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Confirm Your Coverage for 2024

Open Enrollment is November 16, 2023 – November 30, 2023

Review Your Coverage at fccbenefits.com

Open Enrollment 2024 is your opportunity to review and/or change your benefit coverage for next year. During this time frame, you may choose to:

1. Change your health, life, and disability elections for 2024.
2. Check the accuracy of your personal and household information.
3. Enroll for Flexible Spending Account (FSA) coverage for 2024.
4. **NEW** Enroll in voluntary LEGAL coverage for 2024.

Open Enrollment is optional.

This means if you do nothing, your benefit elections (except for FSA) will be the same in 2024. However, if you do want to make changes, including enrolling in FSA or the **NEW** Legal Program, you may do so between November 16 and November 30, 2023. Regardless of whether you intend to make changes, it's strongly recommended you take the time to: review your 2024 benefit elections at fccbenefits.com, check the accuracy of your personal and household information – including your phone number(s) and email address(es), review your beneficiary assignments and update if necessary, and review the dependent eligibility requirements.

The Spotlight: 2024 Open Enrollment Edition (this newsletter) highlights benefit changes and enhancements for the 2024 plan year and outlines the open enrollment process. To make open enrollment easier than ever, there are two virtual support options available - an on-demand pre-recorded video and daily live presentations. You can also explore bewell.franklincountyohio.gov anytime for benefits and wellness programs available to you as a Franklin County Cooperative member.



Going Green with Hyperlinks

To help promote responsible stewardship of natural resources and environmental sustainability, The Spotlight is a digital publication. Additional information and resources are hyperlinked throughout this newsletter.



An Opening Message

Kenneth N. Wilson | Franklin County Administrator

As we enter November, the calendar pages seem to turn at a faster pace and there is the inevitable flurry of activity that occurs in preparation of the holidays. I hope you can slow down, connect with friends and family, take a moment to celebrate, and look forward with anticipation to a new year.

This is also the time of year you are asked to consider your benefit options for the coming year and I write my Open Enrollment message to you.

In my travels across the country as County Administrator, I am proud to represent a Board putting forth innovative programs and historic investments in our community. The Cooperative has adopted the same progressive and bold thinking, as evidenced by our dedication to equity and inclusion in our family building programs, our progressive programs like precision medicine and coverage of doula services (coming in 2024), and our continued focus on prevention and quality. These things are possible because of your dedication to your work and your well-being, and your responsiveness to the call to be responsible stewards of the residents of Franklin County and the publicly-funded programs offered through your Cooperative health and wellness plans.

I understand that it is not always easy juggling the demands of our work and personal lives. I encourage you to take advantage of the supports provided through your nationally recognized and award-

winning wellness program ThriveOn. Consider Enrich Financial Wellness which provides free, ongoing, one-on-one connection to a financial coach for guidance on establishing a budget, paying down debt, or navigating the student loan repayment maze. If you are concerned about nutrition or weight management, check out YellowBird and WeightWatchers. YellowBird provides locally sourced, healthy meal kits along with chef-guided recipes and instructions. It is a free, fun, and nutritious way to introduce new foods into your diet. WeightWatchers requires no introduction and because of the program's proven track record, ThriveOn pays half of your monthly WeightWatchers program fee. Watch for exciting developments with this program in early 2024. And if nothing else, take full advantage of the financial incentives available to you in 2024 (over \$5,000 in incentives in 2024).

The Spotlight highlights other changes intended to provide additional flexibility and lower your out-of-pocket costs. These enhancements reflect our commitment to making care more accessible, addressing your financial concerns, and helping you achieve a healthier, more secure future. The HR/Benefits & Wellness team is providing a variety of tools to assist you with this Open Enrollment, including daily presentations and an on-demand video presentation, and are always willing to assist you via telephone or meet with you one-on-one to answer your questions or discuss your concerns.

In closing, thank you for being a part of our community and entrusting us with your well-being. We look forward to continuing to serve you with excellence.



Every Resident. Every Day.

HOW TO REVIEW & MAKE CHANGES TO YOUR 2024 BENEFITS

How to review existing elections, make changes, enroll in FSA and NEW Legal Program:

1. Go to fccbenefits.com.
2. Enter your username and **initial password** per the instructions on the login page.
 - All passwords have been reset this year to the initial default password (the first letter of your first name + the first 3 characters of your last name + last 4 of SSN).
 - You will be prompted to change your password when you login.
3. Use the navigation pane on the left-hand side of the page to review your personal and household information, 2024 benefit elections, and per pay deductions.
4. Click the orange **ENROLL NOW** button to change your benefit elections for 2024 or to enroll in FSA and/or the **NEW** Legal Program.
5. Print or save a copy of your Confirmation Statement for your records.

NEW All changes made in the Open Enrollment system (fccbenefits.com) at the close of Open Enrollment regardless of whether the 'Approve' button has been selected, will be saved for 2024.

- When making changes, your elections will save each time you click the "Save and Continue" button on each election page.



Important Open Enrollment Deadlines

**NOV
30**

Open Enrollment

The last day to complete your 2024 Open Enrollment elections is November 30, 2023.

