

Spotlight

BENEFITS & WELLNESS NEWSLETTER

February 2015

Open Enrollment

Disability Insurance Enrollment

Pickaway County Supplemental Life Enrollment

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

The Franklin County Cooperative Health Benefits Program which includes Franklin, Fairfield and Pickaway County employees has historically offered a very comprehensive and generous healthcare benefit program. And through the combined efforts of County administration and employees alike, we are able to continue this precedent.

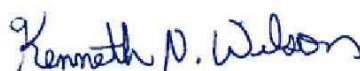
We are all purchasers of healthcare. As an employee, you are responsible for insuring that the healthcare services utilized by you and your family are delivered cost effectively and at the highest quality. As the administrator of the Cooperative, the Board of Commissioners is responsible for seeking out and finding the best health care programs at the lowest cost. It is not an easy task for either of us. The healthcare landscape is ever-changing. Healthcare costs generally increase year over year but this growth has been better contained in recent years through smarter utilization and increased emphasis on preventative health measures.

New, costly and not always better treatment options are introduced and marketed heavily through tv and/or print advertising. All while the overall health of Americans continues to trail benchmarks set by other peer countries that spend less annually.

We have met these challenges head on and we are all taking responsibility.

- Cost containment measures over the past several years have made a significant difference in controlling the County's overall health care costs, allowing for a very modest increase in employee cost for the 2015-2016 plan year. Read the article about the *Choosing Wisely*[®] initiative ... it will make you think twice!
- The Franklin County Benefits Office and the Joint Benefits Committee continue to conduct competitive selections in order to identify the best companies to provide services to our employees. This resulted in the offering of a **NEW!** voluntary group Short and Long Term Disability program through MetLife.
- The participation rate in the Cooperative's wellness program - Thrive On - continues to grow. Thrive On's four pronged approach - emotional, social, physical and material - lays the groundwork to improve health, but also impact your life overall. This year, employees and spouses/domestic partners alike can reap the rewards of the "Hello Happy" wellness campaign and can take part in the new wellness challenge being introduced in April: *Live Out Loud!*

In closing, thank you for joining us in our mission to ... develop and administer *sustainable* health and lifestyle benefit programs that optimize quality, access and cost effectiveness, and is *responsive to and valued by* plan participants.



County Administrator, Franklin County

OPEN ENROLLMENT

is February 23rd thru March

6th. It is voluntary. If you

don't want to make changes,

you don't need to do any-

thing. **Current elections**

will rollover.

Details: Page 3

NEW! SHORT and LONG

TERM DISABILITY

PROGRAM

A **NEW!** Short and Long

Term Disability program is

being offered effective

April 1, 2015.

Details: Pages 5-9

EMPLOYEE MEETINGS

Meetings are being held

throughout County loca-

tions. Attend to learn about

the **NEW!** Disability Insur-

ance program and get

a MetLife Snoopy dog!

Details: Page 9

PICKAWAY COUNTY

SUPPLEMENTAL LIFE

Join the Supplemental Life

program, effective April 1,

2015. Guaranteed Issue avail-

able this one-time only.

Know your options!

Details: Pages 16-18

2015 Open Enrollment

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Hello Happy is Thrive On’s newest wellness incentive program. Earn points by completing activities. When you’ve reached 100 points, you get a \$100 gift card. This year, both you and your spouse/domestic partner can earn \$100!

It doesn’t take much to earn 100 points. Here’s how.

ACTIVITY	POINTS EARNED
Complete a health risk assessment (HRA)	25 (required)
Get a health biometric screening	25 (required)
Complete challenge - <i>Live Out Loud!</i>	25
Hold three calls with a health coach	25
Get a physical exam	25
Get a dental exam (ever 6 months!)	10 (earn up to 20 points for 2 visits)
Participate in a fitness activity	3 (earn up to 15 points for 5 activities)
Attend a lunchtime lecture	3 (earn up to 15 points for 5 lectures)
Participate in a community sponsored event	3 (earn up to 15 points for 5 events)
Get a flu shot	5
Attend How to Make Your Benefits Work for You	5

The Health Risk Assessment and Biometric Screening are required. How you earn the rest of the points ... is up to you!

Your HRA is completed online at <https://thriveon.staywell.com>. You can get your health screening either at your physician’s office or at a worksite biometric screening event. (HINT: Schedule a wellness physical exam, get your biometric screening during your physical exam ... and earn **50** points!)

Self-report your activities at <https://thriveon.staywell.com>. All activity must be completed by August 21, 2015.

For more information, go to <http://bewell.franklincountyohio.gov/> and click here.



[Choosing Wisely](#)

[Life Events](#)

[Open Enrollment](#)



[Hello Happy Program](#)

[Complete your HRA](#)

[Report Hello Happy Activity](#)



[How to Report an Injury](#)

[Safety Training](#)

[Contact Risk Management](#)

OPEN ENROLLMENT INFORMATION

Open Enrollment is your opportunity to make changes to your health and life benefit elections for the coming plan year. Changes requested during Open Enrollment are effective April 1, 2015.

Open Enrollment is voluntary this year. **If you do not want to make changes to your current elections, you do not need to do anything.** Your current elections - including enrolled dependents, life insurance coverage and beneficiary assignments - will rollover to the 2015-2016 plan year.

An Enrollment Worksheet will be mailed to your home. It contains a summary of your current benefit elections as well as your 2015-2016 employee contributions. Review the **MY DEPENDENTS** and **MY CURRENT ELECTIONS** carefully. **If you want to keep the same benefit elections, do nothing.**

If you want to make changes, including updating your email address, visit the online enrollment system beginning February 23rd and make the necessary changes. All changes must be completed by March 6th. The online enrollment system is accessible at <https://mybenefits.secova.com>. After Open Enrollment, you will receive a Confirmation Statement in the mail that illustrates your benefit elections for next year. **Look at it carefully!** You will have 10 days to contact the Benefits Office if changes are needed.

Franklin County Cooperative Health Benefits Program
Benefits Effective Date: 04/01/2015
FRANKLIN

SAM SAMPLE

FRANKLIN COUNTY COOPERATIVE HEALTH BENEFITS PROGRAM
2015-2016 Plan Year Open Enrollment

Open Enrollment is your opportunity to make changes to your benefit elections for the next plan year. **If you do not want to make changes to your current elections, no action is required.** Current elections will rollover to the 2015-2016 plan year. Changes must be made between February 23 and March 6, 2015, through the online enrollment system at <https://mybenefits.secova.com>. The 2015-2016 plan year are illustrated under MY 2015-2016 BENEFIT OPTIONS (shown on the next page). You must need to return it.

For more information about Open Enrollment or your **NEW!** Short Term and Long Term Disability Insurance, contact your Benefits Office or visit www.franklincountyohio.gov.

