Services**
 - Non-bargaining only
 - Franklin County **Clerk of Courts**
 - Bargaining and non-bargaining
 - 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**
 - Bargaining and non-bargaining
 - Franklin County **Data Center**
 - Franklin County **Economic Development & Planning** Department
 - Franklin County **Emergency Management** and Homeland Security
 - Franklin County **Engineer**
 - Bargaining and non-bargaining
 - Franklin County **Fleet Management** Department
 - Franklin County Office of **Homeland Security & Justice** Programs
 - Franklin County **Human Resources**
 - Franklin County **Job & Family Services**
 - Non-bargaining only
 - 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 **Public Health**
 - Franklin County Department of **Public Facilities Management**
 - Franklin County **Purchasing** Department
 - Franklin County **Recorder**
 - Franklin County **Sanitary Engineer**
 - Franklin County **Sheriff**
 - Bargaining and non-bargaining
 - Franklin County **Treasurer**
 - Franklin County **Veterans Service** Commission
 - Bargaining and non-bargaining

FRANKLIN COUNTY 2014-2015 EMPLOYEE CONTRIBUTIONS

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

- Franklin County **Children Services**
– Bargaining only
- Franklin County **Job & Family Services**
– Bargaining only
- Franklin County **Convention and Facilities Authority**
- **Mid-Ohio Regional Planning** Commission (MORPC)
- Franklin County **Veterans Memorial**
- Franklin County **Public Facilities Management**
– Bargaining only
- Franklin **Soil and Water** Conservation District
- **Solid Waste Authority** of Central Ohio (SWACO)
- **Grandview Heights**
- **Prairie Township**

PICKAWAY COUNTY 2014-2015 EMPLOYEE CONTRIBUTIONS

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.

THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME

Primary Care Physician	Urgent Care	Emergency Room
<p>If it's not urgent, it's usually best to go to your primary care doctor. Your doctor knows you and your health history. He or she can access your medical records. Plus, your doctor can provide follow-up care and refer you to specialists.</p>	<p>Sometimes, you may need care fast. If your primary care physician is unavailable, you may want to try an urgent care center. Chances are you won't have to wait as long as at the ER. You will pay less, too. Urgent care centers can typically treat things like:</p> <ul style="list-style-type: none"> – Sprains/Strains – Minor broken bones – Minor infections – Small cuts – Sore throats – Rashes 	<p>In an emergency, go to the emergency room. Seek immediate assistance for:</p> <ul style="list-style-type: none"> – Heavy bleeding – Large open wounds – Sudden change in vision – Chest pain – Sudden weakness or trouble talking – Major burns – Spinal injuries – Severe head injury – Difficulty breathing – Major broken bones

If in doubt where to go, call the 24-hour NurseLine. The toll-free number is listed on the back of your medical ID card.



PATIENT CENTERED MEDICAL HOMES

This list illustrates Central Ohio Patient Centered Medical Homes who hold a PCMH contract with UnitedHealthcare.* We encourage you to consider these practices for your health care needs.

**Central Ohio Primary Care -
Central Ohio Medicine**
4030 W Henderson Road
Columbus, OH
614-442-7550

**Lower Lights Christian Health
Center**
1160 W Broad Street
Columbus, OH
614-274-1455

OSU Family Practice at Gahanna
820 N Hamilton Road #300
Gahanna, OH
614-293-2614

**OSU Thomas E. Rardin Family
Practice Center**
2231 North High Street
Columbus, OH
614-293-2700

**OSU Family Practice at University
Hospital East**
543 Taylor Avenue, 2nd Floor
Columbus, OH
614-688-6490/257-3560

**OSU Internal Medicine at
Morehouse**
2050 Kenny Road
Columbus, OH
614-293-8054

Village Family Medicine
1299 Olentangy River Road
Columbus, OH
614-299-5838

**OSU Family Practice at Upper
Arlington**
1615 Fishinger Road
Columbus, OH
614-293-7417

**OSU CarePoint Lewis Center
Primary Care**
6515 Pullman Drive
Lewis Center, OH
614-688-7150

**OSU Internal Medicine and
Pediatrics Grandview**
1609 Northwest Blvd
Grandview, OH
614-293-7980

**OSU Internal Medicine at
Stoneridge/Dublin**
3900 Stoneridge Lane
Dublin, OH
614-293-0080

**Central Ohio Primary Care -
Northwest Family Physicians**
3311 Tremont Road
Columbus, OH
614-457-4806

**Central Ohio Primary Care -
Marysville Primary Care**
1044 Columbus Avenue
Marysville, OH
937-644-1441

**Central Ohio Primary Care -
Riverside Pediatric Associates**
4885 Olentangy River Road
Columbus, OH
614-267-7878



* This list does not illustrate all PCMH practices in Central Ohio, but only those contracted with UnitedHealthcare as a PCMH provider.

DOMESTIC PARTNER OR SAME SEX SPOUSE (Franklin County only)

The Supreme Court in *United States v. Windsor* struck down Section 3 of DOMA as unconstitutional. This decision allows tax-favored benefits under the Internal Revenue Code to be extended to same sex spouses. Additional guidance provided by the Internal Revenue Service clarified that – for federal tax purposes – same sex spouses residing in states that do not recognize same sex marriage (Ohio) will receive the same tax advantages as same sex spouses residing in states that do recognize same sex marriage.

As a result, the Franklin County Cooperative can offer the same federal tax advantages to both same and opposite sex marriages. The following tax provisions apply to domestic partner and same sex spouse coverage:

<u>Same Sex Spouse</u>	<u>Domestic Partner</u>
100% of the employee contribution for health benefits is deducted pre-tax.	The portion of the employee contribution paid toward domestic partner coverage is deducted post-tax.
Taxes are not collected for the value of your spousal coverage.	The value of the domestic partner coverage is treated as imputed income and taxed.

If your domestic partner is your spouse, you may request a status change during Open Enrollment. The enrollment system applies strict parameters to these changes and you must contact the Franklin County Benefits Office for assistance. Proper verification of the marriage (i.e. marriage abstract, not license) is also required.

DOMESTIC PARTNER IMPUTED INCOME

The value of the domestic partner benefit will increase April 1st and the imputed income on which taxes are calculated will be higher. A table illustrating the new imputed income amounts is posted at <http://bewell.franklincountyohio.gov>.

Franklin County Benefits and Risk Management Department

Franklin County Courthouse
373 S. High Street, 25th Floor
Columbus, OH 43215
Website: <http://bewell.franklincountyohio.gov>
Local: 614-525-5750
Toll-free: 1-800-397-5884
Email: Benefits@franklincountyohio.gov
Thrive On Email: ThriveOn@franklincountyohio.gov
Hours: M-F, 8am - 5pm

Fairfield County Benefits Office

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

Pickaway County

Pickaway County Commissioner's Office
April Dengler
Local: 740-420-5450
Fax: 740-474-8988
Email: adengler@pickaway.org
Hours: M-F, 8am - 5pm



DEPENDENT ELIGIBILITY TEST and YADs

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 non-disabled dependents age 26 and 27:

Dependent children age 26 and 27 (not disabled) are identified as **Young Adult Dependents or YADS** and must meet more stringent eligibility criteria than dependents less than age 26. An additional premium is also charged for Young Adult Dependent/YAD coverage.

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, 2014, the additional monthly premium is: **\$300**