**DEC
15**

Dependent Verification

If you are adding a new dependent (child, spouse/domestic partner) to coverage, [eligibility verification documents](#) must be submitted by December 15, 2023.

**DEC
31**

Evidence of Insurability (EOI)

If you are currently enrolled in the Supplemental Life program, all requests above \$10,000 require EOI. If you are not currently enrolled, all requests for coverage require EOI. EOI must be submitted to the life insurance carrier by December 31, 2023.

**30
DAYS**

As a reminder, you must notify the Franklin County Benefits & Wellness office within 30 days of a Life Event (marriage, birth, divorce, etc.). Now is a good time to make sure your covered dependents continue to be eligible. Review the [Definitions and Required Documents](#) if you are unsure of a dependent's eligibility. Enrolling an ineligible dependent or failure to report loss of eligibility is considered fraud against the plan and is punishable up to and including termination.

Get Started

Click here to access the Open Enrollment site at fccbenefits.com to review or make changes to your benefits.

STANDARD OR INCENTED DEDUCTIBLE

Your participation in the ThriveOn Wellness Your Way program in 2023 determined your medical and behavioral health plan deductible for 2024. New hires (individuals hired after August 1, 2023) will automatically receive the reduced deductible for 2024. To see which deductible plan you have been placed in for the 2024 plan year go to fccbenefits.com or reference the Pre-Open Enrollment letter that was mailed to you.

STANDARD

If you (and your enrolled spouse/domestic partner) did not complete the Reduced Deductible incentive (Online Health Assessment + Annual Physical) prior to the deadline (August 31, 2023), you will be enrolled in the **Standard Plan** in 2024.

INCENTED

If you (and your enrolled spouse/domestic partner) did complete the Reduced Deductible incentive (Online Health Assessment + Annual Physical) prior to the deadline (August 31, 2023), you will be enrolled in the **Incented Plan** in 2024.

In 2024, the Standard and Incented Plan deductibles will remain the same as they were in 2023.

IN-NETWORK (Medical)		
Single/family	Standard	Incented
Deductible	\$500/\$1,250	\$200/\$500
Coinsurance	100%	100%
Out-of-pocket maximum	\$2,500/\$6,250	\$1,000/\$2,500

IN-NETWORK (Behavioral Health)		
Single/family	Standard	Incented
Deductible	\$0/\$0	\$0/\$0
Coinsurance	100%	100%
Out-of-pocket maximum	\$2,500/\$6,250	\$1,000/\$2,500

PLACED IN THE WRONG DEDUCTIBLE PLAN?

If you feel that you have been placed in the wrong deductible plan for 2024:

- First, check your incentives page on fccThriveOn.com. Did you earn the Reduced Deductible incentive? There will be a green check mark if you received credit.
- If you have checked fccThriveOn.com and still feel you have been placed in the wrong plan, submit a Reduced Deductible Contact Form ([click here](#) or visit bewell.franklincountyohio.gov > ThriveOn Programs > Forms & Notices > ThriveOn Contact Form for 2024 Deductible Plan) by December 22, 2023.

NOTE: Forms are reviewed by our wellness partner, OhioHealth. You can typically expect a response within 3 business days.



2024 MEDICAL PLAN ENHANCEMENTS

There are no changes to your annual deductible, coinsurance or annual out-of-pocket maximums in 2024. There are several exciting enhancements being made to your medical and behavioral health plans in 2024.

PRECISION MEDICINE / PHARMACOGENOMICS

What is Precision Medicine?

Precision Medicine is medical care designed to either **identify an individual's risk** for developing a certain disease, or **optimize treatment** prescribed to an individual for a specific disease, by using genetic profiling.

Currently, these risk screening tests are only available if you meet certain clinical criteria, such as the prevalence of cancer in your family history or a specific set of symptoms. **Effective March 1, 2024**, a pilot program will make testing available for all members age 18 years and up for three conditions:

- Hereditary Breast and Ovarian Cancer Syndrome (BRCA1, BRCA2)
- Colorectal cancer (Lynch Syndrome)
- Hereditary high cholesterol (familial hypercholesterolemia)

Another exciting development being explored is **pharmacogenomics**. Pharmacogenomic testing helps health care providers determine how your body will respond to a medication. The current list of medications for which this is applicable is relatively small (HIV, certain cancers, depression and heart disease), but future advances are expected to increase the application of this testing. We anticipate bringing this programming to members March 1, 2024, as well. Watch for additional information prior to the implementation of these benefits.

BARIATRIC SURGERY & SKIN EXCISION

In 2024, coverage for bariatric surgery is expanding. Currently, coverage is only available at two (2) central Ohio Centers of Excellence (COE). **In 2024 coverage for bariatric surgery will be expanded to include United Healthcare's (UHC) nationwide COE network.** Certain clinical requirements are also being relaxed.

To assist members seeking weight loss through bariatric surgery, UHC/Optum's Bariatric Resource Services (BRS) offers comprehensive support before, during and after surgery, increasing the potential for success. Enrollment in BRS is not mandatory to utilize the bariatric surgery benefits, however, it is strongly recommended in order to receive all benefits that are available to you. Call **1-888-936-7246**, TTY 711 to learn more, connect with a nurse, and locate a Center of Excellence near you.