MY USERNAME AND PASSWORD
Your username is the first 4 letters of your last name + the last 6 digits of your Social Security Number.
Example: smit456789. If you do not remember your username or password, click on the "Forgot Username/Password" link.

MY DEPENDENTS
Please review this information carefully. If you have any questions, contact your Benefits Office.
<https://mybenefits.secova.com>
Refer to the Enrollment Worksheet for more information.

Franklin County Cooperative Health Benefits & Risk Management
375 S High Street, 28th Floor
Columbus, OH 43215

**Important Benefits Information Enclosed
Open Enrollment: February 23 - March 6, 2015**

MY CURRENT ELECTIONS
These are your current benefit elections for the 2015-2016 plan year.

Employee + Family
Program
AD&D - \$50,000.00
Waive
Life Insurance For Employee - Waive
Life Insurance for Spouse or Domestic Partner - \$40,000.00
Supplemental Life Insurance For Children - \$10,000.00

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

Step 1: Logging on

1

User Name

Password

[Forgot Password?](#)

User Name:

Your User Name is the first 4 letters of your last name + the last 6 digits of your SSN.

(e.g. Smith, 123-45-6789 = smit456789)

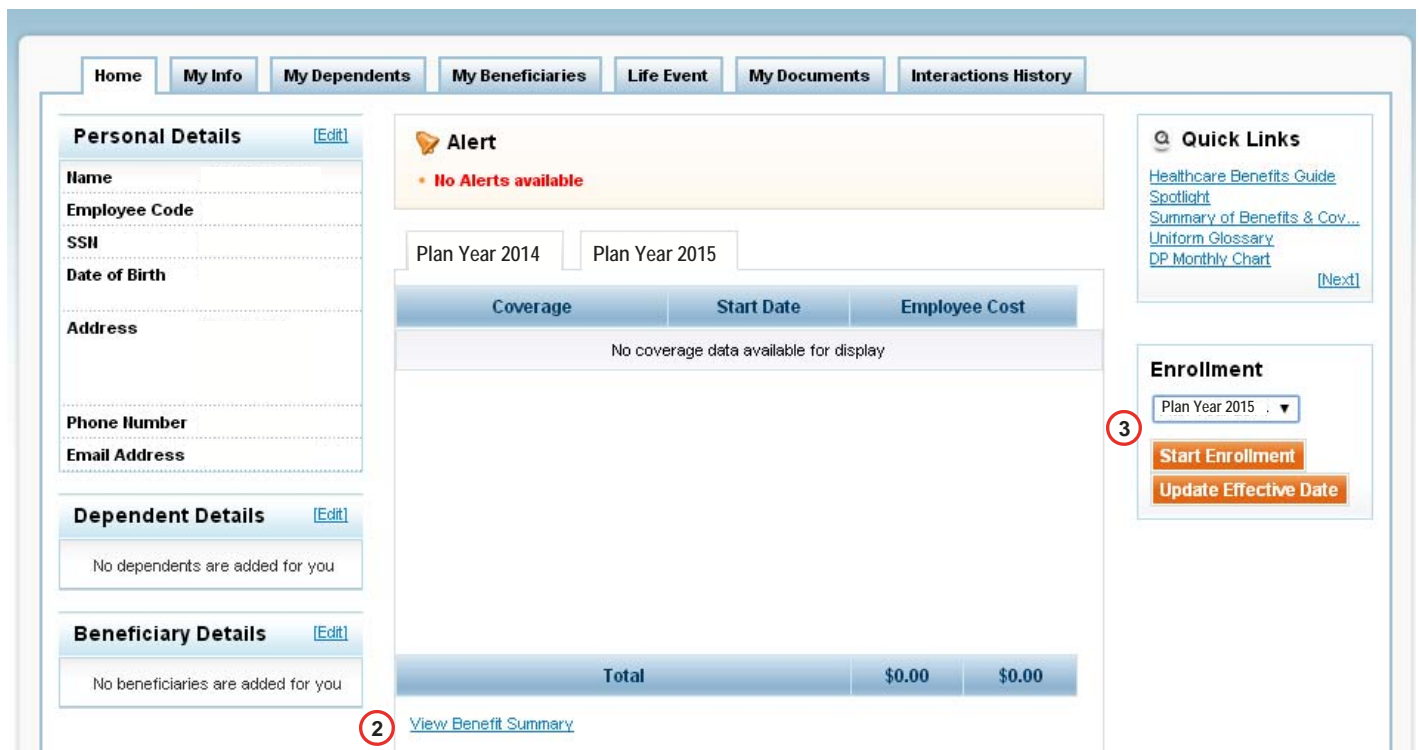
Password:

If you can't remember your password, select 'Forgot Password?' and use the password reset function. **NOTE:** The answer to your security question is case sensitive.

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

Step 2: Viewing Your Current Benefit Elections

When you log on, you will land on your Dashboard and your 2014 benefit elections will appear. Click on **‘View Benefit Summary’** to review your current elections. If you do not wish to make changes, simply Log Out.



The screenshot shows the user's dashboard with navigation tabs: Home, My Info, My Dependents, My Beneficiaries, Life Event, My Documents, and Interactions History. On the left, there are sections for Personal Details, Dependent Details, and Beneficiary Details. The main area features an Alert box stating 'No Alerts available', a plan year selector (Plan Year 2014 / Plan Year 2015), and a table for coverage data. The table has columns for Coverage, Start Date, and Employee Cost, and shows 'No coverage data available for display' with a 'Total' row at the bottom showing \$0.00 for both Employee and Employer costs. On the right, there are Quick Links and an Enrollment section with a dropdown for Plan Year 2015 and buttons for 'Start Enrollment' and 'Update Effective Date'. A red circle with the number '2' highlights the 'View Benefit Summary' link at the bottom of the main content area.

Step 3: Making Changes to 2015-2016 Benefit Elections

Select Plan Year 2015 from the drop down box and click on **‘Start Enrollment’** to get to your BenefitsWalk. Review and make necessary changes.

Anytime you leave your BenefitsWalk, you must select Plan Year 2015 from the drop down box **3** to continue your enrollment. After you have made all the necessary changes - **and all of your check marks are green!** **4** - select the green **‘Confirm Election’** button to confirm your 2015-2016 benefit elections.



The screenshot shows the 'BenefitsWalk (Plan Year 2015)' progress bar. It consists of five steps: Interactive Question, Health, Life, Beneficiary Information, and Election Summary. Each step has a green checkmark below it, indicating completion. A red circle with the number '4' highlights the 'Election Summary' step.

Hey George! I'm planning on injuring my back next June and thinking I'll need about 16 unpaid weeks off work to recuperate ... said no one. Ever.

