

# Spotlight

## BENEFITS & WELLNESS NEWSLETTER

October 2016  
**2017 Open Enrollment**  
2017 Plan Year: Jan 1, 2017 - Dec 31, 2017

*Produced by the Franklin County Benefits and Wellness Office for members of the Franklin County Cooperative Health Improvement Program*

### Message from Franklin County Administrator Wilson

Franklin County is committed to providing an outstanding health benefit program that promotes quality care, is affordable and provides the tools you and your family need to optimize your health and well-being. Meaningful changes are coming in 2017 to renew this commitment.

In my last Open Enrollment message, I encouraged you to take a more active role in managing your health: participate in ThriveOn's wellness activities, find a primary care physician and follow a physician's recommended schedule for preventive exams. I also asked you to think about the health care you purchase: seek treatment at an urgent care, family primary care physician or utilize the new Virtual Visit telemedicine option instead of an emergency room. Use the *Choosing Wisely*® resources to identify appropriate, evidence-based guidelines for treatment. To those who accepted this challenge, thank you! To those who have not, please come on board and join us!



In 2017, we will no longer just be encouraged to change our health behavior; we will be expected to change our health behavior. We will be asked to take an active role in improving our health and in doing so be rewarded.

The first thing we are doing is changing the name of the Cooperative. We are no longer in the business of just providing benefits. We are in the business of promoting and improving health. Our new name is the Franklin County Cooperative Health Improvement Program.

Secondly, new ThriveOn wellness programs are being introduced and incentives for wellness achievements will be more than triple those available in 2016.

- Earn \$300 for completing a health assessment and biometric (health) screening\*.
- Earn a \$200 deductible reduction in 2018.
- Win a \$1,000 award for earning 100 wellness points.
- Earn up to \$300 a year toward the cost of gym membership.
- Earn \$50 for completing an age-appropriate preventive exam.

Other plan improvements include allowing a 90 day fill at your local retail pharmacy, \$0 copays for some pill-form diabetic medications and coverage of Applied Behavior Analysis (ABA) therapy under the behavioral health program. (Continued on page 3)

#### OPEN ENROLLMENT

Open Enrollment begins Monday, Oct 17th and ends Friday, Nov 4th. Go to <https://fccbenefits.com>. Your company key is **fcc**.

*Details: Page 4*

#### PLAN YEAR CHANGE

Our plan year is changing. The 2017 plan year begins Jan 1, 2017 and ends Dec 31, 2017.

*Details: Page 3*

#### NEW AND EXCITING THRIVEON WELLNESS PROGRAMS

New programs are targeted and incentives more than tripled. Attend an employee meeting to learn more about these exciting, new programs.

*Details: Page 8-10*

#### ENROLL IN LIFE, DISABILITY AND FSA

Open Enrollment is your opportunity to enroll in the voluntary programs offered: Supplemental Life, Short and Long Term Disability and Health and Dependent Care Flexible Spending Accounts.

*Details: Page 14-17*

\* Additional requirements may apply

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**DID YOU GET YOUR FLU SHOT?**

A flu vaccination is your first and most important step to protect against the flu. You and your family have multiple options for getting a flu shot - all at no cost to you!

<b><u>AT WORK</u></b>	<b><u>AT NETWORK DOCTOR</u></b>	<b><u>AT NETWORK PHARMACY</u></b>	<b><u>AT NETWORK CONVENIENCE CARE CLINIC</u></b>
Anyone over age 13	Any family member covered by plan	Any family member covered by plan	Any family member covered by plan
See schedule below	Present United Healthcare id card	Present OptumRx id card	Present United Healthcare id card
\$0 cost	\$0 copay	\$0 copay	\$0 copay

**ONSITE FLU SHOT CLINIC CALENDAR**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>OCT 10</b> BOE - Morse Rd 9 AM - Noon	<b>OCT 11</b> Fleet Management 6:30 AM - 8:30 AM	<b>OCT 12</b> Metro Parks Sharon Woods 10 AM - Noon Child Support 8 AM - 11 AM	<b>OCT 13</b> Common Pleas Noon - 3P M Engineer 8 AM - 11 AM	<b>OCT 14</b>
<b>OCT 17</b> Courthouse 373 S High St 10th Floor 1:45 PM - 4:45 PM	<b>OCT 18</b> FCCS - W Mound 9 AM - Noon JFS - East 9 AM - 10:30 AM	<b>OCT 19</b> Metro Parks Blacklick Woods Noon - 2 PM JFS - West 9 AM - 11 AM	<b>OCT 20</b> SWACO 9 AM - Noon JFS - North 9 AM - Noon	<b>OCT 21</b>
<b>OCT 24</b> FCCS - New Dublin location 9 AM - 11 AM	<b>OCT 25</b> Memorial Hall - West Conf Room 11 AM - 2 PM Employees located at Memorial Hall and ADAMH	<b>OCT 26</b>	<b>OCT 27</b> Coroner 9 AM - 10 AM MORPC 10 AM - Noon	<b>OCT 28</b>
<b>OCT 31</b> Courthouse 373 S High St 10th Floor 7 AM - 11 AM	<b>NOV 1</b> Pickaway Service Center 9 AM - 11 AM	<b>NOV 2</b> Pickaway Commissioners Office Franklin St 9 AM - Noon		

Schedule an appointment for your onsite flu shot at: <http://bit.ly/FluShotToday>.  
To learn about how you can best protect you and your family from the flu, go to <http://www.flu.gov/prevention-vaccination/index.html>.

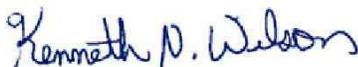
**ADMINISTRATOR WILSON CONT'D**

(Continued from page 1) Our decision to make these changes resulted from the work of a Strategic Planning Committee comprised of labor and management representatives throughout the Cooperative. The Committee looked several years into the future and saw a plan with uncontrollable year over year increases in part due to the declining health of our members. The Board of Commissioners has managed these cost increases well over the past 5-6 years and as a result our copays and deductibles have remained the same since 2011. However, this is unsustainable into the future if we do not take seriously the responsibility to improve our health.

I purposely worded this message using we and I. I am as responsible for managing my health and the health of my family members as you are in managing yours. We are on this health improvement journey together.

The first step to understanding what is being asked of us is to read the *Spotlight* newsletter and attend an employee meeting. A schedule of meetings is on page 20.

As County Administrator, I personally invite you to join me on this journey to good health.



County Administrator, Franklin County

**OPEN ENROLLMENT BEGINS OCTOBER 17th**

Open Enrollment begins in October this year because your plan year is changing. The 2016 plan year began Apr 1, 2016 and ends Dec 31, 2016. The 2017 plan year begins Jan 1, 2017, and ends Dec 31, 2017.