Skin excision is currently only available for **post-bariatric surgery** skin removal. Effective January 1, 2024, skin excision benefits are available for any medically necessary skin removal.

2024 MEDICAL PLAN ENHANCEMENTS

DOULA COVERAGE

We are expanding the support for maternity care with the coverage of doulas. Beginning March 1, 2024 members can receive up to \$3,000 reimbursement for doula expenses.

- **Maven Virtual Doulas:** Engage with a **virtual doula** through Maven at zero cost to you. This service is currently available.
- **UHC Doula Coverage:** Receive up to \$3,000 reimbursement for **in-person doula** expenses. Engage the doula of your choosing and submit the necessary information to United Healthcare for reimbursement. Doula expenses incurred March 1, 2024, or after are eligible for reimbursement.

Why have a doula?

A doula can significantly reduce negative birth outcomes and improve the overall birth experience. Think of a doula as a dedicated birth coach who provides essential non-medical support. They offer invaluable assistance in creating a birth plan that respects your cultural and personal preferences, guiding you through labor and delivery, and advocating for your needs in medical settings that may not always be attuned to your unique requirements. They can empower you with pain management techniques tailored to your specific needs and prepare you with insightful questions to navigate interactions with healthcare providers. Doulas play a crucial role before, during, and after birth, offering holistic support that can have a profound impact on the health and well-being of both mother and baby.

DIABETIC SUPPLIES AND PUMPS

In 2024, diabetic supplies and pumps purchased through the **medical plan** will be covered 100%, not subject to any deductible, when purchased from an in-network durable medical equipment (DME) provider. Out-of-network coverage continues to be subject to the deductible, coinsurance, and balance billing.

100% coverage with no copay is already available when obtaining supplies and pumps under your **pharmacy plan**. Coverage is available at any in-network pharmacy.

This change is being made to allow flexibility for our members requiring diabetic support. If you are unsure which option is best for you, discuss your diabetic needs with one of our Health Engagement Nurses (HENs), Nurse Therese or Nurse Carmen!

BEHAVIORAL HEALTH ENHANCEMENTS

OPTUM APPLIED BEHAVIOR ANALYSIS (ABA) THERAPY

ABA therapy with an in-network provider is currently covered as an office visit with the first 30 visits covered 100% and a \$20 copay starting on the 31st visit. Effective January 1, 2024:

- ABA treatment will be considered outpatient treatment and covered 100%, not subject to copays or the deductible, when obtained from an in-network provider.
- Out-of-network ABA services continue to be subject to the deductible, coinsurance and balance billing.
- **Reminder:** All ABA treatment requires prior authorization and must be medically necessary and appropriate for the condition being treated. Please contact Optum's provider service line at **877-614-0484** if you need more information or have questions about ABA treatment.



FAMILY BUILDING PROGRAMS

Every path to parenthood is unique. From preconception support to fertility preservation and IVF, adoption, and surrogacy, members receive personalized guidance to help achieve their family goals. The information below can also be found at bewell.franklincountyohio.gov.

Maternity Support Program (MSP) - MSP is administered through United Healthcare and provides 24/7 personalized support from maternity nurses. The nurses discuss healthy pregnancy habits and provide educational resources throughout the pregnancy. There is no cost to join MSP and a \$200 incentive is available to anyone who completes the program. To get started with maternity support sign in to myuhc.com.

Maven - **Maven** provides virtual inclusive, comprehensive support for the whole person through the family building journey. Maven gives members personalized, timely support from preconception to parenting and beyond—preventing costly treatments and delivering better outcomes. With Maven you receive virtual support with preconception, pregnancy and postpartum; fertility referrals including IUI, IVF and egg freezing; and adoption and surrogacy. Content is tailored to your individual experience and needs.

Maven Wallet - **Maven Wallet** administers an adoption and surrogacy expense reimbursement program for the Cooperative. Expenses are paid by the member and paperwork submitted to Maven for reimbursement. This is a fringe benefit and taxable. The lifetime maximum benefit available for adoption and surrogacy services is \$30,000.

Type of Program	Maven / Maven Wallet	UHC Medical / OptumRx Pharmacy	UHC Health Engagement Nurses (HENs)	Optum Maternity Support Program (MSP)
Support / Benefit	<p>Maven</p> <ul style="list-style-type: none">- Pursuing fertility treatments.- Considering reproductive preservation (egg or sperm freezing). <p>Maven Wallet</p> <ul style="list-style-type: none">- Considering adoption or surrogacy, in the process of adoption or surrogacy, or those who have adopted or had a child through surrogacy in the last year.	<ul style="list-style-type: none">- Undergoing IUI or IVF with an in-network provider and pharmacy.- In-network medical care for all family forming journeys.- Supports medically necessary egg storage.- Combined \$30,000 benefit for medical and pharmacy services.	<ul style="list-style-type: none">- Seeking on-site health support (screenings, provider selection, etc.)- Needing one-on-one assistance with their insurance and wellness tools.- Wanting assistance with health care decisions.	<ul style="list-style-type: none">- Considering conceiving or trying to conceive.- Currently pregnant.
For more information:	<p>Download the Maven Clinic app or visit mavenclinic.com/join/franklincounty.</p> <p>For any questions or further support, email support@mavenclinic.com.</p>	<p>Call UHC at 1-877-440-5983 or OptumRx at 1-855-312-2307.</p>	<p>Call 614-525-6773 or email one of your HENs directly.</p>	<p>Call UHC at 1-877-440-5983 and say "Maternity Support Program" when prompted.</p>