Unless you have a scheduled surgery or pregnancy, illness and/or injury are not typically planned. They usually catch you off guard and in most instances severely impact your ability to work and earn an income.

- But it won't happen to me, right?** The statistics on the likelihood of becoming disabled are pretty staggering.
- One in four 20 year olds will be disabled for more than three months at some point in their working lives.+
 - A 20 year old in 2011 had a 30% chance of becoming disabled for at least six months before retirement.+
 - The average length of a long term disability is 2.5 years.+

Add in the fact that loss of income due to disability is a major factor in mortgage foreclosures and only 10% of disabling accidents or illnesses are work related - meaning the remaining 90% are not covered by Worker's Compensation - the need to have a plan in the event of your disability is pretty solid.

What is your plan? Studies cite anywhere between 65-75% of American households live paycheck to paycheck. What if your paycheck stopped? Do you have financial resources to replace your lost income? For 1 month? 3 months? 6 months? Longer? Your essential living expenses do not stop, just because you can't work. Maybe you are relying on OPERS or Social Security Disability (SSDI). These two options can pay disability income, but in very limited circumstances. To be eligible for OPERS, you need at least 5 years of employment and the disability has to be presumably permanent and expected to last at least a year. The approval process through SSDI is very lengthy and payment is typically half of your pre-disability earnings.

We have a plan. The Franklin County Cooperative is offering a new disability program - effective April 1st - that can provide some peace of mind. Both short term (up to 6 months of disability) and long term (up to normal retirement age) disability insurance is available. You can purchase just what you need. Short term only? Long term only? Both? It is a voluntary benefit and you pay 100% of the premium. And because this is a group policy, rates are very reasonable. MetLife is the company providing coverage.

EXAMPLE OF ESSENTIAL LIVING EXPENSES	
\$ _____	Mortgage/Rent
\$ _____	Car payment
\$ _____	Auto insurance
\$ _____	Credit cards
\$ _____	Loan payments
\$ _____	Child/Elder care
\$ _____	Utilities
\$ _____	Cell phone
\$ _____	Food
\$ _____	School tuition/expenses
\$ _____	Gas
\$ _____	Other
\$ _____	Other
\$ _____	TOTAL

The next few pages provide an overview of the MetLife disability program. Employee meetings will be held throughout County locations and include MetLife presentations. We strongly encourage you to attend a meeting if you can. If you can't, contact the Benefits Office or MetLife to ask questions.

WHY SHOULD YOU CONSIDER ENROLLING IN DISABILITY NOW?

There is a benefit to enrolling in the disability program now that cannot be overlooked. **If you enroll during this Open Enrollment, you cannot be turned down.** You are not asked to complete any application or provide any information on your health. If you ask for it, you get it. If you wait until next Open Enrollment, you must supply proof of good health in order to be approved for coverage. This is HUGE If you have a medical condition that would prevent you from getting coverage.

NEW! Short Term and Long Term Disability Plan Summary

The Franklin County Cooperative is offering a **NEW!** group disability insurance program to all benefit eligible employees. If you are eligible to enroll in the Cooperative’s healthcare plan, you are eligible to participate in this disability insurance program.

The disability insurance program offers the following coverage:

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

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

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

Policy Provision	Short Term Disability Insurance	Long Term Disability Insurance
Elimination Waiting Period	<i>14 calendar days</i> from the onset of the disability applied 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>weekly</i> pre-disability earnings	60% of your <i>monthly</i> pre-disability earnings
The benefit amount you receive is based upon your pre-disability earnings. Your pre-disability earnings are the weekly or monthly amount that you earned immediately before you became disabled. <i>It is your gross, i.e. before taxes, earnings and the benefit amount is not taxed upon payment.</i>		
Maximum Benefit Amount**	\$1,500 per <i>week</i>	\$10,000 per <i>month</i>
This is the maximum 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.		

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

** Your disability benefit is reduced by other income that you are paid during the same disability from other sources, including state disability benefits, OPERS, no-fault auto laws, sick/vacation pay, etc.

NEW! Short Term and Long Term Disability Rate Calculator

You can find your premiums for MetLife disability policies several ways.

- I. Call MetLife at 1-855-423-3638 (1-855-4Add-Met), beginning February 23rd.
- II. Use the rate calculator below to find your monthly premium.

Short Term is calculated on the left. Your monthly benefit is also calculated.

Long Term is calculated on the right. Your monthly benefit is 60% of your Monthly Earnings.

You need your gross annual salary (before taxes) and your age as of April 1st. (And probably a calculator!) Follow the instructions provided.

- I. Go to the Benefits website at <http://bewell.franklincountyohio.gov> and click on the MetLife Rate Calculator. Plug in your gross annual salary (pre-tax) and the rate based upon your age. The calculator does the rest!

If you enroll in the MetLife disability program, payroll deductions begin in April 2015. The monthly premium is divided into two deductions: the first from the first pay of the month; the second from the second pay of the month. If there is a third pay of the month, there is no deduction taken from that pay.

If you need assistance calculating your premium, contact the Benefits Office or MetLife.

MetLife SHORT Term and LONG Term Disability Rate Calculator

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.

Coverage with Your Best Interests in Mind

Nurse Consultant or Case Manager Services: Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis: Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations: Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining: Development programs to help you return to your previous job or educate you for a new one.

Rehabilitation Incentives to Further Ease Your Burden

Financial Incentive: Allows you to receive disability benefits or partial benefits while attempting to return to work.

Work Incentive Benefit: Lets you receive up to 100% of your pre-disability earnings including your disability benefit, rehabilitative work earnings, rehabilitation incentives and other income sources.

Rehabilitation Benefit: Boosts your benefit by up to 10% when you work within a MetLife approved rehabilitation program.

Family Care Expense Reimbursement: Reimburses you for eligible expenses (Begins after your 4th weekly benefit payment and pays up to \$100 per week) incurred for the care of each qualified family member when working or participating in an approved rehabilitation program.

Moving Expense Benefit: Provides reimbursement for your move to a different address as part of an approved rehabilitation program.

HOW TO ENROLL IN THE METLIFE DISABILITY PROGRAM

ENROLLMENT IS A TELEPHONE CALL AWAY!

1-855-423-3638 (1-855-4Add-Met)

Monday - Friday, 11am-7pm EST

Enrollment for the disability program is during our regular Open Enrollment: February 23rd through March 6th. You do not enroll on the website where you enroll for health and life benefits. To enroll, simply call the MetLife telephone number. Note call times are 11am - 7pm EST.

You can also call this number to ask questions about the program or find out your monthly premiums. A confirmation number is provided at the close of your conversation. Please retain for your files. Franklin County will supply you with a Certificate of Coverage at the close of Open Enrollment.

