City of Hamilton
BUTLER COUNTY OHIO

Welcome to the 2020 Benefit Enrollment!
November 18th through November 22nd, 2019 by 6:00 pm

The City of Hamilton strives to offer industry-leading benefits at a competitive cost. Please reference this *"2020 Benefits Guide"* outlining the benefits available to you.

The City of Hamilton open enrollment period is provided each year to allow you to review current benefit coverages and make benefit elections. This year we continue to be paperless. The City of Hamilton is partnered with Enrollment Benefit Concepts to assist us with electronic enrollment.

WHAT YOU NEED TO DO…
All employees must complete the enrollment process using one of the three methods outlined on page 3 of this benefit guide.

This brochure provides a highlight of the plans offered by your employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents, the plan documents shall govern. We reserve the right to modify any of these plans at any time.

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WHO IS ELIGIBLE

You (and your eligible dependents) may enroll for healthcare coverage: if you are a full or part-time employee that works 30 hours or more per week, or are a grandfathered employee, or an elected official.

Dependent Children are defined as biological children, adopted children and/or step children, a child placed for adoption or a child for whom employee or spouse are the legal guardian.

Married City of Hamilton Couples

- You are covered as either a member or spouse, but not both
- Children are covered by one parent only
- If both employees waive coverage, only one employee is eligible to receive the incentive to waive

Changing benefit elections

- After the annual enrollment period, you may be able to change your coverage if you have a qualifying event. The following list highlights these qualifying events, but is not limited to:
- ⇒ Change in marital status (marriage, death of spouse, divorce, legal separation);
- ⇒ Change in number of dependents (birth, death, adoption, change in child custody, eligibility status, child support order);
- ⇒ Change in employment status for you or your spouse (commencement, termination);
- ⇒ Change in spouse's employer-sponsored coverage (plan offerings change);
- Documentation must be submitted to Civil Service and Personnel that shows the date of the qualifying event.
- **You MUST make this change within 31 days of the qualifying event**. Failure to do so may affect your coverage.

WHAT YOU NEED TO KNOW

- Benefit effective date for this enrollment is: January 1, 2020
- The medical prescription drug program is compliant with Healthcare Reform
- Social Security Numbers and Dates of Birth are required to enroll your spouse and dependents
- By electing medical coverage, you will be enrolling in dental and vision
- The employee **per pay** cost for medical, dental and vision enrollment is:

  Employee = $48.34

  Employee+1 = $89.68

  Family = $140.65

2020 Health Savings Account (HSA) and Health Reimbursement Account (HRA) Contributions

- In order to receive the HSA/HRA contribution, you (and your spouse, if applicable) **MUST** complete the Living Well Program through Kettering Health Network.

  The City's annual contribution amounts for Living Well Program participation:
  Employee = $800 / Employee+1 = $1,525 / Family = $1,525
- The City will contribute $94/ EE into HSA/ HRA in first pay of 2020.
- Medicare D Notices were distributed to employees. For those employees and dependents that are eligible for Medicare, it is important that you review the Medicare D Notice carefully.
- RetireMED iQ can help you select a Medicare Part D Prescription Drug plan that meets your individual needs should you choose this alternative. Contact Civil Service and Personnel for information.

HOW TO ENROLL

Three Methods of Enrollment

1. The Benefits Enrollment Call Center. When you **call**, you will speak with live representatives who are located right here in Ohio! They are licensed, non-commissioned benefit professionals who can answer your questions and enroll you in your benefits right on the telephone.

Call (513) 371-5557 or (800) 463-7420

November 18th — 22nd, 2019

Monday - Thursday 8:30 am to 6:00 pm
Friday 8:30 am to 5:00 pm

2. Schedule an appointment and meet with a Benefit Specialist! These licensed, non-commissioned benefit professionals will actually enroll you and can assist with any questions that you may have. If you are new, never enrolled online or would just rather speak with someone who can do it for you, scheduling your appointment is just a click away … **www.ebcoh.com/appointment**

When you land on the site -follow the steps below:

Appointment Locator/Select Location

Select Subject/ Enrollment Meeting with a Benefit Specialist

Select Date/ Choose an open date available

Click "Find Open Time Slots" to show available appointment times

Select a convenient time to meet

3. Online Self-Service. Connect to the enrollment website through your web browser at:

https://manhattanlife.benselect.com

Your PIN for your Benefits Online Enrollment is last 4 digits of your social security number and last 2 digits of your date of birth year.