2024 PHARMACY COVERAGE

Formulary Changes

Formulary changes occur twice a year, once in January and again in July. **If you are impacted by a January 1, 2024, formulary change, you will receive a letter from OptumRx.**

Specialty Medications Support

A new program is being introduced to support our members managing chronic conditions with specialty medications. It is a voluntary program, but engagement is strongly encouraged.

Specialty medications can be quite costly and many have unique handling instructions. Because of this, all specialty medications are dispensed through the Optum Specialty Pharmacy.

With this new program, Optum Care Ambassadors engage members to answer questions, identify less expensive alternative medications or medications with fewer negative side effects and connect with your provider when appropriate. Members who qualify for this program may speak with an OptumRx pharmacist for more in-depth discussions about your treatment plan.

Flu and COVID-19 Vax and Testing

Members of the health plan can receive a free flu vaccine at any pharmacy in our OptumRx network, at your primary care physician's office, or onsite at work (*no more on-site events are offered for 2023*).

You are able to get the COVID-19 vaccine/booster for **FREE** at [in-network pharmacies](#) or at [in-network medical providers](#).

Every U.S. household can receive four free COVID-19 tests delivered directly to their home through [COVIDTests.gov](#). Your pharmacy plan will cover up to **four test kits per member, per month**.

100% Coverage Categories

Effective January 1, 2024, Tier-1 and Tier-2 anti-hyperlipidemic (cholesterol medication) and anti-coagulants (blood thinners) will be covered 100%.

Reminder: your plan already covers the following drug categories 100%:

- Insulin and diabetic supplies.
- Tier 1 and Tier 2 anti-diabetic medications.
- Tier 1 and Tier 2 high blood pressure medications.
- Preventive Care medications.

For the most current list of covered medications or if you have questions:



Call 1-855-312-2307



You can download the OptumRx mobile app by searching for OptumRx in the App Store or Google Play.



Visit [optumrx.com](#) or log on to the OptumRx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.



DENTAL

The Cooperative offers dental coverage administered through Aetna. The dental DMO (Dental Maintenance Organization) only provides in-network coverage. The dental PPO (Preferred Provider Organization) provides both in-network and out-of-network coverage.

PPO ENHANCEMENTS

PPO Annual Maximum Benefit

The Annual Maximum Benefit is increasing to \$2,000 for in-network providers and \$1,500 for out-of-network providers.

PPO Lifetime Orthodontic Benefits

The lifetime orthodontic maximum is increasing to \$2,500 for in-network and \$2,400 for out-of-network providers.

OON Deductible on Preventive Services

In-order-to promote preventive care services, the out-of-network deductible for preventive care services is reducing to \$0.

DMO ENHANCEMENTS

Effective January 1, 2024, the DMO plan is being enhanced.

What does this mean for you?

\$0 copay for preventive services and lower copays for many basic and major services. Less out-of-pocket cost compared to the current DMO plan.

VISION

The vision benefit provides coverage at both in-network and out-of-network providers. The vision program is administered through Vision Service Plan (VSP). The plan includes coverage for an annual eye exam and a benefit toward contacts or lenses - for eyeglass lenses every 12 months and frames every 24 months. The benefit program also offers extra discounts on contact lenses, eyeglasses, sunglasses and laser vision correction.

ENHANCEMENTS

Allowance Increase

The allowance for frames and contact lenses at in-network VSP providers is increasing from \$160 to \$180.

EasyOptions: A new program allowing each member to personalize coverage by selecting one benefit upgrade to a 'paid-in-full' option.

How does this work? Visit a VSP network provider for an exam. Select 1 of the following upgrades to a 'paid in full' option:

- Anti-Reflective Coating
- Progressive Lenses
- Photochromic Lenses

VSP Choice Plan: Your VSP plan is switching from Signature to Choice. As a result, you may experience slightly increased out-of-pocket costs for some elective upgrades. This coincides with the implementation of EasyOptions, which may offset any potential out-of-pocket increase.

Open Enrollment is your only opportunity to switch between the dental PPO and dental DMO. As a reminder, adult orthodontia is only covered in the DMO plan. To learn more about your dental and vision benefits go to [bewell.franklincountyohio.gov](https://www.bewell.franklincountyohio.gov) > Menu > Benefits Programs



FLEXIBLE SPENDING ACCOUNTS

What is a FSA?

Flexible Spending Accounts (FSA) are optional programs that allow an employee to set aside pre-tax dollars from their regular earnings to pay for qualified expenses (linked [HERE](#)) related to health and dependent care costs. There are two types of FSAs available (Healthcare FSA and Dependent Care FSA). You can enroll in one, both or neither program. Your annual election determines how much pre-tax money is taken from your pay and deposited into your FSA.

