

Spotlight

Benefits & ThriveOn Newsletter

October 2017
2018 Open Enrollment
2018 Plan Year: Jan 1, 2018 - Dec 31, 2018

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

Message from Franklin County Administrator Wilson

Over the past several years, my Open Enrollment messages have challenged you to take an active role in managing your health. Follow your physician's recommendations for preventive exams. Take advantage of the ThriveOn wellness programs. Think about where you receive treatment. Seek treatment in an urgent care versus emergency room when appropriate, or better yet, use convenience clinics or the Virtual Visit telemedicine options. I am pleased to see that many of you have accepted that call to action.

In 2017, 71% of Cooperative members completed the 3 for \$300 ThriveOn program. The number of age-appropriate preventive exams has increased. Emergency room utilization has decreased over the past 6 months and at the same time urgent care and Virtual

Visit utilization has increased. We have made major strides. We can take a moment, applaud our actions and then resolve to move into 2018 with renewed dedication. We can't let our 2017 success be to 2018 what New Years resolutions are to the month of February. We must continue to incorporate little changes into our daily life that over time, add up to big results. It isn't always easy. But we know we are better for it. The health plan is better for it as well.

The discussion surrounding the availability of healthcare is at the forefront for many Ameri-

cans. Through diligent management of the Cooperative health plan, we continue to enjoy a very comprehensive program. For every dollar spent on medical services, the Cooperative picks up 95¢; members pay 5¢ through copays and deductibles. We must recognize that not everyone is as fortunate. We must acknowledge that we have a responsibility to each other, and to the plan, to spend that \$1 wisely and on the things that matter the most. One way to do that is to focus on prevention.

When we hear the word 'prevention' used in relation to our health, we usually think of getting an annual check-up or flu shot, eating a healthy diet and getting enough exercise. Those certainly are key building blocks that we all should strive for. But prevention for someone with a chronic health condition may look

(Continued on page 3)



OPEN ENROLLMENT

Open Enrollment is NOT mandatory. It begins Monday, Oct 23rd and ends Friday, Nov 3rd. Go to <https://fccbenefits.com>. Your company key is **fcc**.
Details: Page 4

TAKE THE DEPENDENT ELIGIBILITY QUIZ

Remove ineligible dependents (children and spouses/partners from coverage during Open Enrollment.
Details: Pages 5 and 6

UPDATE YOUR EMAIL/ TELEPHONE NUMBER

Go to <https://fccbenefits.com> and review your address, email and telephone number. Update if not current.
Details: Page 7

THRIVEON WELLNESS

The 4 for \$300 program begins in Feb 2018. Complete 4 activities, earn \$300 and a reduced deductible in 2019.
Details: Page 13

HEALTH SCREENINGS

Onsite Health Screenings begin in Feb 2018. Earn 10 extra wellness points for completing your Health Assessment by Feb 14th!
Details: Page 13



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DID YOU GET YOUR FLU SHOT?

A flu vaccination is the most important step to protect against the flu. If weren't able to attend a work-site flu shot clinic, below are several additional options. For more tips on protecting you and your family from the flu bug, go to <http://www.flu.gov/prevention-vaccination/index.html>.

NETWORK PHARMACY

WHO: Anyone covered by the health plan

HOW: Present pharmacy id card at the pharmacy counter

COST: \$0 cost to you

NETWORK DOCTOR

WHO: Anyone covered by the health plan

HOW: Present your medical id card at the counter

COST: \$0 cost to you (if billed with an office visit, \$20 copay)

NETWORK CONVENIENCE CARE CLINIC

WHO: Anyone covered by the health plan

HOW: Present your medical id card at the counter

COST: \$0 cost to you (if billed with an office visit, \$20 copay)

VICKIE YOWELL - OUR **NEW!** NURSE LIAISON

Meet Vickie Yowell. Vickie is the Cooperative's new Nurse Liaison. She is an employee of United Healthcare, but will have an office on the 10th floor of the Franklin County Government Center.

Vickie is a clinically trained nurse and is familiar with the Cooperative's benefit and ThriveOn wellness programs. She can help direct you to the tools, resources and programs that can help you meet your health goals. Vickie can help:

- Locate a primary care physician.
- Connect you with United Healthcare, Optum or ThriveOn programs.
- Navigate your benefits if newly diagnosed with a chronic condition.

Your interaction with Vickie is 100% confidential.

Vickie is attending some of the Open Enrollment meetings schedule this week and next. If you see her, say hello!



**VICKIE YOWELL
NURSE LIAISON
614-525-NRSE (6773)**

ADMINISTRATOR WILSON CONT'D

(Continued from page 1)

somewhat different. It not only includes these basic preventive measures, but also includes taking medication as prescribed, not skipping follow-up appointments and taking advantage of support programs available through our program administrators, i.e. Diabetes and Asthma Support Programs. Just because you have a health condition does not mean you cannot be well or that you cannot practice prevention.

How do you know what *your* prevention looks like? Talk to your primary care physician; get an annual exam if recommended. Find out what you're doing right and what you need to work on and go from there. Meet with a Health Advisor as part of the 4 for \$300 ThriveOn program. Take advantage of the health coaching or visit with our Nurse Liaison, Vickie Yowell. While not a replacement for your primary care doctor, your Health Advisor, Health Coach or Vickie, can help you define your goals and point you in the direction of programs and resources available to assist you.

Thank you for being a part of our 2017 success. Join me in 2018 to continue the journey.