**What does that mean for you?**

Effective Jan 1, 2017, the following occurs:

- Your medical/behavioral health/dental plan deductibles reset.
- Your medical/behavioral health maximum out-of-pocket amounts reset.
- Your 25 visit limits on therapies and chiropractic care reset.
- Your dental \$1,500 annual maximum resets.
- You establish your 2017 FSA elections during Open Enrollment.
- Your Supplemental Life and Short/Long Term Disability rates may adjust if as of Jan 1, 2017, you age into the next higher age rate bracket.

If you have specific questions about how this plan year change impacts you, please attend an employee meeting. (Schedule posted on page 20) or contact the Franklin County Benefits and Wellness Office.

**NEW ID CARDS AND myuhc.com****NEW ID CARDS**

You will receive a new United Healthcare (UHC) id card prior to Jan 1, 2017. Make a resolution to discard your old card and begin using the new one on New Years Day!

Our UHC plan number is changing effective Jan 1, 2017. Your old card will not work in 2017. All telephone numbers remain the same.

If you have a spouse or children on the plan, you will receive two cards. If you need a card for a college student, etc., additional cards can be requested by calling the UHC member services number on the back of your id card or requesting a new card at [www.myuhc.com](http://www.myuhc.com).

**www.myuhc.com**

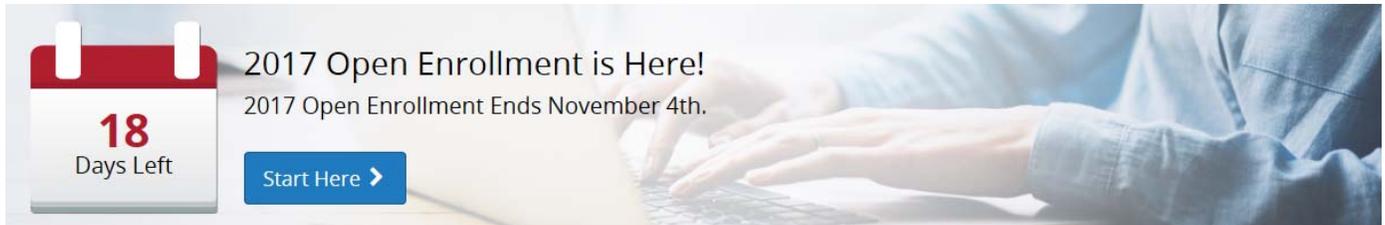
Myuhc.com is United Healthcare's website where you can look up your claim activity, find a provider, etc. Because our plan number is changing, we must re-register on myuhc.com.

Make another resolution! On Jan 1st, use your new id card to register a new account on myuhc.com. You must use the member identification number on your new id card to register.

Claims incurred prior to Jan 1, 2017, will still be viewable in your old myuhc.com account. However, in order to view claim activity, look up a provider, etc. beginning Jan 1, 2017, you will need to use your new myuhc.com account.

## READ THIS TO KNOW WHAT TO DO DURING OPEN ENROLLMENT

Open Enrollment is your opportunity to review your current health, life, disability and flexible spending account benefit elections and confirm any changes for plan year 2017. Changes requested during Open Enrollment are effective Jan 1, 2017. Open Enrollment begins Monday, Oct 17th and ends Friday, Nov 4th.



### ASK YOURSELF THESE IMPORTANT QUESTIONS

- Do I need to remove a dependent from my coverage?  Yes  No
- Do I need to change from the dental DMO to the dental PPO?  Yes  No
- Am I enrolled in Supplemental Life, if not, do I want to enroll?  Yes  No
- Am I enrolled in Short or Long Term Disability, if not, do I want to enroll?  Yes  No
- Do I want to make Flexible Spending Account (FSA) elections for 2017?  Yes  No
- Do I need to update my telephone or email in the enrollment system?  Yes  No
- Do I want a printed summary of my 2017 benefits?  Yes  No

**If you answered YES to any of these questions, follow the INSTRUCTIONS TO CONFIRM MY 2017 BENEFITS.**

To confirm your benefit elections on your mobile device, simply scan this QR code to quickly access the enrollment system. If you don't have a QR reader/scanner on your mobile device, download one from your app store.



### INSTRUCTIONS TO CONFIRM MY 2017 BENEFITS

- 1) Go to <https://fccbenefits.com> or use the QR code below to access the system via your mobile device.
- 2) Login using your username and password. If you forgot your username or password, use the reset function. Your company key is fcc (all lowercase).
- 3) Click on your name in the upper right hand corner of the screen.
  - Your 2017 benefit elections and associated costs appear under **2017 OPEN ENROLLMENT BENEFIT SUMMARY.**
  - Your current 2016 benefit elections appear under **BENEFIT SUMMARY.**
- 4) To confirm your 2017 benefit elections, click on the blue **START HERE** button at the top of the page. Follow the prompts.
- 5) Select **APPROVE** and then **I AGREE** to confirm your 2017 benefit elections.
- 6) Make note of your **CONFIRMATION NUMBER** or select the **PRINT BENEFIT SUMMARY** for your records.

If you do not confirm your 2017 benefits, your 2016 benefits will rollover with the exception of your Flexible Spending Account elections.

## SUMMARY OF MEDICAL BENEFITS and 2017 CHANGES

	NETWORK	NON-NETWORK
<b>MEDICAL PLAN</b>		
<b>Office Visit Copay (OV)</b>		
- Preventive Care	\$0	
- Non-Preventive Care	\$20	
- Premium Tier I Specialist	\$20	
- Non-Premium Tier I Specialist	\$40	
<b>Therapies and Chiropractic Copay</b>	\$20	
- Limited to 25 visits per plan year		
<b>Urgent Care Copay (UC)</b>	\$25	
<b>Emergency Room Copay (ER)</b>	\$150	
<b>Inpatient Hospitalization, Outpatient Surgery, Major Diagnostic, Ancillary Services, etc.</b>	<b>Annual Deductible</b>	<b>Annual Deductible</b>
- Deductible	\$200 Individual	\$400 Individual
- Coinsurance	\$500 Family	\$1,000 Family
- Maximum Out-of-Pocket (MOOP)	<b>Coinsurance</b>	<b>Coinsurance</b>
	You pay 0%.	You pay 20%.
	Plan pays 100%.	Plan pays 80%.
	<b>Annual Maximum Out-of-Pocket</b>	<b>Annual Maximum Out-of-Pocket</b>
	<b>\$1,000 Individual</b>	<b>\$2,000 Individual</b>
	<b>\$2,500 Family</b>	<b>\$5,000 Family</b>
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.		

### 2017 CHANGES

#### Maximum Out-of-Pocket

Your Maximum Out-of-Pocket or MOOP (hi-lighted in red) is increasing as illustrated in the table to the right. The MOOP is the maximum amount that an individual would pay in a plan year toward covered health care services.

#### Coordination of Benefits

The method in which Coordination of Benefits (COB) is calculated is changing from 'Come Out Whole' to 'Non Duplication'. The Non Duplication method provides secondary coverage up to the level that the plan would have paid if it were primary.