EX: If your SSN is XX-XXX-1234 and you were born in 1985, your PIN is "123485".

MEDICAL INSURANCE

	2020 Benefits **United HealthCare** Choice Plus HSA Rx	
	Network	**Non-Network**
Deductible—Embedded	$2,900 Ind./$5,100 Family	$4,450 Ind./$8,900 Family
Co-Insurance	100% after Deductible met	70/30%
Out-of-Pocket (combined Medical & Pharmacy)	$4,850 Ind./$9,300 Family	$8,800 Ind./$17,700 Family
Physician		
Office Visits	$15 Copay after Deductible is met	Deductible & Co-Insurance
Specialist Visit	$30 Copay after Deductible is met	Deductible & Co-Insurance
Preventative Care (inc. lab, x-ray & other preventive tests)	Covered in Full	Deductible & Co-Insurance
Allergy Injections	$15 Co-Pay-PCP after Deductible $30 Co-Pay—Specialist after Deductible	Deductible & Co-Insurance
Facility		
Professional Services	100% after Deductible is met	Deductible & Co-Insurance
Emergency Room	$250 Copay after Deductible is met	Covered as Network Benefit
Inpatient /Outpatient Hospital	100% after Deductible is met	Deductible & Co-Insurance
Urgent Care	$50 Copay after Deductible is met	Deductible & Co-Insurance
Prescription Drugs		
Retail	Medical Deductible Applies	Medical Deductible Applies
	Tier 1: $10	Tier 1: $10
	Tier 2: $35	Tier 2: $35
	Tier 3: $70	Tier 3: $70 then the difference between the network and non-network charges
Mail Order	Medical Deductible Applies	
(Up to a 90-day supply)	Tier 1: $10	
	Tier 2: $35	Not Covered
	Tier 3: $70	
Lifetime Maximum Benefit **Benefit Period**	Unlimited Calendar year	

2019 Medical Contributions per Pay	
Employee	$46.22/per pay
Employee + 1	$84.58/ per pay
Family	$132.19/per pay
Waive	

By Completing the Living Well Program Earn HSA/HRA Funding - Annual	
Employee	$800
Employee + 1	$1,525
Family	$1,525

A $50 monthly spousal surcharge will be added to your premium if you have elected City of Hamilton medical coverage for your spouse and your spouse is eligible for qualified group based coverage through his/her employer.
The surcharge will not apply if:

- Your spouse is also an employee of The City of Hamilton.
- Your spouse is not eligible for qualified group based coverage through his/her employer, is not employed or is self-employed.
- Your spouse is no longer an active employee with his/her employer, and is eligible for retiree benefits only.
- Your spouse is only eligible for Medicare benefits, and no qualified group based coverage.

As needed, City of Hamilton employees may be asked to provide proof of eligibility.

INCENTIVE TO WAIVE

- If you choose to waive coverage under the City's 2020 benefit plans, you will waive all benefit plans (medical, dental, and vision).
- If you waive these benefits, the City of Hamilton will pay you $2,400, which is paid in installments of $100 for 24 pays.

2020 Living Well Program Overview and Incentives

The City of Hamilton continues to partner with Kettering Health Network to promote the health and wellness of employees and their families. Employees enrolled in the City of Hamilton's health benefit plan are eligible to receive a contribution to their HSA (or HRA, when applicable) account by participating in the Living Well Program!

Health Plan Coverage	Employee Only	Employee + One	Family
Potential Account Funding Available	$800	$1525	$1525

Living Well Program Requirements for EMPLOYEE & COVERED SPOUSE:

1.Complete a **Tobacco Affidavit**. See page 2 for additional details. 40% ($320 Employee Only / $610 Employee + One / $610 Family) of the HSA/HRA contribution is contingent on being tobacco-free. If you or your spouse are not tobacco-free, you have the option of completing a **Reasonable Alternative** to receive this portion of the funding. Living Well Program participants that are not tobacco-free and have not completed the Reasonable Alternative will forfeit 40% of the account funding.