Kenneth N. Wilson

County Administrator, Franklin County

NEW! United Healthcare Support Programs for Diabetes and Asthma

United Healthcare is offering two **NEW! FREE!** programs to Cooperative members: Diabetes and Asthma Support. These programs are designed to meet you where you are, whether you've had years managing your condition or are newly diagnosed. Connect one-on-one with a personal nurse who will work with you over the phone to live your healthiest life.

If you are unsure if these programs are right for you, talk to Vickie Yowell, our Nurse Liaison, or call toll-free 1-877-440-5983 and speak with a program support nurse. Additional information is available on myuhc.com.



ASTHMA

I have fewer limits.

See how small steps can lead to meaningful results by working with your nurse to identify and avoid your asthma triggers and help you and your doctor effectively manage your condition by creating a personalized action plan.

DIABETES

I don't have to deal with this alone.

Diabetes is a complex condition, but it is manageable. Work with your nurse to reduce risk factors, such as high cholesterol and high blood pressure. Establish exercise and weight loss goals to maintain or obtain a healthy lifestyle. Understand your treatments, tests and procedures.



READ THIS TO KNOW WHAT TO DO DURING OPEN ENROLLMENT

Open Enrollment begins Monday, Oct 23rd and ends Friday, Nov 3rd. It is your opportunity to make changes to your health, life, disability and flexible spending account benefit elections for plan year 2018. Changes requested during Open Enrollment are effective Jan 1, 2018.

Open Enrollment is not mandatory. Your current benefit elections will rollover to plan year 2018. The only exception is Flexible Spending Account (FSA) elections. If you want to enroll in the Health Care or Dependent Care FSA programs, you **MUST** make these elections each year during Open Enrollment.



Open Enrollment is here!
Monday, October 23rd through Friday, November 3rd

14
Days Left

[Start Here >](#)

INSTRUCTIONS TO REVIEW AND MAKE CHANGES TO YOUR 2018 BENEFITS

- 1) Go to <https://fccbenefits.com> or use the QR code below to access the system via your mobile device.
- 2) Click YES to accept the **2018 DISCLAIMER**.
- 3) Login using your username and password. If you forgot your username or password, use the reset function. Your company key is **fcc** (all lowercase).
- 4) Click on your name in the upper right hand corner of the screen.
 - Your 2018 benefit elections and associated costs appear under **2018 OPEN ENROLLMENT BENEFIT SUMMARY**.
 - Your current 2017 benefit elections appear under **BENEFIT SUMMARY**.
- 5) Review your **2018 OPEN ENROLLMENT BENEFIT SUMMARY**.
 - Review your benefit elections
 - Review your address, email and telephone number.
 - Review your monthly deductions. If you are enrolled in supplemental life or disability, be sure to check those deductions too.
- 6) If you need to make changes, go to your **HOME** page and click on the blue **START HERE** button. Follow the prompts.
- 7) Select **APPROVE** and then **I AGREE** to confirm your 2018 benefit elections.
- 8) Make note of your **CONFIRMATION NUMBER** or select the **PRINT BENEFIT SUMMARY** to print a copy of the summary for your records.

If you do not confirm your 2018 benefits, your 2017 benefits will rollover. The only exception is the Health Care and Dependent Care Flexible Spending Account elections. These elections must be made each year.

To review 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.



NOT SURE IF YOU NEED TO MAKE CHANGES? ASK YOURSELF THESE QUESTIONS.

If you answer YES to any question, follow the instructions on page 4.

Do I need to remove a dependent from my coverage? Yes No

When a dependent (child, spouse or domestic partner) loses eligibility under the plan, you are required to notify the Benefits Office within 30 days of the loss of eligibility. Additionally, each year at Open Enrollment, you are required to review the definition of an eligible dependent and remove any dependent from your plan who does not qualify. Enrolling an ineligible dependent or failure to report the loss of eligibility of a dependent is considered fraud against the plan and is punishable up to and including termination of employment.

Dependents who are covered on your plan are listed on your **2018 OPEN ENROLLMENT BENEFIT SUMMARY**. If you have a dependent enrolled on your plan, take the dependent eligibility quiz on page 6 and remove any ineligible dependents from your coverage. Heightened scrutiny will be given to dependent eligibility in 2018. You may even be required to supply documentation to verify the eligibility of dependents enrolled on your health and life plans. If you require assistance, please contact the Benefits Office.

Do I need to update my address, telephone number or email in the enrollment system? Yes No

Providing the plan up-to-date contact information is key to getting the most out of your benefit and ThriveOn programs. Without this information, you may miss program changes and ThriveOn incentive opportunities. See page 7 for more information.

Do I need to change from the dental DMO to the dental PPO? Yes No

If you enroll in the DMO, make sure that your dental providers are in the DMO network. (Search for DMO providers at Aetna.com.) If you are selecting a new dental provider, call the provider's office and ask if they are accepting new Aetna DMO patients. If you enroll in the DMO during Open Enrollment, you cannot switch to the dental PPO until next Open Enrollment.

Do I want to enroll in Short or Long Term Disability? Yes No

Unless you are a New Hire or experience a Life Event, Open Enrollment is your only opportunity to enroll in the disability program. This is a voluntary program and you pay 100% of the premiums. See page 18 for a program description and rates.

Do I want to make FSA elections for 2018? Yes No

Your FSA options include both Health Care (HCFSAs) and Dependent Care (DCFSAs). The HCFSAs allow you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare costs for you and your eligible dependents. The DCFSAs allow you to set aside pre-tax dollars to pay for child or elder care expenses, i.e. day care. See page 17 for a program description.