**Dual County Coverage:** This will impact COB if two employees of the County are cross covering their spouses. If you are an employee and your spouse is an employee and you are both covering the other under your medical plan, please note this will change the way your claims are coordinated.

### COORDINATION OF BENEFITS EXAMPLE

Sue is a County employee and she and her husband Bob are covered by the Cooperative health plan. Bob is also covered by his own employer's health plan. His health plan through his employer is primary and his spousal coverage through Sue is secondary. Bob incurs a \$50 copay under his primary plan and submits to Sue's Cooperative plan for Coordination of Benefits.

#### NOW - COME OUT WHOLE

Primary Copay	\$50
Secondary Payment	\$50

#### EFFECTIVE JAN 1, 2017

Primary Copay	\$50
Secondary Payment	\$30 *

\* If the claim paid first - or primary - under the Cooperative plan, a \$20 copay would have been owed.

## SUMMARY OF BEHAVIORAL HEALTH BENEFITS and 2017 CHANGES

	NETWORK	NON-NETWORK
<b>BEHAVIORAL HEALTH PLAN</b>		
<b>Outpatient Copay</b> - First 30 visits - 31st visit +	\$0 \$20	<b>Annual Deductible</b> \$400 Individual \$1,000 Family
<b>Inpatient Hospitalization for Mental Health or Substance Abuse treatment</b>	<b>No Deductible</b> <b>No Coinsurance</b> Plan pays 100%. <b>Annual Maximum Out-of-Pocket</b> <b>\$1,000 Individual</b> <b>\$2,500 Family</b>	<b>Coinsurance</b> You pay 20%. Plan pays 80%. <b>Annual Maximum Out-of-Pocket</b> <b>\$2,000 Individual</b> <b>\$5,000 Family</b>
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.		
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>		
- 8 visits per problem per plan year	No copay	N/A

### 2017 CHANGES

#### Applied Behavior Analysis (ABA) Therapy

ABA therapy is a type of intensive behavioral treatment for children with autism. Through positive reinforcement, ABA provides interventions to reduce problem behavior and develop alternative behaviors and skills.

Coverage for ABA therapy is effective Jan 1, 2017. Contact United Behavioral Health for assistance in identifying an ABA therapist. Services are primarily treated as an outpatient visit.

#### Coordination of Benefits

The method in which Coordination of Benefits (COB) is calculated is changing. For a full explanation, refer to page 5.

## HAVE YOU CHECKED OUT [LiveAndWorkWell.com](http://LiveAndWorkWell.com)?

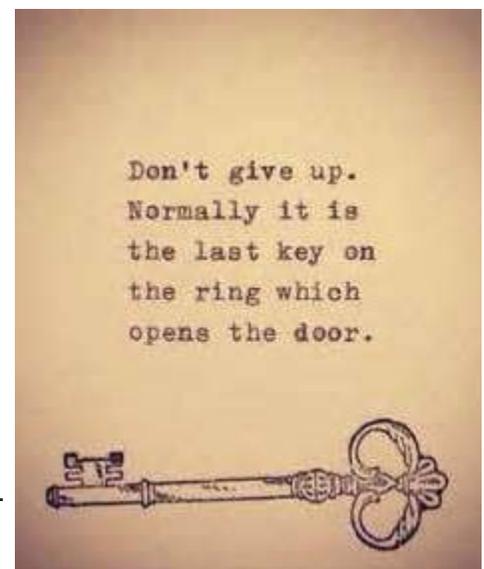
LiveAndWorkWell.com is the **100% confidential** website for our Employee Assistance and Behavioral Health programs. It contains self-help tools, quizzes and guides as well as articles and information on almost any life challenge. Here is a short list of topics covered on the website:

- Separation/Divorce
- Caregiver
- Budgeting/Financial Planning
- Internet Safety
- Military Life/Deployment

- Healthy Eating
- Gender Identity
- Stress Reduction/Management
- Addiction
- Abuse/Domestic Violence
- Autism
- Depression
- Balancing Work & Life

#### MANAGERS/SUPERVISORS

There is a special section under Education, Work & Career dedicated to you and the issues you face as a manager or supervisor.



## SUMMARY OF PRESCRIPTION DRUG BENEFITS and 2017 CHANGES

	NETWORK RETAIL 30 DAY SUPPLY	NETWORK RETAIL 90 DAY SUPPLY	MAIL ORDER
<b>PRESCRIPTION DRUG PLAN</b>			
<b>Non-Specialty Medications</b>			
Generic (G) Copay	\$5	<b>\$15</b>	\$12.50
Preferred Brand (PB) Copay	\$25	<b>\$75</b>	\$62.50
Non-Preferred Brand (NPB) Copay	\$50	<b>\$150</b>	\$125
<b>Proton Pump Inhibitors</b>			
Generics and over the counter Copay	\$5	<b>\$15</b>	\$12.50
Preferred Brand (PB) Copay	\$50	<b>\$150</b>	\$125
Non-Preferred Brand (NPB) Copay	\$75	<b>\$225</b>	\$187.50
<b>Specialty Medications</b>			
Generic (G) Copay			\$12.50
Preferred Brand (PB) Copay	N/A	N/A	\$62.50
Non-Preferred Brand (NPB) Copay			10% up to \$300 per prescription
<b>Injectable Insulin</b>			
<b>Diabetic supplies</b> - Lancets, syringes, test strips, etc.	Covered 100%	<b>Covered 100%</b>	Covered 100%
<b>Oral (Pill) Medications</b>			
- <b>Generic (G) Copay</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
- <b>Preferred Brand (PB) Copay</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
- <b>Non-Preferred Brand (NPB) Copay</b>	\$50	<b>\$150</b>	\$125
Maximum Out-of-Pocket Cost		\$4,000 Individual \$10,000 Family	
Do copays apply to the deductible?		N/A	
Do copays apply to the MOOP?		Yes	
Does the deductible apply to the MOOP?		N/A	

### 90 DAY AT LOCAL PHARMACY

Effective Jan 1, 2017, you can get a 90 day supply of medications at your local pharmacy. Your copay will be 3x the retail copay. For example, a 90 day at retail generic drug copay would be  $\$5 \times 3 = \$15$ . Your prescription must be written to fill for 90 days in order for the pharmacy to dispense a 90 day supply.

### \$0 COPAY FOR DIABETIC MEDS

Effective Jan 1, 2017, generic and preferred brand pill-form diabetic medications will be covered 100%. (Injectable insulin and diabetic supplies will continue to be covered at 100% as well.) You do not need to obtain a new prescription. The pharmacy will automatically process at \$0 copay.

## EXCITING NEW 2017 THRIVEON PROGRAMS!



ThriveOn is excited to announce two new programs effective Jan 1, 2017. The first is a gym membership reimbursement program and the second a preventive exam incentive.