EMPLOYEE MEETINGS

Employee meetings are being conducted throughout County locations during the months of February and March. You are welcome to attend ANY meeting. **Meetings will provide a presentation about general Open Enrollment topics, the *NEW!* Short and Long Term Disability program through MetLife and information about the continuation of Aflac products.** MetLife enrollers will be on-site during several of the meetings to assist with your enrollment. A complete listing of employee meetings is posted on the portal and the Benefits website.

COURTHOUSE MEETINGS DATES/TIMES/LOCATIONS

Meetings in the Franklin County Courthouse are being held on the following dates:

February 25th
March 4th

All meetings are being held in Meeting Room B on the 25th Floor of the Franklin County Courthouse. Meetings are at 10am and 2pm and last no more than an hour.

If you cannot attend in person, you can register to attend via webinar by calling the Benefits Office at 614-525-5750. Provide the date and time of the meeting you wish to join and you will be provided webinar log in information.

NOTE: Current Aflac Policyholders

If you currently purchase Short Term Disability Insurance through Aflac, you need to know how the offering of MetLife's disability program impacts you.

1. **You have a one-time opportunity.** But it is only made available to you if you enroll in the MetLife disability program during this Open Enrollment.

WHAT IS THE ONE-TIME OPPORTUNITY? Most all disability policies - MetLife and Aflac alike - have a pre-existing condition limitation provision. This provision states that a disability resulting from a pre-existing condition won't be covered right away under the policy. Usually, pre-existing conditions aren't covered until you've had the policy in place for 12 months. Because you have already met this provision under your Aflac policy, MetLife is not going to impose it again. **The pre-existing condition limitation provision will be waived for any Aflac disability policyholder who enrolls in MetLife effective April 1, 2015.**

2. You are likely having your premiums for your Aflac products deducted from your paycheck. Deductions will be taken for Aflac disability products in order to pay your coverage through March 31, 2015. Then they will cease. Payroll deductions for MetLife disability products begin in April.
3. **PAYROLL DEDUCTIONS FOR ALL OTHER AFLAC PRODUCTS, I.E. CANCER, HOSPITALIZATION, ETC. WILL CONTINUE UNINTERRUPTED.**
4. **You are able to terminate your Aflac short term disability coverage effective March 31, 2015, and elect MetLife in its place.** We strongly encourage you to review the MetLife materials and rates. The MetLife program - because it is a group product - can offer better benefits at lower cost - than Aflac, which is an individual policy. If you are terminating your Aflac disability policy, an Aflac representative will be onsite to meet with you to terminate coverage and review other policies you may have with Aflac, i.e. cancer, etc.
5. **Ask questions!** Make sure you have all the information and if you don't, just ask! The Benefits Office, the MetLife representatives at employee meetings and the MetLife telephone number are all resources for information.

SUMMARY OF MEDICAL BENEFITS

	NETWORK	NON-NETWORK
MEDICAL PLAN		
Office Visit Copay (OV) - Preventive Care - Non-Preventive Care - Premium Tier I Specialist - Non-Premium Tier I Specialist - Includes 2 visits (covered at 100%) for general nutritional counseling at an in-network nutritionist or dietician. Mandated nutritional counseling remains unlimited.	\$0 \$20 \$20 \$40 \$0	
Therapies and Chiropractic Copay - Limited to 25 visits per plan year - Effective 4/01/2015, includes occupational, speech and physical therapy coverage for members diagnosed with an autism spectrum disorder.	\$20	Annual Deductible \$400 Individual \$1,000 Family Coinsurance You pay 20%. Plan pays 80%. Annual Maximum Out-of-Pocket \$1,200 Individual \$3,000 Family
Urgent Care Copay (UC)	\$25	
Emergency Room Copay (ER)	\$150	
Inpatient Hospitalization, Outpatient Surgery, Major Diagnostic, Ancillary Services, etc. - Deductible - Coinsurance - Maximum Out-of-Pocket (MOOP) Ambulance services not subject to the deductible effective April 1, 2014.	Annual Deductible \$200 Individual \$500 Family Coinsurance You pay 0%. Plan pays 100%. Annual Maximum Out-of-Pocket \$600 Individual \$1,500 Family	
Do copays apply to the deductible?	No	No
Do copays apply to the MOOP?	Yes	No
Does the deductible apply to the MOOP?	Yes	Yes
Amounts applied to the medical deductible and MOOP will also be applied to the behavioral health deductible and MOOP and vice versa.		

MEDICAL BENEFIT IMPROVEMENTS EFFECTIVE APRIL 1st

Expanded Therapy Coverage

Physical, speech and occupational therapy coverage will be extended to individuals with an autism spectrum disorder diagnosis. The 25 visit limit per year still applies and a \$20 copay will be collected at each visit.

Nutritional Counseling

General nutritional counseling will be covered at in-network providers. Visits will be covered 100% and limited to 2 visits per plan year. See a list of independent network nutritionists and dieticians on page 20. Nutritional counseling provided within a primary care physician office is also allowable.

Mandated preventive care benefits provide unlimited nutritional counseling for any adult or child over the age of six who has a 30+ BMI (obese) or a co-morbid condition, i.e. cardiovascular disease. Mandated benefits are not subject to the 2 visits per plan year limit.

If you are interested in general nutritional counseling, please talk to your doctor and contact United Healthcare for more information.

\$200 INCENTIVE FOR PARTICIPATING IN THE HEALTHY PREGNANCY PROGRAM

Effective April 1st, up to a \$200 incentive is being offered for participation in the Healthy Pregnancy Program. The Healthy Pregnancy Program is administered by United Healthcare/Optum and provides continuous support during pregnancy through one-on-one telephonic interaction with maternity nurses, print materials and website resources.

Any employee or spouse/domestic partner can join the program and receive a \$50 gift card incentive upon enrollment and an additional \$150 gift card upon completion of the program - about two weeks post partum. The gift cards are taxable.

INVITATION TO JOIN

Typically, enrollment in the Healthy Pregnancy Program is completed in the first trimester of pregnancy. You can self-refer yourself into the program or United Healthcare/Optum will invite you to join. *How does United Healthcare/Optum know you are expecting?* Your medical provider has submitted a claim with a diagnosis of pregnancy and that triggers an invitation.

"Don't live every day as if it were your last. Live every day as if it were your **FIRST!**"

- Paulo Coelho



Healthy Pregnancy Program

Personalized support before, during and after your pregnancy

A healthy pregnancy helps ensure a healthy mom and baby. The Healthy Pregnancy Program offers you and your dependents health and educational support from the time you consider starting or expanding your family, through the first few months of your new baby's life. This free, confidential program is offered to you as part of your regular benefit package.