Flexible Spending Account (FSA) elections must be made every year. If you currently have FSA coverage for 2023 and want FSA coverage again for 2024, you must make your elections by November 30, 2023. To learn about your FSA elections, attend an in-depth presentation listed under **Support with Open Enrollment 2024**.

HEALTHCARE FSA (USED TO PAY FOR HEALTHCARE)

Maximum election: \$3,050

You may use this account to pay for health and medical-related care for you and your dependents.

DEPENDENT CARE FSA (USED TO PAY FOR DEPENDENT CARE, NOT HEALTHCARE)

Minimum election: \$120

Maximum election: \$5,000 per family (\$2,500 if filing separately)

You may use this account to pay for qualifying dependent care expenses, such as daycare, preschool, or elder care. **This account may not be used to cover dependent health or medical-related care.**

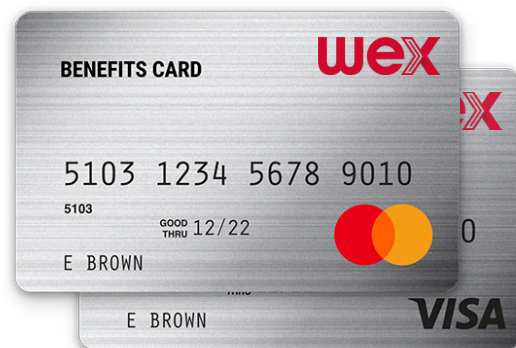
Scan the QR Code to Learn More about FSA Programs.



**DC FSA
(Video)**



**What is FSA
(Video)**



FUND AVAILABILITY

The total dollar amount you elect for **Healthcare FSA** is available to you on January 1, 2024; any funds rolled over from 2023 will be available to you in April 2024. **Dependent Care FSA** dollars are available to you as they are deducted from your paycheck and deposited into your FSA account. Use the FSA Benefits Card as you would a banking card. Swiping or charging an eligible transaction automatically removes funds from your FSA account and pays the vendor. You may be required to provide supporting documentation, so it's important you save any accompanying receipts and paperwork.

USE-IT OR LOSE-IT

The IRS governs FSA programs and a 'Use It or Lose It' rule applies. Keep this in mind when making your FSA elections for 2024. This rule states that any funds remaining in your FSA account at the end of the runout period are forfeited, with the following exception: Up to \$610 of your **Healthcare FSA** carries over to the following plan year.

RUNOUT PERIOD VS CARRYOVER VS GRACE PERIOD:

Runout Period: Allows you to submit claims through March 31 of the following plan year for expenses that were incurred during the previous plan year. Must be submitted via manual claim form.

Healthcare FSA Carryover (Rollover): Carryover allows you to rollover a certain amount of your remaining Healthcare FSA balance from plan year 2023 into your 2024 Healthcare FSA, **after all eligible claims have been submitted by the March 31, 2024** runout deadline. Unlike a Grace Period, you have the entire year to spend the amount of the Carryover.

NEW Dependent Care FSA Grace Period: Allows you to use your remaining Dependent Care FSA balance from plan year 2024 for expenses incurred through March 15, 2025. After the Grace Period any Dependent Care FSA funds are forfeited.





DISABILITY INSURANCE

OPEN ENROLLMENT IS YOUR CHANCE TO ENROLL IN DISABILITY BENEFITS.

Help protect your financial future should an illness or injury leave you unable to work. The Cooperative offers short-term disability (STD) and long-term disability (LTD) insurance coverage. Disability insurance coverage is offered through MetLife and is available for the employee only.

- Short-term disability insurance replaces a portion of your income during an illness or injury with a shorter duration (including maternity) while long-term disability insurance helps replace a portion of your income for extended illness or injury.
- Since this is a voluntary program, you can elect to enroll in one, none, or both coverage options.
- Disability premiums are 100% employee paid and are calculated using your age and income.

To learn about disability insurance, attend an in-depth presentation listed under **Support with Open Enrollment 2024**.

COVERAGE OPTIONS

The disability insurance program offers the following coverage:

SHORT TERM DISABILITY

Income replacement provides you with 60% of your gross pre-disability income during a shorter disability. It pays a weekly benefit based upon your gross pre-disability income and provides benefits up to 26 weeks (or 180 days) after a waiting period of 14 days.

LONG TERM DISABILITY

Income replacement provides you with 60% of your gross pre-disability income during an extended illness or injury. After an elimination period of 180 days it pays a monthly benefit based upon your gross pre-disability income. Benefits are paid up to normal retirement age or Reducing Benefit Duration.

ALREADY ENROLLED IN SHORT- OR LONG-TERM DISABILITY?

If you are currently enrolled in short term or long term disability, your coverage will carryover to 2024. Your premiums adjust automatically based on your age and income. To identify your 2024 premium, review your coverage at fccbenefits.com. If you choose to terminate your disability coverage, requests must be submitted via fccbenefits.com.