### GYM MEMBERSHIP REIMBURSEMENT

ThriveOn will pay up to \$25 a month or \$300 a year toward the cost of your 'full service' gym membership. Gyms are considered 'full service' if a variety of the following physical activities is offered:

- Cardiovascular (treadmills, stationary bikes, elliptical machines, stair climbing machines, aerobics classes, etc.)
- Strength (weight machines, free weights, toning classes, etc.)
- Stretching (padded areas for stretching, resistance bands, yoga, Pilates classes, etc.)

A Gym Membership Reimbursement Form will be posted at <http://bewell.franklincountyohio.gov> in December. The form must include your workout dates (or you can submit a print out of visits if supplied by your gym) and signature of a gym representative. Along with the form, ThriveOn will need proof of payment in order to calculate your monthly reimbursement. A deadline for submission is set for each quarter. You will receive your quarterly reimbursement through payroll, i.e. it will be included in your paycheck as taxable income.



This program replaces the current onsite fitness classes and allows you the flexibility of working out when you want, with who you want and wherever you want.

## YOU WILL EARN \$50 FOR EACH PREVENTIVE EXAM.

Preventive exams for our health are like oil changes or tune ups for our car. These periodic exams are preventive and preserve good health. You do all of these things to keep up the quality of your car ... or your health!

Effective Jan 1, 2017, ThriveOn will pay you \$50 if you get one of the following age appropriate preventive

exams:

- Routine mammogram
- Routine cervical exam (pap)
- Routine prostate exam
- Routine colonoscopy

This applies to preventive exams obtained by you or your spouse/partner if enrolled.

The incentive will be paid out each

quarter through payroll, i.e. you will receive the \$50 in your check. It is taxable.



## THRIVEON INCENTIVE PROGRAM EFFECTIVE MARCH 1ST

Here is a glimpse of the ThriveOn wellness campaign that will begin Mar 1, 2017. As with all ThriveOn programs, you are not required to participate. But as stated in Administrator Wilson's message, each one of us is responsible for our own health behavior and we all will be asked to take an active role in improving our health.

### **\$300 FOR 3 THINGS**

If you complete the following 3 things, you will receive \$300. Your spouse/partner is eligible as well. That is \$300 for you and \$300 for your spouse/partner if you both complete the 3 things. Plus, you won't have to wait until the end of 2017 to get it. You will receive your \$300 through payroll as a taxable benefit as soon as the 3 things are completed. You must be enrolled in the health plan to be eligible.



#### **1) Complete a Health Assessment**

The Health Assessment is a series of lifestyle and health questions that you answer online. It provides you a summary of your overall health based upon your answers and is one of the simplest ways to identify areas where your health behavior could improve. The information gathered is 100% confidential and not released to your agency or the Benefits and Wellness Office. It is not used to determine the level of your benefits in any manner.

#### **2) Get a Health Screening (either onsite or at your physician's office)**

If you get a health screening onsite, a nurse will stick your finger and take a little blood. You will receive immediate results as to your cholesterol, triglycerides, etc. You will also be weighed and have your blood pressure taken. You could also fulfill the health screening requirement by getting a routine exam with your family physician.

#### **3) Be Tobacco Free**

A question regarding your tobacco use is included in the Health Assessment. If you are a non-tobacco user, you are leading a tobacco free lifestyle. If you do use tobacco, all we ask is that you complete a series of phone calls with a health coach or work toward quitting tobacco with your physician. If you do, you qualify as tobacco free.

### **2018 DEDUCTIBLE REDUCTION**

If you complete the \$300 FOR 3 THINGS program in 2017, you will also receive a deductible reduction in plan year 2018. Our individual medical plan deductible will be \$400 in 2018. By participating in ThriveOn wellness programs, you are showing that you are taking control of your health. So in addition to the \$300 earned in 2017, you will receive a \$200 deductible reduction in 2018. If both you and your spouse/partner are covered under the health plan, you must both participate in order to receive the deductible reduction. The deductible reduction also applies to any children covered by your plan.



## 100 WELLNESS POINTS FOR A CHANCE TO WIN \$1,000



In 2017, ThriveOn will offer points for wellness activities. If you earn 100 points, you will be entered into a drawing for \$1,000. If both you and your spouse/partner earn 100 wellness points, you both will be entered into the drawing. Ten (10) names will be drawn. Each wins \$1,000!

Points will be earned for things like completing a health assessment and screening, obtaining a routine physical from your family doctor or annual dental exam from your dentist, fitness and community activities, etc. You will be able to begin earning points Mar 1, 2017. All points must be recorded by Nov 2017.

## MEET YOUR THRIVEON WELLNESS CHAMPIONS!



**Front L-R:** Amanda Blake (ThriveOn Coordinator, Benefits and Wellness), Jennifer Breckenridge (Children Services), Aaliyah Earvin (Prairie Township)  
**Back L-R:** Lisa Dickerson (Job and Family Services), Kathy Tucker (ThriveOn Administrative Secretary), Jennie McAdams (Public Health), Paula Kirk (SWACO), Bryan Winbush (Job and Family Services), Joel Bradley (Sheriff), Christina Walker (Sheriff), Linda Meeks (Child Support), Jodi Leis (Assistant Director, Benefits and Wellness), Randi Good (Prairie Township), Alexis Blaylock (CBCF)

### WHAT IS A WELLNESS CHAMPION?

A Wellness Champion is someone who is willing to raise the level of health awareness at their worksite. ThriveOn relies on this group to promote programs (like the \$50 for a preventive exam or the \$300 FOR 3 THINGS) as well as provide feedback from you about these programs.

We encourage you to get to know your Wellness Champion. This committee will be an integral part of the success of ThriveOn. If your agency is not represented and you are interested in being a Wellness Champion, please shoot us an email at [ThriveOn@franklincountyohio.gov](mailto:ThriveOn@franklincountyohio.gov). The only requirement is a willingness to serve and a desire to promote the ThriveOn message!

## Choosing Wisely®

Choosing Wisely® wants you to talk to your doctor ... to ask questions. *Do I really need that test? Can I hold off on that antibiotic?* By arming you with the proper information and encouraging you to ask the right questions, Choosing Wisely® wants to help you choose care that is:

- Supported by evidence, i.e. that really works!
- Not duplicative of other tests or procedures already received
- Free from harm, i.e. the risks don't outweigh the benefits!
- Truly necessary

Choosing Wisely® partnered with national medical organizations representing many types of physicians. These organizations were asked to identify tests or procedures commonly used that really should be discussed before being ordered. For example, the Academy of Family Physicians identified and recommended the following:

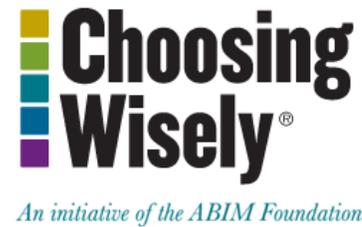
**Don't do imaging (x-rays) for lower back pain within the first six weeks, unless red flags are present.** *Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs.* Low back pain is the fifth most common reason for all physician visits.

**Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after improvement.** Most sinusitis is due to a viral infection that will resolve on its own. *Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis.* Sinusitis accounts for 16 million office visits and \$5.8 billion in annual health care costs.

**Don't order annual electrocardiograms (EKG) or any other cardiac screening for low-risk patients without symptoms.** There is little evidence that screening for coronary artery disease (artery blockage) in low risk patients who show no symptoms, improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. *Potential harms of this routine annual screening exceed the potential benefit.*

Check out the Choosing Wisely® website at [www.choosingwisely.org](http://www.choosingwisely.org) for more information, including a whole host of recommendations based upon your condition. For example:

- Colonoscopy: When you need it
- Hard decisions about cancer
- Lab tests before surgery: When you need them
- Physical Therapy: Five treatments you probably don't need
- Treating migraine headaches: Some drugs should rarely be used



**Choosing Wisely® Partners** include over 70 medical and consumer-focused organizations working to help providers, patients and health care stakeholders **think and talk** about overuse of health care resources in the United States. The list includes:

- ABIM Foundation
- American Academy of Allergy, Asthma & Immunology
- Academy of Family Physicians
- American Academy of Neurology
- American Academy of Pediatrics
- American Academy of Orthopaedic Surgeons
- American College of Cardiology
- American College of OB/GYN
- American College of Preventive Medicine
- American College of Rheumatology
- American Psychiatric Association
- American Society of Clinical Oncology
- Commission on Cancer
- Infectious Diseases Society of America
- Robert Wood Johnson Foundation
- Society of Critical Care Medicine
- Society of Vascular Medicine

**Choosing Wisely®** is working with about 20 organizations to distribute information and educate patients on making wise decisions, including the following:

- AARP
- The Leapfrog Group
- National Partnership for Women & Families
- Union Plus
- Wikipedia

Go to [www.choosingwisely.org](http://www.choosingwisely.org) to find out more about the **Choosing Wisely®** initiative.

## VIRTUAL VISITS

Illness doesn't follow a calendar or clock. If you fall ill outside of physician office or urgent care hours, your options for accessing health care is limited. Far too often, the emergency room is turned to in these instances.

When unable to get to your doctor or urgent care, use virtual visits. Virtual visits provide access to physicians 24 hours a day, 7 days a week. Cooperative members and their dependents can see and talk to a provider for non-emergency medical conditions - even receive a prescription.

### Access to care - online - 24/7

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. A virtual visit lets you see and talk to a doctor from your mobile phone, tablet or computer with camera capabilities.



### Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including

- Bladder infection
- Urinary tract infection
- Migraine/headaches
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Pink eye
- Stomach ache
- Rash
- Sore throat
- Sinus problems

### No out-of-pocket cost

Your copay for a virtual visit is \$0. You have no out-of-pocket cost.

### Safety and confidentiality

All network providers, including virtual visit providers, are required to comply with all laws relating to the security and confidentiality of patient information.



## HEALTHY PREGNANCY PROGRAM

The Healthy Pregnancy Program provides continuous support during pregnancy through print materials, website resources and one-on-one telephonic interaction with maternity nurses. Receive a \$50 gift card incentive upon enrollment in the program and an additional \$150 gift card upon completion of the program. Gift cards are taxable.

Remember to enroll your new born within 30 days of birth by completing a life event online at [fccbenefits.com](http://fccbenefits.com).



**Enroll today.**

**1-888-246-7389**

Monday through Friday  
8 a.m. to 8 p.m. CST

## VIRTUAL VISITS FAQs

### Where can I find out what providers are in the virtual visit network and how do I access them?

For information about what virtual visit provider groups are in the network, log onto myuhc.com and conduct a provider search. You can also access the provider groups through the UnitedHealthcare's Health4Me app or by going directly to a network virtual visit provider group's mobile app or website.

### What should I consider when choosing a virtual visit provider?

You are able to choose from any of our network virtual visit providers. Some things to consider when choosing a provider are listed here.

- Does the provider group operate and prescribe in the state you are when you need care?
- On average, how much experience do the physicians in the provider group have?
- Do you like the provider group's website and/or mobile app experience? How is the provider's mobile app rated by other consumers?

### Some virtual visit provider groups list other services like nutrition counseling, lactation services, therapy and psychology services. Are these covered under my virtual visit benefit?

Not at this time. While you can choose to receive these additional services from a virtual visit provider,

the services will not be covered under your virtual visit benefit and you will be responsible for the full cost.

### What happens once I reach the virtual visit provider group's website? What happens during an actual virtual visit?

The first time you use a virtual visit provider you will need to set up an account with that virtual visit provider group. You will need to complete the patient registration process which allows the virtual visit provider to gather medical history, pharmacy preference, primary care physician contact information and insurance information.

Each time you have a virtual visit, you will be asked some brief medical questions, including questions about your current medical concern. If appropriate, you will then be connected using secure live audio and video technology to a doctor. You and the doctor will discuss your medical issue, and if appropriate, the doctor may write a prescription for you.

### How long is the wait to see a doctor once I am at the provider group's site? Can I schedule an appointment instead of waiting?

Virtual visit provider groups are expected to deliver care within 30 minutes or less from the time of a patient's request. You are also able to schedule an appointment with a virtual visit doctor.

### Will virtual visit information be shared with my Primary Care Physician (PCP)?

We encourage you to provide your PCP information to the virtual visit provider so that virtual visit records can be sent directly to your PCP. You may also be able to access your virtual visit record with the virtual visit provider group, so you can provide the records directly to your PCP or other health care providers as desired.

### Am I required to have a PCP in order to use a virtual visit provider?

No, it is not a requirement and you do not need a referral to use a virtual visit.

### Can my child or under age dependent use virtual visits?

Yes. A parent or legal guardian must be present when the virtual visit is conducted with a minor dependent. The dependent must be covered under your plan.

### If the virtual visit provider writes a prescription for me, how do they get the prescription to my local pharmacy?

Virtual visit doctors use e-prescribing to submit prescriptions to the pharmacy of your choice. (Costs for prescription drugs are payable under your pharmacy benefit.) Not all virtual visits will result in the issuance of a prescription. Prescriptions are provided only when appropriate.

## SUPPLEMENTAL LIFE INSURANCE

All Franklin and Pickaway County employees are provided Basic Life and Accidental Death & Dismemberment Insurance. Supplemental Life Insurance provides additional coverage for you, your spouse/partner and your children.