DEPENDENT ELIGIBILITY QUIZ

TO CONFIRM ELIGIBILITY OF 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. (Domestic Partner must be enrolled in the health plan.)
- A child for whom legal guardianship has been awarded to me, my spouse or my domestic partner. (Domestic Partner must be enrolled in the health plan.)
- A child for whom health care coverage is required through a Qualified Medical Child Support Order.
- A grandchild, i.e. a child of your eligible dependent child. The parent (your child) of that grandchild must be eligible and enrolled in the health plan as well.

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/grandchild is:

- Less than 26 years of age.
- A disabled 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.

TO CONFIRM ELIGIBILITY OF A SPOUSE:

Place a ✓ in each box that applies.

My spouse is:

- My legal spouse. (Does not include a spouse who you are currently legally separated from or an ex-spouse.)

If you checked the box, your spouse is eligible. If you did **NOT** check the box, your spouse is **NOT** eligible.

TO CONFIRM ELIGIBILITY OF A DOMESTIC PARTNER:

Place a ✓ in each box that applies.

My domestic partner and I:

- Share a permanent residence (unless residing in different cities, states or countries on a temporary basis).
- Are each other's sole domestic partner, have been in this relationship for at least six (6) months, and intend to remain in this relationship indefinitely.
- Neither of us are married to or legally separated from another person under either statutory or common law.
- Share responsibility for each other's common welfare.
- Are at least eighteen (18) years of age and mentally competent to consent to this contract.
- Are not related by blood to a degree of closeness that would prohibit marriage in the state in which we legally reside.
- Are currently and have been for at least the past six (6) months financially interdependent upon each other in accordance with plan requirements outlined by Franklin County. Six (6) months of financial interdependency must be supported by **three** of the following documents: Joint ownership of real estate property or joint tenancy on a residential lease, Joint ownership of an automobile, Joint bank or credit account, Joint liabilities (e.g. credit cards, loans), Will designating the other as primary beneficiary, Retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary, Durable power of attorney signed to the effect that we have granted powers to one another.

If you checked all 7 boxes, your domestic partner is eligible. If you did **NOT** check all 7 boxes, your domestic partner is **NOT** eligible.

Are you getting the most up-to-date information?

Do these things look familiar? The postcard and letter were mailed to your home in the last several weeks and the email from ThriveOn is sent each Thursday. If you are not receiving these communications - or receiving the email at work and you would rather receive it at a personal email - please update your contact information. Here is how.

MAILING ADDRESS

Update your mailing address with your agency. Once updated in your payroll record, it will be updated in your benefits record as well.

EMAIL and TELEPHONE NUMBER

Your email and telephone number must be updated at <https://fccbenefits.com>. Follow the instructions on page 4.

FUTURE CHANGES

The benefits enrollment system is likely one of the last places you think to update when you have an address, email or telephone number change. But keeping your contact information up-to-date is the best way to make sure you receive the latest news about your benefits and ThriveOn wellness programs. Your contact information is also supplied to the companies that administer our health plan and ThriveOn programs.

Your email and telephone number can be updated at any time in the enrollment system. Your address can be updated at any time with your agency.



YOUR NAME
YOUR STREET
YOUR CITY, STATE AND ZIP

Welcome to your 2018 Annual Open Enrollment!

OE BEGINS: Monday, October 23rd

OE ENDS: Friday, November 3rd

GO TO: <https://fccbenefits.com>

Open Enrollment (OE) is your opportunity to make changes to your health, life, disability and flexible spending account (FSA) benefit elections for the next plan year. Open Enrollment is voluntary. Your current benefit elections – with the exception of FSA elections which must be made each year – will rollover to next year.

ALL employees must verify that the email and telephone number recorded in the system is correct.

FOLLOW THESE STEPS:

- ❑ Go to <https://fccbenefits.com>. Use the QR code on the back of this letter to access the system via your mobile device. If you forget your Username or Password, use the 'Forgot My

Congratulations!

You completed the 3 for \$300 wellness activities in 2017, therefore, you qualified for the \$200 deductible reduction in plan year 2018.

YOUR 2018 MEDICAL PLAN

IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	
\$200 Individual* \$500 Family*	\$400 Individual \$1,000 Family
COINSURANCE	
Plan pays 100%	Plan pays 80% You pay 20%
MAXIMUM OUT-OF-POCKET	
\$1,000 Individual \$2,500 Family	\$2,000 Individual \$5,000 Family

* In-network Behavioral Health deductibles are \$0.



From: ThriveOn <ThriveOn@public.govdelivery.com>
To:
Cc:
Subject: ThriveOn Thursday: Gym Membership Reimbursement Reminder

Today is the day to get moving.

ThriveOn



ThriveOn offers Gym Membership Reimbursements. **Don't forget to submit your Q3 Gym Membership Reimbursement Forms by October 20, 2017.** Submit your reimbursement form (including proof of payment and proof of attendance) to receive up to \$25 for each month that you work out on at least 8 different days.

NEW! We are now able to accept 'boutique' style gyms for reimbursement including: Jazzercise, Curves, Orange Theory, etc.

For more information, please review the [Gym Membership Reimbursement Form and FAQ's](#).

To your health!