NEW LEGAL PROGRAM

NEW VOLUNTARY LEGAL PROGRAM

Most people think legal help only comes in handy when trouble strikes. The truth is, people turn to attorneys for all kinds of reasons, from negotiating new home contracts to estate planning. And with MetLife Legal Plans, you get access to sky’s-the-limit expertise without sky-high hourly attorney fees.

We have partnered with [MetLife Legal Plans](#) to give you access to a nationwide network of attorneys. By enrolling in this group legal product, you receive **unlimited access** to a network of attorneys with an average of 25 years experience and specializing in a variety of matters. No copays, no deductibles, or claim forms are required when using a network attorney.

By purchasing the legal plan, you also have access to the following services:

- ✓ **Plus Parents** - Cover your parents, parents-in-law, and grandparents for many common legal issues – up to 8 additional people.
- ✓ You and your family have access to a highly trained Care Team, who can help navigate **Caregiving** challenges.
- ✓ **Reproductive Assistance Law Coverage** - Covered for legal services and court work related to reproductive assistance matters.
- ✓ For **Tax Preparation & Filing** Metlife partnered with TurboTax® to offer state and federal tax preparation and filing services. There is no additional cost for any “Do it Yourself” product.
- ✓ Your plan covers you for **contested or uncontested divorce** and we’ll help you find a family law attorney.

This program is a voluntary program. Employees pay 100% of the \$16.50 per month premium. If enrolling in this program, you agree to participate for the full program year, or until December 31, 2024.

EXAMPLE OF SERVICES COVERED	COST WITH PLAN	AVERAGE COST <u>WITHOUT</u> PLAN
Legal Contract Review	\$0 out of pocket	\$100-\$350 per hour
Traffic Ticket Defense	\$0 out of pocket	\$100-\$350 per hour
Will, Living Will, Power of Attorney	\$0 out of pocket	\$100-\$350 per hour
Total Premium Cost	\$198 per year	

SUPPLEMENTAL LIFE INSURANCE

OPEN ENROLLMENT IS YOUR OPPORTUNITY TO INCREASE OR DECREASE YOUR COVERAGE AMOUNT.

All employees are provided Basic Life and Accidental Death & Dismemberment insurance. You have the option to purchase additional Supplemental Life insurance for you, your spouse/domestic partner and child(ren). Supplemental Life insurance is a good way to provide additional protection for your family if you (or your covered spouse/child) were to pass away.

Supplemental Life insurance can be requested in the following amounts:

EMPLOYEE	UP TO \$500,000
SPOUSE/DOMESTIC PARTNER	UP TO \$150,000
CHILDREN	UP TO \$10,000

Things to know about Supplemental Life Insurance:

- 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 your spouse/domestic partner.
- If you are not currently enrolled in the Supplemental Life program, you are required to submit Evidence of Insurability (EOI)* for any amount requested for you or your spouse/domestic partner.
- If you are currently enrolled in the Supplemental Life program, you (or your spouse/domestic partner) are required to submit Evidence of Insurability (EOI)* for any increase in coverage over \$10,000.
- Evidence of Insurability (EOI)* requests must be submitted by December 31, 2023 (EOI is not required for any child coverage requests).

***What is Evidence of Insurability (EOI)?**

EOI is a record of a person's past and current health events. It's used by insurance companies to verify whether a person meets the definition of good health. The most convenient way to submit EOI is by completing the online EOI application at fccbenefits.com.



Take advantage of the
\$10,000 bump with no EOI

Don't forget! If you or your spouse/domestic partner are currently enrolled in the Supplemental Life program you may increase coverage by \$10,000 without supplying Evidence of Insurability (EOI).



EMOTIONAL WELLBEING SOLUTIONS

EMPLOYEE ASSISTANCE PROGRAM NAME CHANGE

In 2024 the Employee Assistance Program will take on a new name, **but you will have access to all of the same services**. What was known as EAP will change to **Emotional Wellbeing Solutions or EWS**.

EWS is available to benefits-eligible employees, their dependents and household members, even if they aren't enrolled in the medical plan. When you call Optum EWS, you'll speak with a master's-level specialist who can offer in-the-moment support and connect you to other resources, such as in-person counseling sessions, if needed. Refer to the [Available Emotional Wellbeing Services](#) for an overview of EWS services.

GET STARTED



Call **1-800-354-3950**, TTY **711**
An EWS specialist will provide an authorization code.



Visit liveandworkwell.com
Access code: **EAP**



Say Hello to Support
See the behavioral health and EWS benefits available.

FACE-TO-FACE AND VIRTUAL COUNSELING

Eight visits per problem, per year. A network of clinicians — part of Optum's larger network of 150,000 clinicians — provide goal-oriented counseling.

DIGITAL SELF-CARE TOOLS

Visit liveandworkwell.com to access a digital suite of tools and resources, including Talkspace and the Self Care by AbleTo app. Discover the solutions and clinical techniques that best fit your needs to help manage stress, anxiety and other concerns all in one convenient location.

WORKLIFE SERVICES

Find support for parenting, childcare, eldercare, chronic conditions and convenience services like pet care. WorkLife specialists can supply educational materials and **no-cost referrals** to verified resources.