Access to a dedicated nurse

When you enroll, your maternity nurse will provide a free phone consultation. These important consultations help us understand your unique care needs and also uncover vital risk factors so you receive appropriate care.

Support for your special health care needs

If your pregnancy is considered high-risk, the Healthy Pregnancy Program can provide you with specialized support services created specifically for high-risk pregnancies. Our experienced nurses are available to you throughout your pregnancy to provide answers, support and guidance.

Customized maternity education materials

A dedicated nurse will provide you with information to support you during your pregnancy. When you enroll, you'll receive important education materials covering a wide range of topics based on your unique needs. Topics include: eating healthy, prenatal care, exercise, information on how your baby grows, premature labor, and more. You'll also receive a free book to further help keep you informed.

Enroll at your convenience

To get the most from the program, it's best to enroll during the first trimester of your pregnancy.





Enroll today.
1-888-246-7389
 Monday through Friday
 8 a.m. to 8 p.m. CST



Usually, the invitation is extended via a phone call. If you can't be reached by phone, a follow up invitation letter will be mailed. Join as soon as you can to take advantage of all the program offers!

WHAT IF I'M EXPECTING NOW?

Congratulations! If you are currently expecting - no matter where you are in your pregnancy - please enroll now. Incentives payable are based upon enrollment and delivery dates.

SUMMARY OF BEHAVIORAL HEALTH BENEFITS

	NETWORK	NON-NETWORK
BEHAVIORAL HEALTH PLAN		
Outpatient Copay - First 30 visits - 31st visit +	\$0 \$20	Annual Deductible \$400 Individual \$1,000 Family Coinsurance You pay 20%. Plan pays 80%.
Inpatient Hospitalization for Mental Health or Substance Abuse treatment	No Deductible No Coinsurance Plan pays 100%. Annual Maximum Out-of-Pocket \$600 Individual \$1,500 Family	Annual Maximum Out-of-Pocket \$1,200 Individual \$3,000 Family
Do copays apply to the deductible?	N/A	No
Do copays apply to the MOOP?	Yes	No
Does the deductible apply to the MOOP?	N/A	Yes
Amounts applied to the behavioral health deductible and MOOP will also be applied to the medical deductible and MOOP and vice versa.		

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

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

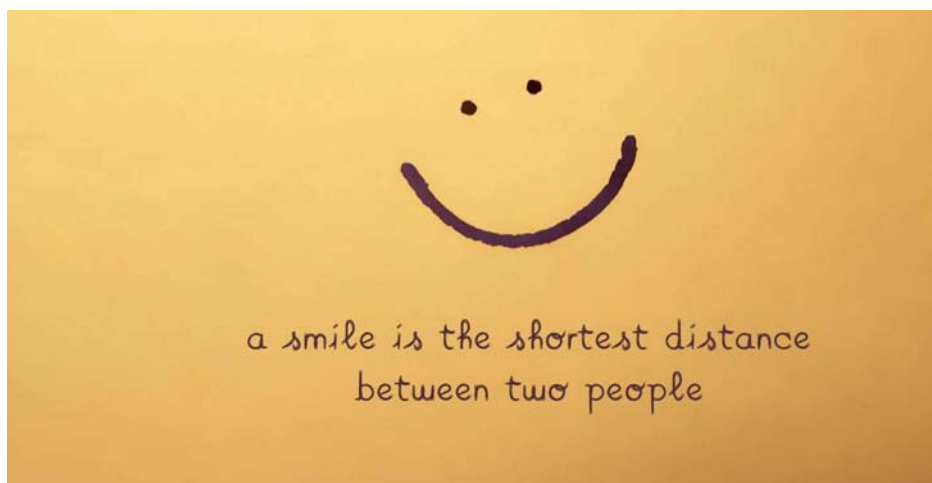
Behavioral Health provides coverage for inpatient and outpatient mental health or substance abuse treatment, beyond what is covered under the EAP.

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

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

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

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



SUMMARY OF PRESCRIPTION DRUG BENEFITS

	NETWORK RETAIL	MAIL ORDER
PRESCRIPTION DRUG PLAN		
Non-Specialty Medications		
Generic (G) Copay	\$5	\$12.50
Preferred Brand (PB) Copay	\$25	\$62.50
Non-Preferred Brand (NPB) Copay	\$50	\$125
Effective 4/01/2015, a Maximum Out-of-Pocket (MOOP) will be implemented.	\$4,000 Individual \$10,000 Family	
Effective 4/01/2015 Tamoxifen and Raloxifene	Covered 100%	Covered 100%
Oral Cancer Medications The pill form of certain cancer medications can cost no more than the IV or injected form.	Pill form copay can be no more than a \$100 copay for up to a 90 day supply	Pill form copay can be no more than a \$100 copay for up to a 90 day supply
Proton Pump Inhibitors		
Tier 1 includes <u>ALL</u> generics (omeprazole, pantoprazole and lansoprazole) and over the counter PPIs	Tier 1: \$5	Tier 1: \$12.50
Tier 2 includes Nexium	Tier 2: \$50	Tier 2: \$125
Tier 3 includes all other brand PPIs	Tier 3: \$75	Tier 3: \$187.50
Specialty Medications		
Generic (G) Copay	\$5	\$12.50
Preferred Brand (PB) Copay	\$25	\$62.50
Non-Preferred Brand (NPB) Copay	10% up to \$150 per prescription	10% up to \$300 per prescription
Injectible Insulin Diabetic supplies - Lancets, syringes, test strips, etc.	Covered 100% Pharmacy plan: Covered 100% Medical plan: 100% after annual deductible	Covered 100% Pharmacy plan: Covered 100% Medical plan: 100% after annual deductible
Do copays apply to the deductible?	N/A	N/A
Do copays apply to the MOOP?	Yes	Yes
Does the deductible apply to the MOOP?	N/A	N/A

PHARMACY BENEFIT IMPROVEMENTS EFFECTIVE APRIL 1st

Maximum Out of Pocket

The Maximum Out of Pocket Amount (MOOP for short) is the total amount a member will pay in prescription drug copays in a given plan year.

The following maximums are being implemented:

- \$4,000 per individual
- \$10,000 per family
- (\$8,000 if a 2 person family)

Women's Preventive Cancer Medicines

The prescription medications tamoxifen and raloxifene will be covered 100% without a member copay. These medications are recommended for women with an increased risk of developing breast cancer.

Oral Cancer Medications

The pill form of certain cancer medications will cost no more than an intravenous (IV) or injected cancer medication.

Under the pharmacy plan, the copay will be no more than \$100 for up to a 90 day supply for pill form of these medications.