—The ThriveOn Team
373 S. High Street, 25th Floor
Columbus, Ohio 43215

<http://bewell.franklincountvohio.gov>



SUMMARY OF MEDICAL BENEFITS

MEDICAL PLAN	STANDARD PLAN		INCENTED PLAN You are in this plan only if you qualified for the \$200 deductible reduction by completing the 3 for \$300 in 2017.	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Office Visit Copay (OV) - Preventive Care - Non-Preventive Care - Premium Tier I Specialist - Non-Premium Tier I Specialist	\$0 \$20 \$20 \$40	Deductible* \$800 Individual \$2,000 Family Coinsurance You pay 20%. Plan pays 80%. Maximum Out-of-Pocket* \$4,000 Individual \$10,000 Family	\$0 \$20 \$20 \$40	Deductible* \$400 Individual \$1,000 Family Coinsurance You pay 20%. Plan pays 80%. Maximum Out-of-Pocket* \$2,000 Individual \$5,000 Family
Therapies and Chiropractic Copay - Limited to 25 visits per plan year	\$20		\$20	
Urgent Care Copay (UC)	\$25		\$25	
Emergency Room Copay (ER)	\$150		\$150	
Inpatient Hospitalization, Outpatient Surgery, Major Diagnostic, Ancillary Services, etc. * Annual	Deductible* \$400 Individual \$1,000 Family Coinsurance You pay 0%. Plan pays 100%. Maximum Out-of-Pocket* \$2,000 Individual \$5,000 Family		Deductible* \$200 Individual \$500 Family Coinsurance You pay 0%. Plan pays 100%. Maximum Out-of-Pocket* \$1,000 Individual \$2,500 Family	

STANDARD VS INCENTED PLAN: Did you qualify?

Effective Jan 1, 2018, the **STANDARD PLAN** deductibles and maximum out-of-pocket amounts go into effect for all Cooperative members. However, if you completed the 3 for \$300 program in 2017, you and your family* qualified for a \$200 deductible reduction in 2018 and are enrolled in the **INCENTED PLAN**.

Turn to page 13 to find out how you can qualify for the reduced deductible in 2019. **Hint:** It is completing the 4 for \$300 in 2018!

- * Is it just you enrolled on the health plan? Then only you must complete the 4 for \$300 to qualify for the reduced deductible.
- * Is it you and a spouse or partner? Then both you and your spouse or partner must complete the 4 for \$300 to qualify for the lower deductible.
- * What about the kids? Children enrolled on your plan do not need to complete the 4 for \$300. If you and your spouse/partner (if applicable) qualify, then the children do as well.

SUMMARY OF BEHAVIORAL HEALTH BENEFITS

BEHAVIORAL HEALTH PLAN	STANDARD PLAN		INCENTED PLAN You are in this plan only if you qualified for the \$200 deductible reduction by completing the 3 for \$300 in 2017.	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Outpatient Copay - First 30 visits - 31st visit +	\$0 \$20		\$0 \$20	
Inpatient Hospitalization for Mental Health or Substance Abuse treatment * Annual	Deductible* \$0 Individual \$0 Family Coinsurance You pay 0%. Plan pays 100%. Maximum Out-of-Pocket * \$2,000 Individual \$5,000 Family	Deductible* \$800 Individual \$2,000 Family Coinsurance You pay 20%. Plan pays 80%. Maximum Out-of-Pocket* \$4,000 Individual \$10,000 Family	Deductible* \$0 Individual \$0 Family Coinsurance You pay 0%. Plan pays 100%. Maximum Out-of-Pocket* \$1,000 Individual \$2,500 Family	Deductible* \$400 Individual \$1,000 Family Coinsurance You pay 20%. Plan pays 80%. Maximum Out-of-Pocket * \$2,000 Individual \$5,000 Family

STANDARD VS INCENTED PLAN: Did you qualify?

Nearly 70% of employees qualified for the **INCENTED PLAN**. There are several places you can check to see if you qualified. If you have questions, contact the Franklin County Benefits Office.

- **Check your Welcome Letter.**
A picture of the **INCENTED PLAN** welcome letter is on page 7. Letters were mailed the week before Open Enrollment and illustrate if you are in the **STANDARD** or **INCENTED PLAN**.
- **Go to <https://fccbenefits.com>.**
Follow the instructions on page 4 to review your **2018 OPEN ENROLLMENT BENEFIT SUMMARY**. Look for your health plan designation on the Benefit Summary. Examples are shown below.

Future as of 01/01/2018		
 My Health	Coverage	Employee Cost
Health with option 1 dental - Dental PPO Incident <small>Hide Details</small>	Family	\$292.00

Future as of 01/01/2018		
 My Health	Coverage	Employee Cost
Health with option 1 dental - Dental PPO Standard <small>Hide Details</small>	Family	\$292.00

SUMMARY OF PRESCRIPTION DRUG BENEFITS

	NON-SPECIALTY MEDS			SPECIALTY MEDS	
	NETWORK RETAIL 30 DAY SUPPLY	NETWORK RETAIL 90 DAY SUPPLY	MAIL ORDER UP TO 90 DAY SUPPLY	SPECIALTY 30 DAY SUPPLY	SPECIALTY 90 DAY SUPPLY
PRESCRIPTION DRUG PLAN				Only available through mail from your specialty pharmacy, Brivoa.	
Non-Specialty Medications				Effective January 1, 2018, specialty medications are only available in a 30 day supply, with the exception of the following four medications. These four continue to be available in a 90 day supply. - Human Immunodeficiency Virus (HIV) - Multiple Sclerosis (MS) - Rheumatoid Arthritis (RA) - Transplant	
Tier 1 Copay	\$5	\$15	\$12.50		
Tier 2 Copay	\$25	\$75	\$62.50		
Tier 3 Copay	\$50	\$150	\$125		
Proton Pump Inhibitors					
Tier 1 and OTC Copay	\$5	\$15	\$12.50		
Tier 2 Copay	\$50	\$150	\$125		
Tier 3 Copay	\$75	\$225	\$187.50		
Specialty Medications					
Tier 1 Copay				\$5	\$12.50
Tier 2 Copay	N/A	N/A	N/A	\$25	\$62.50
Tier 3 Copay				10% up to \$150 per prescription	10% up to \$300 per prescription
Injectable Insulin	Covered 100%	Covered 100%	Covered 100%		
Diabetic supplies	Covered 100%	Covered 100%	Covered 100%		
Oral Medications				N/A	N/A
- Tier 1	\$0	\$0	\$0		
- Tier 2	\$0	\$0	\$0		
- Tier 3	\$50	\$150	\$125		

\$0 COPAY FOR STATINS

Certain generic statins (drugs to treat high cholesterol) will be covered 100%, effective January 1, 2018. All other statins are covered at their normal copay.