- Supplemental Life can be requested in \$10,000 increments up to the following maximum amounts:
 

Employee:	\$300,000
Spouse/Partner:	\$150,000
Dependent Children:	\$10,000
- Supplemental Life is voluntary group term insurance. You pay 100% of the premiums, which are deducted from your paycheck post tax.
- Premiums are based on your age and the age of spouse/partner on Jan 1st.
- All life insurance enrollments are made at <https://fccbenefits.com>. If you want to take advantage of the \$10,000 bump explained below, just increase your life insurance by one \$10,000 increment.
- Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health in order to be considered for insurance coverage. EOI must be submitted for certain Supplemental Life requests. The enrollment system will alert you if EOI is required. All EOI requests must be submitted to the life insurance carrier by Jan 31, 2017.
- Beneficiaries named for Supplemental Life can be different than the beneficiaries named for Basic Life/AD&D.
- If you leave County employment, you can 'take the coverage with you' by porting or converting.

### \$10,000 BUMP WITH NO UNDERWRITING/EOI

If you or your spouse/partner are currently enrolled in the Supplemental Life program, you may increase your supplemental life coverage by \$10,000 without supplying Evidence of Insurability.

If you are not currently enrolled in the Supplemental Life program, all Supplemental Life coverage requested for you or your spouse/partner will require approval through the EOI process.

#### SUPPLEMENTAL LIFE RATES

Supplemental Life provides additional life insurance for employees and coverage for spouses/partners and dependent children. Proceeds are paid upon death due to illness or injury and do not double or pay a partial benefit due to accidental death or injury.

##### Supplemental Life Rates Effective Jan 1, 2017

Rates for Employee and Spouse/Domestic Partner	
Available in \$10,000 increments	
Age	Monthly Rate per \$10,000 of Coverage
<25	\$0.50
25-29	\$0.60
30-34	\$0.67
35-39	\$0.72
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

Rates are based on age on Jan 1, 2017.

##### Rates for Child(ren)

**\$5,000 increments up to \$10,000 -  
GI Amount \$10,000**

Amount	Monthly Cost
\$5,000	\$0.65
\$10,000	\$1.30

Child rates cover all children in the family. For example, if a \$10,000 benefit is elected the cost is \$1.30 regardless of the number of dependent children.

## HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) is an employer-sponsored benefit program that allows you to set aside pre-tax dollars from your paycheck to pay for eligible health or dependent care expenses.

**ELIGIBILITY:** If you are a benefits eligible employee, you are eligible to participate in the health and dependent care FSA plans. You do not need to be enrolled in the health plan in order to participate. This is a 100% voluntary program.

**FSA PLAN YEAR:** Your FSA plan year/coverage period begins Jan 1st and ends Dec 31st.

**ANNUAL ELECTION:** Your annual election is the total amount of FSA dollars you set aside each year. The maximum amount you can set aside into your health care FSA each plan year is \$1,200. The minimum amount is \$120. The maximum amount you can set aside into your dependent care FSA each plan year is \$5,000. The minimum amount is \$120.

**FSA FUNDS:** Dollars set aside into a health care FSA are available on the 1st day of the plan year, or Jan 1st. Dependent care FSA dollars are only available as they are deducted from your paycheck. For both accounts, dollars are deducted before federal or state taxes are calculated on your paycheck. Your taxable income is lower, therefore, you pay less taxes.

**USE IT OR LOSE IT:** FSAs have a 'Use it or Lose it' rule that requires you to use all the money in your FSA by the end of the plan year. 'Unspent' FSA dollars won't be returned to you and funds do not roll over to the next plan year.

**BENEFITS CARD OR PAPER CLAIM:** One of the features of your FSA is the FSA Benefits Card/MasterCard, which gives you easy access to your FSA dollars. Swipe your benefits card (just like a regular bank card) and funds are automatically taken from your FSA account and paid to the provider. Claims can also

be submitted via paper claim form. Supporting documentation may be requested for any claim, including those paid for with the benefits card.



**MID-YEAR CHANGES:** You can make changes to your health and dependent care FSA elections only in very limited life event circumstances. Your requested change must be consistent with the event that prompted the election change. For example, if you adopt a baby, you may want to increase your health and/or dependent care elections to accommodate the added medical expenses and/or day care costs you may incur for this adopted child. However, in general, you could not decrease your dependent care elections for that life event.

**TERMINATION:** If you stop working for the County or lose eligibility to participate in the FSA, your FSA plan will terminate at the end of the month and pre-tax deductions will stop. Out-of-pocket health care expenses for services performed after your termination date are not eligible for reimbursement. Health care FSAs may be eligible for continuation under COBRA.

**NOTE:** You have three months from your account termination date to submit claims for expenses incurred during the time your FSA was active.

**FOR MORE INFORMATION:** For more information about the Flexible Spending Account program, please go to [BeWell.franklincountyohio.gov](http://BeWell.franklincountyohio.gov).

## SHORT AND LONG TERM DISABILITY INSURANCE

If you are eligible to enroll in the Cooperative's healthcare plan, you are eligible to participate in the MetLife disability insurance program. The disability insurance program offers the following coverage:

**Short Term Disability** replaces a portion of your income during the initial weeks of a disability. It pays a weekly benefit based upon your pre-disability income and provides benefits up to 26 weeks (approximately 6 months) after an initial elimination waiting period of 14 days.

**Long Term Disability** replaces a portion of your income during an extended illness or injury. After an initial elimination waiting period of 180 days (or until your Short Term Disability Insurance benefits end) it pays a monthly benefit based upon your pre-disability income. Benefits are paid up to your normal retirement age or Reducing Benefit Duration\*.

Combining Short and Long Term Disability provides protection that begins almost immediately and can carry you through an extended period of time. However, there is no requirement that you purchase both products. You can elect only Short Term or only Long Term Disability Insurance.

Policy Provision	Short Term Disability Insurance	Long Term Disability Insurance
Elimination Waiting Period	<i>14 calendar days</i> from the onset of the disability due to illness, injury or maternity leave	<i>180 calendar days</i> from the onset of the disability or until your Short Term Disability ends
An <b>elimination waiting period</b> begins on the day you become disabled and is the length of time you must wait while being disabled before you will receive disability benefits.		
Benefit Amount	60% of your <i>weekly</i> pre-disability earnings	60% of your <i>monthly</i> pre-disability earnings
The <b>benefit amount</b> you receive is based upon your gross pre-disability earnings. Your gross pre-disability earnings are the weekly or monthly amount that you earned immediately before you became disabled. <b><u>Your gross earnings are your before tax earnings.</u></b>		
Maximum Benefit Amount**	\$1,500 per <i>week</i>	\$10,000 per <i>month</i>
This is the <b>maximum benefit amount</b> you will receive in disability benefits. It is a weekly maximum for Short Term Disability benefits and a monthly maximum for Long Term Disability benefits.		
Maximum Benefit Duration*	<i>26 weeks</i>	<i>Greater of Social Security Normal Retirement Age or Reducing Benefit Duration</i>
This is the total number of weeks during which Short Term Disability benefits will be paid. For Long Term Disability, benefits will be paid until normal retirement age or the Reducing Benefit Duration.		

\* The Reducing Benefit Duration table is provided in the Certificate of Insurance available from your employer or your MetLife benefits administrator.