CHOOSE THE SUPPORT THAT WORKS BEST FOR YOU AND YOUR FAMILY



Connect with the **Emotional Wellbeing Solutions** (formerly EAP) for free, confidential assistance 24/7.



Download the **Self Care by AbleTo** app if you want to explore on your own.



Call the 24/7 **Substance Use Helpline** for concerns about drug or alcohol use.



Build resiliency to better cope with stress through **meQuilibrium** at fccThriveOn.com.



Connect with **behavioral health providers** online or in-person.



Get support for your to-do list and maintain your **work-life balance**.



Use 24/7 **Talkspace Online Therapy** for ongoing mental or behavioral health concerns.



Connect to **caring support** from a trained crisis counselor.





YOUR THRIVEON WELLNESS PROGRAM

IT PAYS TO MAKE HEALTHY DECISIONS ... LITERALLY.

The goal of ThriveOn's Wellness Your Way program is to arm you with the wellness tools and information necessary to thrive in your everyday life. As a bonus, you can earn incentives! You still have time to take advantage of the remaining 2023 ThriveOn programs:

BIOMETRIC SCREENING | EARN \$200

DEADLINE: DECEMBER 31, 2023



You have several options to complete a screening:

- At Your **Primary Care Physician's Office**: Make sure you print and complete the Biometric Screening Results Form (found at fccThriveOn.com). You are responsible for making sure the form is submitted by December 31, 2023.
- At an **OhioHealth WorkHealth** location: Make sure you print and complete the Biometric Screening Results Form (found at fccThriveOn.com). WorkHealth will submit the form on your behalf once your results come in.

Note: There are no additional onsite screenings scheduled for 2023.

WELL-BEING ACTIVITIES | EARN UP TO \$200

DEADLINE: DECEMBER 31, 2023



- You can earn up to four Well-Being Activities in 2023 (\$50 each).
- Activities include wellness workshops, virtual fitness classes, flu shots & COVID-19 boosters, preventive screenings, healthy lifestyle programs, and much more.
- Explore fccThriveOn.com or the Wellness at Your Side mobile app for activity offerings.

GYM MEMBERSHIP | UP TO \$75 QUARTERLY REIMBURSEMENT

DEADLINE: EVERY 3 MONTHS (THE DEADLINE FOR Q4 2023 IS JANUARY 12, 2024)



- Visit a gym or utilize your at-home/virtual membership (such as Peloton or Apple Fitness+) for at least 8 different days each month and receive **up to \$25/month** toward the cost of your membership.
- Head over to gymreimbursement.franklincountyohio.gov to learn more.

ThriveOn's Wellness Your Way program for 2024 is still being finalized, but you can expect more healthful, helpful, and happy opportunities like these favorites from 2023:

THRIVEON MEAL KIT EXPERIENCES

Participants received a free meal kit that could be used for one of three meals - Sweet potato black bean burgers, Caribbean kebabs, and turnip salad. These meals were delivered right to their door! Kits included a recipe and participants were invited to watch a virtual cooking demonstration with an OhioHealth dietitian and the owner of Yellowbird Foodshed, cooking a delicious and healthy meal, while learning tips and tricks along the way.



FRANKLIN COUNTY 5K & THRIVEON CHALLENGE

This year marked our fifth annual 5K with 278 in-person participants and 202 virtual participants. Runners, walkers, and volunteers who attended this year's 5k were treated to healthy brownie bites (courtesy of CancerBridge), grab-and-go snacks, and complimentary flu shots (by OhioHealth). Congrats to the 2023 agency winners: **Fleet Management** (small), **ADAMH** (medium), and **Domestic & Juvenile Relations** (large)!



REACH YOUR FINANCIAL GOALS WITH ENRICH

Enrich is a personal finance program. It is provided at no cost and accessed through your [ThriveOn portal](#) under **Wellness Hub**. A full range of services from banking – to investing – to debt management – are available to help you create a personalized plan based on your financial goals. Unlimited one-on-one access to financial coaches is also available. Enrich won't market any financial products to you, but they work with you to form a financial plan.



MEET YOUR HEALTH ENGAGEMENT NURSES

As a member of the Franklin County Cooperative, you have access to two dedicated Health Engagement Nurses – Therese Lentz and Carmen Long – through United Healthcare. They can help you:

- Find in-network doctors
- Connect with Orthopedic Health Support
- Make small but impactful changes
- Explore programs and resources
- Discuss options for managing long-term or chronic challenges
- Navigate United Healthcare tools and services

Your conversations with Therese and Carmen are confidential and at no cost to you.



THERESE LENTZ

Therese_Lentz@UHC.com



CARMEN LONG

Carmen_Long@UHC.com

To speak with one of your Health Engagement Nurses, call the Onsite EAP and Health Engagement Nurse Support Line at 614-525-6773 or email for support.

SUPPORT WITH OPEN ENROLLMENT 2024



VIDEO TUTORIAL

If you want a self-guided overview of Open Enrollment 2024, you can watch this video on-demand anytime. Learn what you need to do during Open Enrollment and about the benefit changes being made for 2024.