- lovastatin (generic Mevacor): All strengths of generic lovastatin will be covered 100% without a prior authorization. You will pay \$0.
- Low to moderate strengths of atorvastatin (generic Lipitor: 10mg and 20mg) and simvastatin (generic Zoro: 5mg,

10mg, 20mg and 40mg) will be covered 100% with a prior authorization. The prior authorization is to confirm that the medication is being used for the primary prevention of cardiovascular disease (CVD). If you do not obtain a prior authorization, the medication will be covered at the normal copay. Your physician must request the prior authorization and submit clinical information supporting the use of the medication for primary prevention of CVD.

PHARMACY CHANGES EFFECTIVE JAN 1st

DISPENSE AS WRITTEN (DAW)

When a prescription is submitted to a pharmacy for a brand name medication, the plan requires the pharmacy to dispense the generic equivalent whenever there is one available. The generic equivalent has the exact same active ingredient as the brand name, produces the same results and costs less. If a prescription is written DAW, it alerts the pharmacy not to substitute the generic, but fill the brand name drug as written. The plan allows the pharmacy to do this, but because the brand name costs more and is in a higher copay tier, you will pay more. Effective Jan 1, 2018, the copay for all scripts written with DAW will be calculated as illustrated below. **The DAW penalty only applies when the brand name drug is chosen over the generic equivalent. If there is not a generic equivalent, there is no penalty.** An copay/penalty override may be available.

MEDICATION Generic = G Brand Name = BN	PLAN COST BEFORE DAW PENALTY	MEMBER COPAY	DAW PENALTY	PLAN COST AFTER DAW PENALTY	TOTAL MEMBER COST	TOTAL COST (PLAN COST + MEMBER COPAY)
Tier 1 Generic Equivalent	\$20	\$5	n/a	\$20	\$5	\$25
Tier 3 Brand Name when Generic Equivalent is not available.	\$100	\$50	n/a	\$100	\$50	\$150
Tier 3 Brand Name when Generic Equivalent is available.	\$100	\$50	\$80 Equal to the Tier 3/BN plan cost before penalty (\$100) minus the Tier 1/G plan cost (\$20)	\$20	\$130	\$150

COPAY TIERS

Generic medications are as effective as their brand name counterparts and typically cost much less. Recently, some drug manufacturers have introduced high cost generics into the market. These ‘generics’ are often as expensive as the brand name drug they replace. To counter this tactic, our copay tiers have changed from Generic, Preferred Brand and Non-Preferred Brand to Tier 1, Tier 2 and Tier 3. A handful of these high cost generics will be placed into Tier 2 or Tier 3. **This is only a few medica-**

tions. The small number of Cooperative members impacted will be contacted by the plan.

SMART FILL

Specialty medications are high cost medications that must be dispensed by the plan’s specialty mail pharmacy, Briova. As illustrated on the preceding page, effective Jan 1, 2018, specialty medications will only be dispensed in a 30 day supply, with the exception of four types of medications which will continue to be available in a 90 day supply. **This does not impact**

the availability of specialty medications, only the amount of the medication dispensed at a time.

Members impacted by this change will be contacted by the plan.

100% COVERAGE

The following medications are covered 100% by your pharmacy plan.

Certain criteria may apply:

- Aspirin
- Tobacco cessation
- Folic acid
- Breast cancer preventive meds
- Vitamin D
- Diabetic meds and supplies
- Bowel prep
- Birth control
- Immunizations
- Fluoride

FINISHING UP 2017 ... HEADING INTO 2018



In 2018, complete 4 activities to earn your \$300 incentive and qualify for the deductible reduction. More options are available for earning your 100 wellness points and minor tweaks have been made to the gym membership fee reimbursement and preventive exam incentives. You must be enrolled in the health plan to be eligible for most ThriveOn incentives. Below is a comparison between 2017 and 2018. The following pages contain more detail. Attend an employee meeting to learn more about 2018 ThriveOn programming.