\*\* Your disability benefit is reduced by other income that you are paid during the same disability from other sources, including state disability benefits, OPERS, no-fault auto laws, sick/vacation pay, etc. Workers' Compensation claims are not eligible for short term disability coverage.

## SHORT AND LONG TERM DISABILITY CALCULATOR

### OPTIONS FOR CALCULATING YOUR BENEFIT AND PREMIUM

1. Manually calculate your benefit and premium using the table below.
2. Record your gross annual salary and age and have your benefit and premium automatically calculated here:  
<http://bewell.franklincountyohio.gov/calculators/disability-plan-contribution-worksheet/index.cfm>

### SHORT and LONG Term Disability Insurance Benefits and Premium Worksheet

This worksheet approximates your monthly (not per pay) Short and Long Term premiums. Actual contributions will be calculated by MetLife.

SHORT Term	
<b>A. Annual Earnings =</b> <i>(Gross earnings, before taxes)</i>	
<b>B. Weekly Earnings =</b> <i>(A. divided by 52)</i>	
<b>C. Weekly Benefit =</b> <i>(B. x 60% or .60)</i>	
<b>D. Value Per \$10 =</b> <i>(C. divided by 10)</i>	
<b>E. Enter applicable age-banded Rate</b> <i>(See Premium Rates below)</i>	
<b>F. Estimated Monthly Premium =</b> <i>(D. multiplied by E.)</i>	

LONG Term	
<b>A. Annual Earnings =</b> <i>(Gross earnings, before taxes)</i>	
<b>B. Monthly Earnings =</b> <i>(A. divided by 12)</i>	
<b>C. Value Per \$100 =</b> <i>(B. divided by 100)</i>	
<b>D. Enter applicable age-banded Rate</b> <i>(See Premium Rates below)</i>	
<b>E. Estimated Monthly Premium =</b> <i>(C. multiplied by D.)</i>	

Short Term Disability Premium Rates	Rate per \$10
Less than 30	\$0.42
30-39	\$0.41
40-49	\$0.47
50-59	\$0.71
60-64	\$0.93
65+	\$0.93

Long Term Disability Premium Rates	Rate per \$100
Less than 30	\$0.44
30-39	\$0.53
40-49	\$0.79
50-59	\$0.81
60-64	\$0.66
65+	\$0.48

### Additional MetLife Disability Program Benefits

The disability insurance program provides more than income replacement. MetLife offers several return-to-work programs designed to motivate you in your recovery.

Your participation in a return-to-work program could also increase your disability payment. Rehabilitation incentives include: partial benefits while attempting to return to work; 10% increase in benefits for working with an approved rehabilitation program; and reimbursements programs which help you with family care expenses and moving expenses if necessary.



## IRS FORM 1094/1095

Health care reform, also known as the Affordable Care Act (ACA), went into effect in March 2010. One of the goals of the ACA is to make health insurance available to everyone, regardless of medical history or ability to pay. The ACA also changed the information each individual must provide to the Internal Revenue Service (IRS) when filing income taxes.

One provision of the ACA, called the “individual mandate”, requires each American to have health insurance (with a few exceptions). Individuals who don’t have coverage must pay a tax penalty to the IRS called the “Individual Shared Responsibility Payment”.

Penalties take effect with the 2015 tax year, and are payable with 2015 income taxes (filed in early 2016).

### **HOW DOES THE IRS KNOW I’VE HAD COVERAGE?**

When filing your taxes, you will need to tell the IRS whether you had coverage during the year. There is a line item on Form 1040 under “Other Taxes” to document if you had health coverage.

### **WHAT DOES THE 1095 FORM DO FOR ME?**

Employers who sponsor self-funded health plans must provide all benefits eligible employees with Form 1095-C by Jan 31, 2017.

Form 1095-C provides the following:

- It illustrates that your employer offered you the opportunity to enroll in ACA-compliant coverage.

- It also shows if you and your dependents enrolled in the coverage offered by your employer in 2016.

### **HOW WILL I RECEIVE MY FORM 1095-C?**

You will receive your Form 1095-C by mail. It will be postmarked no later than Jan 31, 2017.

### **WHAT SHOULD I DO WITH MY 1095-C FORM?**

Use it as a reference when completing your taxes. Do not send Form 1095-C to the IRS with your tax return. Your employer will send a copy of Form 1095-C to the IRS for you. Do share it with a tax preparer or advisor, if using one and keep a copy with filed tax returns for future reference.

### **WHAT IF I CHANGED EMPLOYERS IN 2016?**

If you had more than one employer in 2016, you may receive more than one 1095 tax form.

### **WHO CAN I CONTACT WITH QUESTIONS?**

Contact your tax advisor for any questions regarding the tax penalty and how to complete Form 1040. If you have questions about coverage information reported on the 1095 form, contact the Franklin County Benefits and Wellness Office.

\* Your health care coverage through the Franklin County Cooperative qualifies as ACA-compliant or minimum essential coverage.

## CHECKLIST FOR DEPENDENT ELIGIBILITY

At Open Enrollment, you are asked to review the eligibility requirements of the plan to ensure your dependent children continue to meet the definition of an *eligible dependent*. A non-disabled dependent child must be less than 26 years of age and:

- A natural, step or adopted (placed for adoption) child;
- A child for whom you have legal guardianship;
- A child for whom coverage is required through a child support order;
- A grandchild, only eligible if the grandchild’s parent is a dependent and also covered on the plan.

## EMPLOYEE CONTRIBUTIONS EFFECTIVE JAN 1, 2017

Employee contributions for the following agencies are listed on this page. If you do not see your agency listed here, your 2017 employee contribution will be illustrated in the enrollment system at <https://fccbenefits.com> or available by contacting your Human Resource office or the Franklin County Benefits Office.

- **ADAMH** Board of Franklin County
- Franklin County Department of **Animal Control** +
- Franklin County **Auditor**
- Franklin County **Board of Commissioners** +
- Franklin County **Board of Elections**
- Central Ohio Community Improvement Corporation/**COCIC**
- Franklin County **Child Support** Enforcement Agency +
- Columbus-Franklin County **Finance Authority**
- Franklin County Court of **Common Pleas - General** Division
- Franklin County Court of **Common Pleas - Domestic/Juvenile** Division
- Franklin County **Community Based Correctional Facility**
- Franklin County **Coroner** +
- Franklin County **Data Center**
- Franklin County **Economic Development & Planning** Department +
- Franklin County **Emergency Management** and Homeland Security
- Franklin County **Engineer** +
- Franklin County **Fleet Management** Department +
- Franklin County Office of **Homeland Security & Justice** Programs
- Franklin County **Human Resources** +
- Franklin County **Job & Family Services** +
- 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** +
- Franklin County **Treasurer**
- Franklin County **Veterans Service** Commission +

Coverage Level	Monthly Contribution Amount
Employee only	\$131
Employee with child(ren)	\$131
Employee with spouse or domestic partner	\$278
Employee with family	\$278