2.Complete an **Annual Preventive Physical** with a Primary Care Physician between July 1, 2019 and June 30, 2020, and ask your provider to complete their portion of the **Exam Reporting Form.** See page 3 for additional details.

3.Complete a **Biometric Screening or Lab Test Blood Draw** between July 1, 2019 and June 30, 2020, and ask your provider to complete their portion of the **Exam Reporting Form.** Based on the results of your Biometric Screening or Lab Test Blood Draw, completion of a **Reasonable Alternative** is required if you are found to have Metabolic Syndrome. See pages 3 and 4 for additional details.

4.Complete the Living Well 2019 **Registration Form**.

5.Complete the **Health Risk Assessment** online through Kettering Health Network. Link to the survey and instructions will be sent to your City email address. See page 5 for additional details. ***** This requirement is only applicable for the Employee and NOT the covered spouse.***

6.Return all completed forms to Kettering Health Network by June 30, 2020. This includes the **Tobacco Affidavit**, the **Registration Form,** the **Exam Reporting Form,** proof of completion of the **MetS Reasonable Alternative** *(when applicable)* and proof of completion of the **Tobacco Reasonable Alternative** *(if desired)*.

2020 Account Funding:

The City will provide employees who **COMPLETE** the Living Well program requirements with the HSA/HRA funding according to the schedule outlined in the table to the right. Completion includes all requirements being completed by the covered employee, and the employee's spouse *(if applicable).*

*** Contributions will be distributed to qualifying employees in a single payment. Employees will receive their HSA/HRA contribution when **ALL** program requirements have been completed according to the schedule at the right. You will NOT be eligible for any contribution if **ALL** program requirements are not met. ***

All Requirements Completed By	HSA/HRA Funds Distributed
January 31	February
March 31	April
May 31	June
June 30	July

2020 Living Well Program Tobacco Definition

1.Complete a **Tobacco Affidavit**.

40% ($320 Employee Only / $610 Employee + One / $610 Family) of the HSA/HRA contribution is contingent on being tobacco-free. If you or your spouse are not tobacco-free, you have the option of completing a **Reasonable Alternative** to receive this portion of the funding. Living Well Program participants that are not tobacco-free and have not completed the Reasonable Alternative will forfeit 40% of the account funding.

"Use of tobacco" means all uses of tobacco, including inhaling, exhaling, burning, vaping, or carrying any lighted cigar, cigarette, pipe, alternative nicotine product, other lighted smoking device or papers for burning tobacco, or any other plant; chewing tobacco snuff, or any other matter or substances that contain tobacco within the last thirty (30) days.

**** Future **Living Well Program** requirements will require that participants not "use" tobacco within the prior twelve (12) months to be considered tobacco-free. ****

"Alternative nicotine product" means an electronic cigarette or any other product or device that consists of or contains nicotine that can be ingested into the body by any other means, including, but not limited to, chewing, smoking, absorbing, dissolving, or inhaling. Nicotine gum, nicotine patches, or any other nicotine replacement therapy aids are excluded.

To be considered a non-tobacco user and eligible for 40% of the 2020 Living Well Program contribution:

•Covered employees (and eligible spouse's) have not used any tobacco product for the last 30 days and are considered tobacco-free ***OR***
•Covered employees (and/or eligible spouse's) have used tobacco in the last 30 days, but have provided proof of completion of the Reasonable Alternative

City of Hamilton employees and spouses covered by the City's 2020 health benefit plan who are not tobacco-free are required to complete the following reasonable alternative in order to qualify for the HSA/ HRA funds contingent on this factor.