OPEN ENROLLMENT VIRTUAL PRESENTATIONS

This year there will be live virtual presentations covering specific topics each work day (excluding holidays and weekends) during Open Enrollment. A member of the Franklin County Benefits & Wellness office will share an overview of Open Enrollment 2024 during each presentation and address any questions. One-on-one assistance will also be available through the Benefits & Wellness office. See below for the live presentation schedule. Simply click the Microsoft Teams icon for the desired date when ready to join. To save this calendar click [HERE](#).

Open Enrollment (OE) & Your 2024 Benefits – Attend if you want an all-inclusive presentation that includes everything you need to know about Open Enrollment as well as an overview of 2024 benefit changes. Covers your bundled Health Plan, Flexible Spending Accounts (FSA), and voluntary programs including the **NEW** Legal Program.











2024 Health Plan – Attend for a more in-depth discussion about your 2024 bundled Health Plan (medical, behavioral health, prescription drug, dental, and vision) and 2024 benefit changes.

2024 FSA – Attend to learn about the benefits of having a Flexible Spending Account (FSA), important IRS and plan rules, and 2024 plan changes.

2024 Voluntary Programs – Attend for a comprehensive overview of the **NEW** Legal Program, as well as a brief overview of the life and disability programs.

NOVEMBER

2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12	OE & Your 2024 Benefits 2 PM  13	2024 Voluntary Programs 2 PM  14	2024 Health Plan 10 AM  15	2024 FSA 10 AM  16	2024 Voluntary Programs 10 AM  17	18
19	2024 Voluntary Programs 10 AM  20	2024 FSA 2 PM  21	2024 Health Plan 10 AM  22	Thanksgiving Day 23	24	25
26	2024 Health Plan 2 PM  27	OE & Your 2024 Benefits 10 AM  28	2024 Voluntary Programs 2 PM  29	2024 FSA 10 AM  30	1	2

STILL HAVE QUESTIONS? CONTACT US:

BENEFITS

614-525-5750
benefits@franklincountyohio.gov

THRIVEON

614-525-3948
thriveon@franklincountyohio.gov

Franklin County Government Center

373 S. High Street, 25th floor | Columbus, OH 43215
bewell.franklincountyohio.gov

NOTICES & OTHER INFO

SPECIAL ENROLLMENT NOTICE

If you decide not to enroll yourself or your dependents (including spouse/domestic partner) in the Franklin County Cooperative's coverage because you already have coverage through a different provider/employer, you (or your spouse/domestic partner) may be eligible to enroll in the Franklin County Cooperative's coverage later if you lose eligibility through that provider/employer.

However, you must contact and request enrollment from the Franklin County Benefits & Wellness office within 30 days of your or your dependent's current coverage ending.

1095 FORM

You will receive a 1095 form by mail or electronically to show your coverage meets Affordable Care Act (ACA) guidelines. You are not required to provide this form when filing your taxes; however, your tax preparer or advisor may ask to see it.

W-2 HEALTHCARE COSTS

The total cost of your healthcare benefits will be reported on your W-2. The amount represents both your contribution as well as your employer's contribution. Look for Box 12, 'Code DD'.

WOMEN'S HEALTH & 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 their physician.

NOTICE FOR NEWBORN MOTHERS HEALTH PROTECTION ACT

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

MEDICARE PART D NOTICE

As a member of the Franklin County Cooperative, you may have received the Creditable Coverage Disclosure Notice (Medicare Part D) via email in October 2023. You will receive this notice each year you have drug coverage from the health plan. It's recommended that you keep the Creditable Coverage Disclosure Notice (also available at bewell.franklincountyohio.gov). You may need to provide it if you decide to join a Medicare drug plan later. Generally, Medicare is available for people age 65 or older, younger people with disabilities and people with End Stage Renal Disease (permanent kidney failure requiring dialysis or transplant).

HIPAA PRIVACY NOTICE TO EMPLOYEES

The current Notice of Privacy Practices for employees is available on bewell.franklincountyohio.gov and explains your legal rights regarding your protected health information (PHI).

AGREEMENT REGARDING ACCEPTANCE AND REVIEW OF PAYROLL DEDUCTIONS

The tax rate for any "post-tax" payroll deduction will automatically adjust to reflect any applicable tax rate change. It is your responsibility to report any discrepancies with payroll deductions to your human resources office or the Franklin County Benefits & Wellness office.

NOTICE OF EMPLOYER SPONSORED WELLNESS PROGRAM

As part of certain ThriveOn wellness activities you may provide, or the program may gather, private information. Each time you provide personal identifying information or private health information, it will be used only for the purposes for which it is gathered. Your information's privacy will be maintained and protected at all times. Please take a few minutes to read the notice located at the link below to better understand how we protect your information and how we use it. Employees and their eligible family members may choose to take part in this program by completing activities that are listed in the ThriveOn Incentive Brochure (available on bewell.franklincountyohio.gov > ThriveOn > Wellness Your Way). Thank you for trusting us with your information to improve the health of our employees. You can read the full EEOC Notice of Employer Sponsored Wellness Program [HERE](#).