SUMMARY OF VISION and DENTAL BENEFITS

	NETWORK	NON-NETWORK
VISION		
Exam (every 12 months)	100% after \$10	Reimbursed up to \$40
Lenses (every 12 months)	100% after \$20	Reimbursed up to \$50-\$70
Polycarbonate	Covered 100%	N/A
Anti-Reflective Coating (ARC)	\$20 allowance	N/A
Frames (every 24 months)	Allowance \$140 (retail) \$53 (wholesale)	Reimbursed up to \$30
Frames for children < age 12 (every 12 months)	Allowance \$140 (retail) \$53 (wholesale)	Reimbursed up to \$30
Contact Lenses (every 12 months in place of glasses)	\$140 allowance Fitting and evaluation capped at \$60	Reimbursed up to \$80

PLAN YEAR RESETS EFFECTIVE APRIL 1st

The current plan year (2014-2015) ends March 31, 2015 and the new plan year (2015-2016) begins April 1, 2015. At the start of a new plan year, your benefits 'reset', including your medical and dental annual deductibles, your visit limits for therapies and chiropractic care and your dental maximum annual benefit.

Your **annual medical, behavioral health and dental deductibles** reset to \$0. Any amount applied to your deductible during the 2014-2015 plan year will not carry over. Your Maximum Out-of-Pocket also resets.

Your plan year **visit limits** on chiropractic, physical, occupational, speech and cardio therapy services reset to 25 visits.

Your **dental maximum annual benefit** resets to \$1,500 in-network and \$1,000 out-of-network.

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



Choosing Wisely®

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

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

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

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

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

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

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

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



An initiative of the ABIM Foundation

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

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

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

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

Go to www.choosingwisely.org to find out more about the **Choosing Wisely®** initiative.

BASIC LIFE and AD&D INSURANCE

If you are a benefits eligible employee, Basic Life and Accidental Death & Dismemberment (AD&D) insurance is provided to you at no cost.

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

The Basic Life/AD&D coverage amount provided to you is illustrated on your Enrollment Worksheet.

ADDITIONAL LIFE INSURANCE BENEFITS

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

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

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

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

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

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

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

Supplemental Life Rates

Supplemental Life provides additional life insurance for employees and coverage for spouses, domestic partners and dependent children. Supplemental Life pays upon death due to illness or injury and does not double or pay a partial benefit due to accidental death or injury.

Supplemental Life Rates Effective April 1, 2015

Rates for Employee and Spouse/Domestic Partner

\$10,000 increments up to \$300,000
- GI Amount \$100,000

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 as of April 1, 2015.

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 and there is one child in the family, the monthly cost is \$1.30. If there are 5 children in the family, the monthly cost is still \$1.30.

SUPPLEMENTAL LIFE OPTIONS

- Supplemental Life is group term insurance.
- Your opportunity to enroll in or change your Supplemental Life is limited to a) at your hire; b) upon a life event; and c) at Open Enrollment. All Supplemental Life requests must be made in the enrollment system at <https://mybenefits.secova.com>.
- Supplemental Life is voluntary. You pay 100% of the premiums, which are deducted from your paycheck post tax. Premiums are based on your age or your spouse/domestic partner's age as of April 1st.
- The amount of Supplemental Life coverage requested must be in \$10,000 increments. For example, \$10,000, \$50,000, \$90,000, etc. but not \$25,000, \$55,000, 75,000, etc.
- Beneficiaries named for Supplemental Life can be different than the beneficiaries named for Basic Life/AD&D and must be recorded in the enrollment system at <https://mybenefits.secova.com>. You are the beneficiary for spouse/domestic partner or dependent child coverage.
- If you leave County employment, you can 'take the coverage with you' by porting or converting.
- Supplemental Life can be requested up to the following maximum amounts:

Employee:	In \$10,000 increments up to \$300,000
Spouse/DP:	In \$10,000 increments up to \$150,000
Dependent Children:	In \$5,000 increments up to \$10,000
- The Guaranteed Issue amounts are as follows:

Employee:	Up to \$100,000
Spouse/DP:	Up to \$50,000
Dependent Children:	Up to \$10,000
- **\$10,000 BUMP:** If you are currently enrolled in the Supplemental Life program, you may increase your supplemental life coverage, as well as the coverage of your spouse or domestic partner, by \$10,000 without requiring approval from the life insurance company. If you request an increase greater than \$10,000, any amount requested over \$10,000 must be approved. For example, if you request an increase of \$50,000, \$10,000 will be given to you automatically. The life insurance company must approve the remaining \$40,000.

If you are not currently enrolled in the Supplemental Life program, all Supplemental Life coverage requested for yourself, your spouse or your children will require approval.

TERMS TO KNOW

Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health in order to be considered for insurance coverage.

EOI *does not* need to be submitted for Basic Life/AD&D. EOI *does* need to be submitted for certain Supplemental Life requests, i.e. any coverage that is not Guaranteed Issue coverage.

EOI can be submitted two ways:

- 1) An EOI application/form is posted on the enrollment website at <https://mybenefits.secova.com>. Print it out. Fill it out. Send it in.
- 2) A real time link is also provided on the website. Click the link. Complete the questions and receive an answer immediately.

Guaranteed Issue Amount (GI) is the maximum amount of coverage that can be issued without providing EOI.

GI is only available at certain times, i.e. at New Hire and upon a Life Event. GI is not available at Open Enrollment.*

*** Pickaway County Employees please take note!** This is your first opportunity to enroll in Supplemental Life and a special one-time enrollment opportunity is being provided to you. Guaranteed Issue is available to you if you enroll now. Read more about this one-time offer on the next page.

PICKAWAY COUNTY EMPLOYEES - Welcome to Supplemental Life!

Welcome to Supplemental Life! We are pleased to be able to offer this benefit to you, effective April 1st. Because this is your first opportunity to enroll in Supplemental Life, you and only you are being allowed a **ONE-TIME ONLY** enrollment opportunity.

Normally, Guaranteed Issue is only available to employees when they are first hired or if they have a life event. But because this is the first opportunity you have to enroll in Supplemental Life, **you have Guaranteed Issue available now.** This is not an option being provided to Franklin or Fairfield employees.

Guaranteed Issue is a pretty big deal. It allows you to enroll in the Supplemental Life program without having to supply Evidence of Insurability, meaning you don't have to prove you are healthy enough to have insurance. You can request the coverage and we'll give it to you! No questions asked. And ... it is available to **YOU** and **YOUR SPOUSE** and **YOUR CHILDREN!**

You have the opportunity to enroll in Supplemental Life every year during Open Enrollment. But this is the only Open Enrollment you will be offered Guaranteed Issue coverage.

Questions to Ask Yourself

Do I need more life insurance?