- Quit For Life tobacco cessation program available through UnitedHealthcare
- Call (866)QUIT-4-LIFE or visit www.quitnow.net to enroll in the program
- At least five (5) telephonic sessions with a Quit Coach must be completed
- Participants should request a certificate of completion from their Quit Coach upon completing five (5) coaching sessions.
- To complete the Reasonable Alternative by the deadline, we recommend starting no later than April 1, 2020
- Completion certificates should be returned to Kettering Health Network with the rest of the 2020 Living Well Program materials
- Completion certificates should be returned to Kettering Health Network with the rest of the 2020 Living Well Program materials
- Call Kettering Health Network with questions: (800)888-8362

2020 Living Well Program Annual Preventative Physical and Biometric Screening

2.Complete an **Annual Preventive Physical** with a Primary Care Physician between July 1, 2019 and June 30, 2020, and ask your provider to complete their portion of the **Exam Reporting Form**. See page 4 for additional details. **AND;**

3.Complete a **Biometric Screening or Lab Test Blood Draw** between July 1, 2019 and June 30, 2020, and ask your provider to complete their portion of the **Exam Reporting Form**. Based on the results of your Biometric Screening or Lab Test Blood Draw, completion of a **Reasonable Alternative** is required if you are found to have Metabolic Syndrome.

About your Annual Preventive Physical:

•This should NOT be completed at a clinic (such as the Little Clinic), but at a Primary Care Physician.

•If you do not have a primary healthcare provider, you can find a healthcare provider in the United Healthcare network by visiting www.uhc.com or by calling (844)2-KHNPHA.

•If you already had a physical after July 1, 2019 you do not need to schedule another visit. Request that your healthcare provider complete the Exam Reporting Form for submission.

•When scheduling your physical, you may want to check if you can complete your biometric screening or lab work prior to your physical. Your healthcare provider can then address your results at your appointment, and could save you from needing to return to your healthcare provider's office a second time.

Biometrics on the Exam Reporting Form may be completed by:

•Attending an onsite biometric screening event offered by Kettering Health Network (dates TBA).

•Completing a lab test blood draw with an order from your healthcare provider.

Helpful Program Information

•Under the City of Hamilton's UnitedHealthcare health benefit plan, if coded as preventive, an annual physical and biometric screening/lab work can be obtained at zero cost to plan members. To be billed as preventive, the correct billing code needs to be used by the healthcare provider's office. Employees and covered spouses may be charged if they already have a diagnosis.

•**To ensure a claim is filed as preventive and thus covered at no cost, it MUST meet the standards set by UnitedHealthcare. Review qualifying preventive services by visiting www.uhcpreventivecare.com.**

•In order to receive UnitedHealthcare coverage, preventive physicals and lab work must be completed by a healthcare provider and laboratory that are part of the UnitedHealthcare health benefit plan network. To find healthcare providers and/or labs that are in network, visit www.myuhc.com.

UnitedHealthcare Network Lab Facilities:

For the most up-to-date listing of in-network lab locations, visit www.myuh.com.

To complete the Exam Reporting Form, you may complete a lab test blood draw with an order from your healthcare provider at an in-network lab, or you may attend an onsite biometric screening event offered by Kettering Health Network (dates TBA).

2020 Living Well Program Metabolic Syndrome

Metabolic Syndrome (MetS)

Metabolic Syndrome is a group of metabolic risk factors that exist in one person. Some underlying causes of this syndrome that give rise to the metabolic risk factors include being overweight or obese, having insulin resistance, being physically inactive, and/or genetic factors. Individuals with Metabolic Syndrome have a higher risk of diseases related to fatty buildups in artery walls, such as coronary heart disease, and are more likely to develop type 2 diabetes.

The presence of three (3) or more of the following risk factors are used as criteria to identify the presence of Metabolic Syndrome in individuals:

•Central obesity, measured by waist circumference (> 40 inches for men, > 35 inches for women)

•Fasting blood triglycerides ≥ 150 mg/dL

•Low HDL cholesterol levels (< 40 mg/dL for men, < 50 mg/dL for women)

•Elevated blood pressure ≥ 130/85 mm Hg

•Fasting glucose ≥ 100 mg/dL

City of Hamilton employees and spouses covered by the City's 2020 health benefit plan, who have three (3) or more Metabolic Syndrome risk factors are considered MetS. These participants are required to complete one (1) of the following alternatives in order to receive the portion of the HSA/HRA funds contingent on this factor.