### 2017 EMPLOYEE CONTRIBUTIONS for MORPC

<u>SALARY AND COVERAGE</u>	<u>YOUR MONTHLY COST</u>
<b>&lt; \$50,000 Annual Salary</b>	
Employee Only	\$181.94
Family	
Spouse w/o other coverage	\$432.02
Spouse w/ other coverage	\$517.78
<b>&gt; \$50,000 and &lt; \$75,000 Annual Salary</b>	
Employee Only	\$200.14
Family	
Spouse w/o other coverage	\$475.22
Spouse w/ other coverage	\$569.56
<b>&gt; \$75,000 Annual Salary</b>	
Employee Only	\$227.44
Family	
Spouse w/o other coverage	\$540.02
Spouse w/ other coverage	\$647.22

+ Bargaining and Non-bargaining

Employee meetings will be held throughout the County on the following dates/times. Meetings include a detailed presentation on 2017 benefits and wellness programs. Spouse/partners are welcome to attend.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>OCT 10</b>	<b>OCT 11</b>	<b>OCT 12</b>	<b>OCT 13</b> JFS – WEST 10:00 AM BOE – Morse Rd. 12:30 PM & 1:30 PM	<b>OCT 14</b>
<b>OCT 17</b> <b>OPEN ENROLLMENT BEGINS</b> <b>Common Pleas</b> HOJ Room #1 9:30 AM <b>Engineer</b> 9:30 AM <b>Convention Center</b> 1 PM <b>Children Services East Main</b> 2 PM	<b>OCT 18</b> <b>Purchasing</b> 8:30 AM <b>PFM – Auditorium</b> 9 AM <b>JFS – EAST</b> 10 AM <b>Memorial Hall</b> 2 PM	<b>OCT 19</b> <b>MORPC</b> 9 AM <b>JFS – NORTH</b> 9 AM & 10 AM <b>Grandview Heights</b> 2 PM <b>Sheriff – Downtown Jail</b> 2:30 PM	<b>OCT 20</b> <b>COURTHOUSE</b> <b>All employees welcome!</b> HOJ Room #3 10 AM & 2 PM <b>Metro Parks – Lewis Center Nature Center</b> 10 AM <b>Sheriff – 410 S High St</b> 3 PM <b>EDP</b> 3 PM	<b>OCT 21</b>
<b>OCT 24</b> <b>Emergency Management</b> 10 AM <b>SWACO – AOB Board Rm</b> 1:30 PM & 3 PM	<b>OCT 25</b> <b>Sheriff – Jackson Pike</b> 6:30 AM <b>COC – Auto Title South</b> 8:30 AM <b>Common Pleas</b> HOJ Room #1 2 PM <b>Children Services New Dublin location</b> 2 PM	<b>OCT 26</b> <b>ADAMH</b> 9 AM <b>Metro Parks Beech Maple Lodge</b> 10 AM <b>Fleet Management</b> 1:45 PM	<b>OCT 27</b> <b>COURTHOUSE</b> <b>All employees welcome!</b> HOJ Room #3 10 AM & 2 PM <b>Sheriff – Jackson Pike</b> 2:30 PM <b>Pickaway Engineer</b> 7:AM <b>Pickaway Sheriff</b> 9 AM <b>Pickaway Service Cntr</b> 11 AM <b>Pickaway Annex</b> 1 PM	<b>OCT 28</b> <b>COC – Auto Title East</b> 8:30 AM & 9:30 AM <b>Metro Parks Cedar Ridge Lodge</b> 10 AM <b>Coroner</b> 2 PM
<b>OCT 31</b> <b>Guardianship Board</b> 10:30 AM <b>Children Services W Mound St</b> 1 PM <b>Soil &amp; Water</b> 1:30 PM	<b>NOV 1</b> <b>Sheriff – Downtown Jail</b> 6:30 AM <b>Memorial Hall</b> 9 AM <b>Animal Control</b> 10 AM <b>CSEA</b> 1 PM <b>Animal Control</b> 2 PM	<b>NOV 2</b> <b>COC – Auto Title West</b> 8:30 AM <b>COC – Auto Title North</b> 8:30 AM	<b>NOV 3</b> <b>COURTHOUSE</b> <b>All employees welcome!</b> HOJ Room #3 10 AM & 2 PM	<b>NOV 4</b> <b>OPEN ENROLLMENT ENDS</b>

## INFO TO KNOW

### W-2 HEALTH CARE COSTS

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. 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.

Your SBC is posted on the enrollment system at <https://fccbenefits.com> 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, 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](mailto:Benefits@franklincountyohio.gov).

### WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

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

Your plan complies with these requirements. Benefits for these items generally are comparable to those provided under the plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician.

If you would like more information about WHCRA required coverage, you can contact the Franklin County Benefits Office at 614-525-5750, toll-free at 1-800-397-5884 or by email at [Benefits@franklincountyohio.gov](mailto:Benefits@franklincountyohio.gov).

## SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Cooperative's plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing

toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement

for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you do not request enrollment within 30 days, your request to enroll your dependent will be denied.

## The Big 1 Challenge Winners



The Big 1, a challenge promoted by ThriveOn, was a 6 week long trek along California's Route 1 highway. Nearly 500 employees tracked their activity during those 6 weeks with the ultimate goal of obtaining 400,000 steps. Each week, a winner was drawn from those who met the weekly goal. Commissioner Marilyn Brown and Commissioner John O'Grady congratulated the challenge winner James Janlin, from the Franklin County Auditor's office, who won the grand prize of an iPhone 6s. Additional winners and their prizes are listed below. Don't miss your opportunity to win ... watch for more ThriveOn challenges coming in 2017!

### THE BIG 1 WINNERS

Week 1: Fitbit <b>Jill Jeter</b> Children Services	Week 2: Fitbit <b>Eric Michael</b> Metro Parks
Week 3: Fitbit <b>Michael Frank</b> PFM	Week 4: Fitbit <b>Shanelle Mason</b> Sheriff
Week 5: Fitbit <b>Darla Reardon</b> PFM	Week 6: Apple Watch Sport <b>Ted Beidler</b> Engineer <b>Kyle Shutt</b> Common Pleas <b>Mary Fay</b> Pickaway County



Commissioner Marilyn Brown and Commissioner John O'Grady congratulate James Janlin from the Franklin County Auditor's Office, for his win in the ThriveOn challenge The Big 1.

## COUNTY CONTACT INFORMATION

### Franklin County Benefits and Wellness 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](mailto:Benefits@franklincountyohio.gov)  
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](mailto:adengler@pickaway.org)  
Hours: M-F, 8am - 5pm

### Thrive On

Thrive On: 614-525-5750 or 614-525-3948  
Thrive On Email: [ThriveOn@franklincountyohio.gov](mailto:ThriveOn@franklincountyohio.gov)  
Website: <http://bewell.franklincountyohio.gov>