2017 PROGRAMS		2018 PROGRAMS	
<p>3 for \$300</p> <ul style="list-style-type: none"> – Began Mar 1, 2017 and ended Aug 31, 2017. 	<p>Complete 3 activities:</p> <ul style="list-style-type: none"> – Health Assessment – Health Screening – Be Tobacco-Wise <p>Earn the following incentives:</p> <ul style="list-style-type: none"> – \$300 in 2017 – Deductible reduction in 2018 <p>Who is eligible:</p> <ul style="list-style-type: none"> – Employee if enrolled in plan – Spouse/Partner if enrolled in plan 	<p>4 for \$300</p> <ul style="list-style-type: none"> – Begins Feb 1, 2018 and ends Aug 31, 2018. – Onsite health screenings begin in Feb 2018. 	<p>Complete 4 activities:</p> <ul style="list-style-type: none"> – Health Assessment – Health Screening – Be Tobacco-Wise – Meet with a Health Advisor <p>Earn the following incentives:</p> <ul style="list-style-type: none"> – \$300 in 2018 – Deductible reduction in 2019 <p>Who is eligible:</p> <ul style="list-style-type: none"> – Employee if enrolled in plan – Spouse/Partner if enrolled in plan
<p>100 Wellness Points</p> <ul style="list-style-type: none"> – Deadline to earn 100 points is Nov 30, 2017. 	<p>Earn 100 points by completing wellness activities and qualify for a drawing for a \$1,000 wellness prize. Ten (10) prizes will be awarded.</p>	<p>100 Wellness Points</p> <ul style="list-style-type: none"> – Deadline to earn 100 points is Nov 30, 2018. 	<p>Earn 100 points by completing wellness activities and qualify for a drawing for a \$1,000 wellness prize. Ten (10) prizes will be awarded.</p>
<p>Gym Membership Reimbursement</p> <ul style="list-style-type: none"> – Q3 reimbursements will be paid on Nov 24, 2017. – Q4 submission deadline is Jan 19, 2018. 	<p>Visit a full service gym 8 times a month and earn up to \$25 toward the cost of your gym membership</p> <ul style="list-style-type: none"> – One per household – Jazzercise, Orange Theory and Curves eligible beginning Q3 (Gym eligibility determined by ThriveOn) 	<p>Gym Membership Reimbursement</p> <ul style="list-style-type: none"> – Deadlines TBA 	<p>Visit a gym 8 times a month and earn up to \$25 toward the cost of your gym membership</p> <ul style="list-style-type: none"> – One per household – Jazzercise, Orange Theory and Curves included (Gym eligibility determined by ThriveOn)
<p>Preventive Exam</p> <ul style="list-style-type: none"> – Q3 incentive will be paid on Nov 24, 2017. – Q4 incentive will be paid on Feb 16, 2018. 	<p>Obtain one of the following age-appropriate preventive exams, receive a \$50 incentive:</p> <ul style="list-style-type: none"> – Mammogram – Cervical exam – Colonoscopy – Prostate exam 	<p>Preventive Exam</p> <ul style="list-style-type: none"> – Paid dates TBA 	<p>Obtain one of the following age-appropriate preventive exams, receive a \$50 incentive:</p> <ul style="list-style-type: none"> – Mammogram – Cervical exam – Colonoscopy

Now is the time to
discover where
your health stands

ThriveOn
Your Health and Wellness Program



ThriveOn
Your Health and Wellness Program

The 4 for \$300 program begins Feb 1, 2018. All activity must be completed by Aug 31, 2018. Participation is voluntary. As 2018 approaches, more information will be supplied about the 4 for \$300 program.

4 THINGS FOR \$300

You and your spouse/partner will each earn a \$300 incentive if the following 4 things are completed by Aug 31, 2018. The incentive for both you and your spouse/partner is added to your paycheck and is taxable. In addition, you will earn a \$200 deductible reduction in 2019 if both you and your spouse complete the 4 for \$300.

1) Complete a Health Assessment

The Health Assessment is a series of lifestyle and health questions that you answer online. It provides a summary of your overall health based upon your answers. The information gathered is 100% confidential and is not released to your agency or the Benefits Office. It is not used to determine the level of your benefits in any manner. **NEW! in 2018, complete your Health Assessment by Feb 14, 2018, and receive 10 extra wellness points!**

2) Get a Health Screening (either onsite, at your physician's office or at a LabCorp facility)

If you get a health screening onsite, you walk away knowing your blood pressure, glucose, cholesterol, etc. and your results are automatically recorded in your health portal. Or you may opt to obtain a health screening at your physician's office as part of a routine physical exam or schedule a screening appointment at a LabCorp facility. LabCorp submits the results for you. A form must be completed by your physician if your health screening is conducted as part of a routine exam.

3) Be Tobacco-Wise

If you are a non-tobacco user, you qualify as Tobacco-Wise. If you use tobacco, all we ask is that you complete a series of phone calls with a health coach or work with your physician to learn the impact tobacco use has on your health. You do not need to quit using tobacco - although that is our hope! - in order to earn the incentive.

4) NEW! Meet with a Health Advisor

If you obtained your health screening onsite in 2017, you met with a nurse afterward to review your results. Your session with a Health Advisor will feel very similar. It will be a little more focused on your results and you will walk away from your session with a list of Benefits and ThriveOn programs that can help you achieve your health goals. If you obtain your screening at your physician's office or at LabCorp, you will be required to attend a webinar conducted by a Health Advisor where overall health goals are discussed.



2018 GYM MEMBERSHIP FEE REIMBURSEMENT



ThriveOn will pay up to \$25 a month or \$300 a year toward the cost of your gym membership. Eligible gyms are full service gyms which provide cardiovascular, strength and stretch services, as well as Curves, Jazzercise and Orange Theory. Reimbursement for any other gym is at the discretion of ThriveOn.

A Gym Membership Reimbursement Form is posted at <http://BeWell.franklincountyohio.gov> and must be returned to ThriveOn no later than the posted deadline. 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.

Only one gym membership per household is eligible for reimbursement. The individual must be enrolled in the health plan. Reimbursements are added to your paycheck quarterly and are taxable.

2018 PREVENTIVE EXAM \$50 INCENTIVE

ThriveOn will pay you or your spouse/partner \$50 if you get one of the following age appropriate preventive exams:

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

You must be enrolled in the health plan to qualify. Reimbursements are added to your paycheck quarterly and are taxable.

PROSTATE EXAMS

The incentive is no longer being paid for prostate exams. ThriveOn follows the preventive exam recommendations of the U.S. Preventive Services Task Force (USPSTF) when determining this incentive. Prostate exams were recently removed from the USPSTF list of A and B recommended preventive exams.