As a Pickaway County employee, you are provided Basic Life/AD&D coverage at no cost to you. Depending on the employee class you are in, you have either \$25,000 or \$30,000 of coverage. Is that enough?

Does my spouse need coverage? What about my kids?

Supplemental Life is your opportunity to purchase coverage on your spouse or children. Supplemental Life is available to any member of your family who is eligible to be enrolled in the health or dental plan, even if they aren't enrolled on your health or dental plan. For example, you waived health and dental coverage on your spouse, you can still purchase spousal Supplemental Life coverage.

I need more information before I make this decision.

Perfectly understandable ... and you have a great opportunity to learn more and ask questions. Employee meetings are planned on February 27th at several Pickaway County locations. A presentation of the Supplemental Life program (and MetLife disability) is planned. Because of the Guaranteed Issue offering during this Open Enrollment, it is important you understand your options.

ENROLLMENT EXAMPLE

John is 32 years old, is married to 31 year old Kim, with 3 young kids. He is enrolled in the health plan, but Kim and the kids are covered by Kim's plan through her employer. John has \$25,000 in Basic Life/AD&D.

Kim tried to get life insurance coverage through her employer but because of her health was turned down. The kids are young and John or Kim would need additional finances to support the family if either one were no longer living.

John elects \$200,000 on himself, \$50,000 on Kim and \$10,000 on his kids. John is automatically approved for \$100,000 - the maximum Guaranteed Issue amount. He downloads the Evidence of Insurability form posted on the website, completes it and sends it into the life insurance carrier. He must wait for approval of the additional \$100,000 of coverage. Kim is automatically enrolled for \$50,000 - the maximum Guaranteed Issue amount for spouses - and does not need to submit any paperwork. Coverage on the kids is automatically approved as well.

For \$200,000 on John, \$50,000 on Kim and \$10,000 on each of the kids, John's cost is \$18.05 per month or \$216.60 a year.

HOW TO CALCULATE YOUR PREMIUMS

Employee	
(A) Number of \$10,000 increments of Coverage*	_____
(B) Cost per \$10,000 of Coverage	x _____
(A) x (B) = Monthly Cost	= _____

Spouse	
(A) Number of \$10,000 increments of Coverage *	_____
(B) Cost per \$10,000 of Coverage	x _____
(A) x (B) = Monthly Cost	= _____

* Example: The Number of \$10,000 increments for \$100,000 of coverage is 10.
(\$100,000 divided by \$10,000 = 10.)

Calculating Total Monthly Cost	
Employee Monthly Cost	_____
Spouse Monthly Cost	+ _____
Child(ren) Monthly Cost	+ _____
Total Monthly Cost	= _____

The monthly cost will be illustrated in the enrollment system and on your Confirmation Statement.

2015-2016 EMPLOYEE CONTRIBUTIONS

Effective April 1, 2015, employee contributions for the agencies illustrated here will be as follows:

Coverage Level	Monthly Contribution Amount
Employee only	\$110
Employee with child(ren)	\$110
Employee with spouse or domestic partner	\$225
Employee with family	\$225

This represents a \$5 per month increase for employee only or employee with child(ren) coverage and a \$9 per month increase for employee with spouse/domestic partner or employee with family coverage.

If you are in an agency or bargaining unit not listed here or you are a Fairfield or Pickaway County* employee, please contact your agency administration for employee contribution information.

Payroll deductions for health benefits are deducted pre-tax. If a domestic partner is enrolled, the portion of the employee contribution charged for the domestic partner is deducted post-tax, i.e. \$110 is deducted pre-tax; \$115 is deducted post-tax.

Your employee contribution for the 2015-2016 plan year is illustrated on your Enrollment Worksheet.

* Domestic partner coverage not applicable to Fairfield or Pickaway County employees

- **ADAMH** Board of Franklin County
- Franklin County Department of **Animal Control** +
- Franklin County **Auditor**
- Franklin County **Benefits and Risk Management** +
- Franklin County **Board of Commissioners** +
- Franklin County **Board of Elections**
- Central Ohio Community Improvement Corporation/**COCIC**
- Franklin County **Child Support** Enforcement Agency +
- Franklin County **Children Services** ++
- Franklin County **Clerk of Courts** ++
- Columbus-Franklin County **Finance Authority**
- Franklin County Court of **Common Pleas - General** Division
- Franklin County Court of **Common Pleas - Domestic/Juvenile** Division
- Franklin County **Community Based Correctional Facility**
- Franklin County **Coroner** ++
- Franklin County **Data Center**
- Franklin County **Economic Development & Planning** Department +
- Franklin County **Emergency Management** and Homeland Security
- Franklin County **Engineer** ++
- Franklin County **Fleet Management** Department +
- Franklin County Office of **Homeland Security & Justice** Programs
- Franklin County **Human Resources**
- Franklin County **Job & Family Services** ++
- Franklin County **Law Library**
- Columbus and Franklin County **Metropolitan Park District**
- Franklin County **Office on Aging** +
- Franklin County **Probate** Court
- Franklin County **Prosecutor**
- Franklin County **Public Defender**
- Franklin County **Public Health**
- Franklin County Department of **Public Facilities Management** +
- Franklin County **Purchasing** Department +
- Franklin County **Recorder**
- Franklin County **Sanitary Engineer**
- Franklin County **Sheriff** ++ (Except Teamsters SCSO)
- Franklin County **Treasurer**
- Franklin County **Veterans Service** Commission ++

+ (Non-bargaining only)
++ (Bargaining and Non-bargaining)