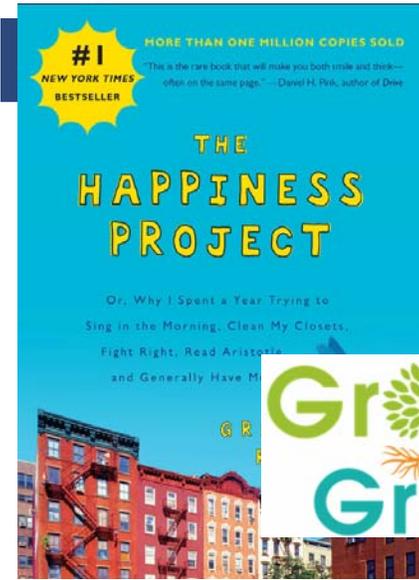
100 WELLNESS POINTS FOR A CHANCE TO WIN \$1,000

ThriveOn will hold a drawing and give away ten \$1,000 wellness prizes in Dec 2017. To qualify, earn 100 wellness points by Nov 30, 2017. Both you and your spouse (if your spouse is enrolled in the plan.) are eligible.

In 2018, earn 100 wellness points between Feb 1, 2018 and Nov 30, 2018, to get your name in the Dec 2018 drawing for a \$1,000 wellness prize. You must complete the 4 for \$300 in order to participate, but you do not need to be enrolled in the health plan.

The list of wellness activities is expanding in 2018 so you have more of a variety of ways to earn your 100 points.

Activity	Points Earned
4 for \$300	40
Get additional points for completing your Health Assessment by Feb 14th!	10
Being a healthy weight or reducing your weight 5% from your 2017 health screening	10
Health coaching	15
Real Appeal - NEW! weight loss program. Stay tuned for details!	15
Diabetes or Asthma Support Program participation	15
Physical exam	15
Dental exam	10
Vision exam	10
Wellness Activities	5 points per activity
Daily Dash	Up to 20
Self directed coaching	10 per program
Digital workshops	5 per workshop
Challenge	15



GROW GRATITUDE CHALLENGE



The Grow Gratitude challenge concluded Friday, Oct 20, 2017. Over 500 members participated in this 4-week ThriveOn challenge. Those who logged their weekly acts of gratitude will receive 10 wellness points (toward your 2017 wellness points bank) and a copy of the book, *The Happiness Project* by Gretchen Rubin.



Be watching in 2018! Additional ThriveOn challenges are coming providing you more opportunities to earn additional incentives and wellness points.

A SHOUT OUT TO ALL WELLNESS CHAMPIONS, MORPC AND JFS EAST!

Kudos to Mid-Ohio Regional Planning Commission (MORPC) and Job and Family Services (JFS) - East for getting the job D-O-N-E! ThriveOn's Wellness Champions compete for the ThriveOn Trophy (see pictures below). MORPC took honors last fall with the highest participation in the onsite flu vaccinations. Commissioner Kevin Boyce (not pictured) presented the trophy to MORPC. JFS East was presented the trophy by Commissioner Marilyn Brown for the highest participation in the onsite health screenings.



Commissioner Marilyn Brown presents Aishia Johnson, JFS East Wellness Champion, the ThriveOn trophy for highest participation in 2017 onsite Health Screenings.



MORPC Wellness Champion, Annie McCabe, is joined by MORPC colleagues to accept the ThriveOn trophy for the highest participation in 2017 onsite flu shots. Presented by Commissioner Kevin Boyce (not pictured).

SUPPLEMENTAL LIFE INSURANCE

All 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 the following amounts:
 - Employee: In \$10,000 increments up to \$300,000
 - Spouse/Partner: In \$10,000 increments up to \$150,000
 - Dependent Children: In \$5,000 increments up to \$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.
- 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.

If you are not currently enrolled in the Supplemental Life program, you are required to submit EOI for any amount requested for you or your spouse/domestic partner.

If you are currently enrolled in the Supplemental Life program, you are required to submit EOI for any amount requested for you or your spouse/partner above the \$10,000 bump described below.

The enrollment system will alert you if EOI is required.

All EOI requests must be submitted to the life insurance carrier by Dec 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 (EOI).

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, 2018

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, 2018.

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 voluntary program.

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

ANNUAL ELECTION: Your annual election is equal to the amount of FSA dollars you set aside each year. The maximum amount you can set aside into your health care FSA each year is \$1,200. The minimum amount is \$120. The maximum amount you can set aside into your dependent care FSA each 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 and deposited into your FSA account. For both accounts, dollars are deducted before federal or state taxes are calculated. As a result, your taxable income is lower and you pay less tax.

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 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.

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.

SHORT AND LONG TERM DISABILITY INSURANCE

If you are eligible to enroll in the Cooperative’s health plan, you are eligible to purchase MetLife disability insurance. The disability insurance program is voluntary and you pay 100% of the premium. Coverage is only provided for you, the employee. The following coverages are offered. There is no requirement that you purchase both products. You can purchase one or the other, both or none.

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*.

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 elimination waiting period 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>gross weekly</i> pre-disability earnings	60% of your <i>gross monthly</i> pre-disability earnings
The benefit amount 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. <u>Your gross earnings are your before tax earnings.</u>		
Maximum Benefit Amount*	\$1,500 per <i>week</i>	\$10,000 per <i>month</i>
This is the maximum benefit amount 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.		

* Your disability benefit is reduced by other income that you receive from other sources during the same disability, including state disability benefits, OPERS, no-fault auto laws, sick/vacation pay, etc. Workers’ Compensation claims are not eligible for short term disability coverage. The Reducing Benefit Duration table is provided in the Certificate of Insurance available from the Benefits Office or MetLife.

WHAT WILL YOU PAY? WHAT BENEFIT WILL YOU RECEIVE?

Use the following rates and calculation table to determine what you will pay per month for Short or Long Term Disability coverage and the weekly (Short Term) or monthly (Long Term) benefit you receive if you are disabled. Don't feel like doing the math? Go to BeWell.franklincountyohio.gov. Find the Disability Insurance Program information under the Benefit Programs tab. You will need your gross annual salary and your age.

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

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



NOTICES AND OTHER INFO

1095 FORM

One of the goals of the Affordable Care Act (ACA) is to make health insurance available to everyone, regardless of medical history or ability to pay. One provision of the ACA, called the “individual mandate”, requires each American to have health insurance (with a few exceptions).

When filing your taxes, you will need to tell the IRS whether you had coverage during the year. You will receive a 1095 form by mail to assist you in this process. The 1095 form illustrates if your employer offered you ACA-compliant coverage and if you enrolled. Do not send the 1095 form to the IRS with your tax return. Do share it with your tax preparer or advisor. If you have questions about coverage information reported on the 1095 form, contact the Franklin County Benefits Office.

WOMEN’S HEALTH AND CANCER RIGHTS ACT

The Women’s Health and Cancer Rights Act (WHCRA) 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.

W-2 HEALTH CARE COSTS

The total cost of your health benefits will be reported on your W-2. It is illustrated on your W-2 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

Your Summary of Benefits and Coverage (SBC) and Uniform Glossary provide 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.

ID CARDS

New id cards will not be issued this year unless you make a change to your coverage that prompts a new card, i.e. adding a new dependent to coverage, etc. In your wallet, you should have a medical id card (United Healthcare), a pharmacy id card (OptumRx) and a dental id card (Aetna). Visit the website of the respective plan to order a replacement card. Or check out :

United Healthcare: myuhc.com

OptumRx: optumrx.com

Aetna: aetna.com

United Healthcare’s Health4Me app allows you to display your id card on your mobile device. Perfect for that child away at school or to have one less card to keep track of! Available for the Apple® iPhone®, iPad® and Android® devices.



Health4Me

EMPLOYEE CONTRIBUTIONS EFFECTIVE JAN 1, 2018

Do you see your agency listed here? If so, your 2018 employee contributions are listed below. If your agency or bargaining unit (+) is not listed, you can obtain your contribution from your **2018 OPEN ENROLLMENT BENEFIT SUMMARY** (follow the directions on page 4) or by contacting your agency.

- **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
- Franklin County **Clerk of Courts** +
- Franklin County Court of **Common Pleas - General**
- Franklin County Court of **Common Pleas - Domestic/Juvenile**
- Franklin County **Community Based Correctional Facility**
- Franklin County **Coroner** +
- Franklin County **Data Center**
- Franklin County **Economic Development & Planning** Department
- Franklin County **Emergency Management**
- Franklin County **Engineer** +
- Columbus-Franklin County **Finance Authority**
- Franklin County **Fleet Management** Department
- Franklin County **Guardianship Service Board**
- 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 +

+ Denotes bargaining unit

Coverage Level	Monthly Contribution Amount
Employee only	\$136
Employee with child(ren)	\$136
Employee with spouse or domestic partner	\$292
Employee with family	\$292

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.

Employee meetings are held on multiple dates and locations. Meetings include a detailed presentation on 2018 coverage changes and ThriveOn programs. Spouse/partners are welcome to attend.

2018 OPEN ENROLLMENT EMPLOYEE MEETINGS

Monday	Tuesday	Wednesday	Thursday	Friday
OCT 23 OPEN ENROLLMENT BEGINS BOARD OF ELECTIONS 10AM EMA 11AM FCCS - W MOUND 1:30PM	OCT 24 FCCS - EAST/INTAKE 9AM & 4PM COURTHOUSE/ GOVERNMENT CENTER Hall of Justice #3 10AM & 2PM SWACO 1PM	OCT 25 CSEA 9AM JFS - WEST 10AM	OCT 26 FCCS - FRANK RD 9AM AUTO TITLE NORTH 9AM COURTHOUSE/ GOVERNMENT CENTER Hall of Justice #3 10AM & 2PM	OCT 27 FLEET MANAGEMENT 9AM PUBLIC HEALTH 9AM CBCF 2PM
OCT 30 METRO PARKS - BLACKLICK 9AM AUTO TITLE WEST 9AM GRANDVIEW HEIGHTS 1PM	OCT 31 METRO PARKS - SHARON WOODS 9AM COURTHOUSE/ GOVERNMENT CENTER Hall of Justice #3 10AM & 2PM SWACO 10:30AM CORONER 2PM	NOV 1 PICKAWAY ENGINEER 7AM PICKAWAY SHERIFF 9AM PICKAWAY SENIOR CENTER 1PM MORPC 3PM	NOV 2 ENGINEER 9AM COURTHOUSE/ GOVERNMENT CENTER Hall of Justice #3 10AM & 2PM	NOV 3 OPEN ENROLLMENT ENDS

COUNTY CONTACT INFORMATION

Franklin County Benefits Office

Franklin County Government Center
 373 S. High Street, 25th Floor
 Columbus, OH 43215
 Website: <http://BeWell.franklincountyohio.gov>
 Local Telephone: 614-525-5750
 Toll-free Telephone: 1-800-397-5884
 Email: 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
 Hours: M-F, 8am - 5pm

Thrive On

Website: <http://BeWell.franklincountyohio.gov>
 Local Telephone: 614-525-5750 or 614-525-3948
 Email: ThriveOn@franklincountyohio.gov