Central Ohio Nutrition Center

648 Taylor Rd
Columbus, OH 43230
(614) 864-7225

Lifecycle Nutrition

647 Park Meadow Rd Ste I
Westerville, OH 43081
(614) 794-0810

Medical Nutritional Therapy

450 W 10th Ave Ste 7
Columbus, OH 43210
(614) 761-1255

1492 E Broad St
Columbus, OH 43205
(614) 293-2300

2050 Kenny Rd
Columbus, OH 43221
(614) 685-8534
(614) 851-8155

**Mount Carmel West
Physicians**

815 W Broad St
Columbus, OH 43222
(614) 234-9822

750 Mount Carmel Mall Ste 220
Columbus, OH 43222
(614) 234-2970

777 W State St
Columbus, OH 43222
(614) 234-2425

793 W State St
Columbus, OH 43222
(614) 234-5000
(614) 234-0200

6001 E Broad St
Columbus, OH 43213
(614) 234-6000

500 S Cleveland Ave
Westerville, OH 43081
(614) 898-4000

OSU Family Practice Services

21 E State St Ste 250
Columbus, OH 43215
(614) 293-2396

915 Olentangy River Rd Ste 2000
Columbus, OH 43212
(614) 293-0076
(614) 293-2076

1581 Dodd Dr 3rd Fl
Columbus, OH 43210
(614) 293-2076

456 W 10th Ave Rm 1740
Columbus, OH 43210
(614) 293-8100

1405 S High St
Columbus, OH 43207
(614) 293-3330

1492 E Broad St Ste 1404
Columbus, OH 43205
(614) 685-9994
(614) 257-3560

410 W 10th 125 Doan Hall
Columbus, OH 43210
(614) 293-7788

1875 Millikin Rd
Columbus, OH 43210
(614) 292-3240

543 Taylor Ave 2 Fl
Columbus, OH 43203
(614) 688-6490

2050 Kenny Rd
Columbus, OH 43221
(614) 293-3600

2231 N High St
Columbus, OH 43201
(614) 293-2700

2000 Kenny Rd
Columbus, OH 43221
(614) 293-9777

1151 College Ave
Columbus, OH 43209
(614) 236-3241

700 Ackerman Rd Ste 270
Columbus, OH 43202
(614) 384-7203

935 N Cassady Ave
Columbus, OH 43219
(614) 384-7214
(614) 293-2075

3061 Kingsdale Ctr
Columbus, OH 43221
(614) 366-2050

1798 Kingsdale Ctr
Columbus, OH 43221
(614) 366-2070

1615 Fishinging Rd
Columbus, OH 43221
(614) 293-7417

2150 Agler Rd
Columbus, OH 43224
(614) 428-1120

1727 Bethel Rd
Columbus, OH 43220
(614) 293-2334

504 Havens Corners Rd
Gahanna, OH 43230
(614) 337-1006

445 E Dublin Granville Rd Bldg A
Worthington, OH 43085
(614) 888-2019

920 N Hamilton Rd Ste 300
Gahanna, OH 43230
(614) 293-2614
(614) 293-7417
(614) 293-7001

1251 N Hamilton Rd
Gahanna, OH 43230
(614) 366-2050

1250 N Hamilton Rd
Columbus, OH 43230
(614) 366-2050

3900 Stoneridge Ln
Dublin, OH 43017
(614) 384-7203
(614) 366-9324

11299 Stonecreek Dr
Pickerington, OH 43147
(614) 575-3826

240 Market St Ste A
New Albany, OH 43054
(614) 293-4980

97 E Main St Ste B
New Albany, OH 43054
(614) 855-2015

Rite Bite

171 Green Meadows Dr S
Lewis Center, OH 43035
(614) 985-6567
(614) 985-6569

6790 Perimeter Dr Ste 200
Dublin, OH 43016
(614) 602-4600

Brophy, Larissa T, RD

171 Green Meadows Dr S
Lewis Center, OH 43035
(614) 985-6569

Hague, Anne L, RD

171 Green Meadows Dr S
Lewis Center, OH 43035
(614) 985-6569

Lamanti, Patricia A, RD

648 Taylor Rd
Columbus, OH 43230
(614) 864-7225

Latanick, Maureen R, RD

37 E Wilson Bridge Rd Ste 270
Worthington, OH 43085
(614) 396-6730

Nahikian-Nelms, Marcia L, RD

410 W 10th Ave
Columbus, OH 43210
(614) 293-6255

300 W 10th Ave
Columbus, OH 43210
(614) 293-8619

460 W 10th Ave
Columbus, OH 43210
(614) 293-8619

1492 E Broad St
Columbus, OH 43205
(614) 257-3000

770 Kinnear Rd
Columbus, OH 43212
(614) 293-6724

3691 Ridge Mill Dr
Hilliard, OH 43026
(614) 688-9220

3900 Stoneridge Ln
Dublin, OH 43017
(614) 366-5001

Snyder, Elizabeth A, RD

300 W 10th Ave
Columbus, OH 43210
(614) 293-8619

410 W 10th Ave
Columbus, OH 43210
(614) 293-8000

460 W 10th Ave
Columbus, OH 43210
(614) 293-8619

1492 E Broad St
Columbus, OH 43205
(614) 257-3000

543 Taylor Ave
Columbus, OH 43203
(614) 685-3333

2050 Kenny Rd
Columbus, OH 43221
(614) 685-3333

3691 Ridge Mill Dr
Hilliard, OH 43026
(614) 688-9220

3900 Stoneridge Ln
Dublin, OH 43017
(614) 366-5001

**Steinarsson, Chelsey
Rae, RD**

300 W 10th Ave
Columbus, OH 43210
(614) 293-8619

410 W 10th Ave
Columbus, OH 43210
(614) 293-8000

460 W 10th Ave
Columbus, OH 43210
(614) 293-8619

1492 E Broad St
Columbus, OH 43205
(614) 257-3000

543 Taylor Ave
Columbus, OH 43203
(614) 685-3333

2050 Kenny Rd
Columbus, OH 43221
(614) 685-3333

3691 Ridge Mill Dr
Hilliard, OH 43026
(614) 688-9220

3900 Stoneridge Ln
Dublin, OH 43017
(614) 366-5001

INFO TO KNOW

W-2 HEALTHCARE COSTS

The Patient Protection and Affordable Care Act (PPACA) requires your employer to report the cost of your health benefits on your W-2. This reporting is for information purposes only. The reported cost of your health care benefits represents both your contribution as well as your employer's contribution. Look for Box 12 on your W-2. The amount labeled "Code DD" is your reported health care cost.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

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

Your SBC is posted on the online enrollment system and on the Benefits Office webpage at <http://bewell.franklincountyohio.gov>. Paper copies are available from the Franklin County Benefits Office.

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

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

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

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

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

Franklin County Benefits and Risk Management Department

Franklin County Courthouse
373 S. High Street, 25th Floor
Columbus, OH 43215
Website: <http://bewell.franklincountyohio.gov>
Local: 614-525-5750
Toll-free: 1-800-397-5884
Email: Benefits@franklincountyohio.gov
Hours: M-F, 8am - 5pm
Thrive On
Thrive On: 614-525-5750 or 614-525-3948
Thrive On Email: ThriveOn@franklincountyohio.gov
Website: <http://bewell.franklincountyohio.gov>

Fairfield County Benefits Office

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

Pickaway County

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

DEPENDENT ELIGIBILITY TEST and YADs

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

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

STEP 1: My child is:

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

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

STEP 2: My child is:

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

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

*** Premium for non-disabled dependents age 26 and 27:**

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

If you checked the second box under STEP 2 (Age 26 to 27), you are the parent of a YAD. If you request coverage for a YAD or if a dependent currently on the plan turns age 26 and becomes a YAD, you will be asked to complete a Young Adult Dependent Affidavit of Eligibility. An additional monthly premium is charged for each covered YAD. Effective April 1, 2015, the additional monthly premium is: **\$320**