➢**Engage with your primary care physician on a personal health plan**

•Individuals who choose this option must submit the **Physician Release Form** to Kettering Health Network with a signature from their primary care physician no later than June 30, 2020

OR

➢**Complete Naturally Slim, a 10 week online weight loss program**

•This program involves one (1) online session per week for ten (10) weeks and is a clinically proven solu tion to help individuals reduce Metabolic Syndrome risk through weight loss. Individuals who choose this option must contact Kettering Health Network to receive program enrollment information. Kettering Health Network can be contacted by calling 1-800-888-8362 or by emailing healthyhamilton@ketteringhealth.org.

•Individuals must also submit a **certificate of completion** (provided at the end of the 10th session) to Kettering Health Network no later than June 30, 2020

•To complete the Reasonable Alternative by the deadline, we recommend starting no later than April 1, 2020

2020 Living Well Program Health Risk Assessment

5.Complete the **Health Risk Assessment** online through Kettering Health Network. Link to the survey and instructions will be sent to your City email address. **** This requirement is only applicable for the Employee and NOT the covered spouse.**

2020 Online Health Risk Assessment Instructions One requirement of your 2020 Living Well Program is to complete an online Health Risk Assessment. **This is the only requirement that applies only to the employee and not the covered spouse.**

As a reminder, all Living Well Program requirements must be completed to earn your 2020 HSA/HRA contribution. Please reference the 2020 Living Well Program packet to review complete guidelines for the program. This packet can be found on the City's website (hamilton-city.org) by navigating to *Government > Employee Portal > Benefits > Health Benefits, and then scrolling down to the Living Well section*.

The online assessment consists of approximately 60 questions regarding health and wellness habits. This survey will provide a more comprehensive wellness picture by combining both biometric information and health habits. Kettering Health Network will use this information to better shape future wellness initiatives for City employees.

Follow the directions below for signing in and completing the online assessment.

As with all components of your wellness program, the individual data collected by Kettering Health Network is confidential.

To access the online Health Risk Assessment click on the link below or copy and paste it into your browser.

https://wellsuite.com/ketteringmc/ws/default.aspx?grid=ef497aa24e1b

If you do not have an account or cannot remember your log-in information from when you completed the assessment in 2019, click " I don't have an account – *Sign Up"* located below the log-in button.

Write down your log-in information for future use.

After signing up, click on Personal Wellness Profile on the left under "My Health Tools". This will take you to the profile. Please go through each page and save at the end. You can view and print your profile at the end if you wish.

Questions? Contact KHN Community Outreach at (800)888-8362 or via email at healthyhamilton@ketteringhealth.org

HEALTH SAVINGS AND HEALTH REIMBURSEMENT PLANS

Health Savings Account (HSA), Here's how it works:

Your HSA is funded by your own pre-tax contributions through payroll deductions, up to a certain annual limit. You may also contribute post-tax money to your HSA by personal check. The total of all contributions cannot exceed the limits defined by the IRS. For 2020, the maximum allowable limit is $3,550 for single coverage, and $7,100 for family coverage. Individuals 55 and older who are not enrolled in Medicare are eligible to contribute "catch-up" contributions of $1,000.

You can use money in your HSA to pay for covered medical, dental, vision and prescription expenses. If you do not spend all of your HSA dollars, and you have money remaining in your HSA at the end of a plan year, it rolls over to the following year and can earn interest. Also, you own the HSA; if you retire or leave your employment, the money is yours to keep. You may choose not to use your HSA fund to pay for covered expenses. You may choose to keep these funds for use at a later time such as during unemployment or retirement for your medical expenses.

Employees enrolled in the HSA will have access to a Limited Purpose Healthcare Flexible Spending Account (FSA) and a Dependent Care Account. The Limited Purpose FSA can only be used for dental and vision expenses.

Employees who do not have an HSA account with First Financial Bank, must complete a new account application form located on the City of Hamilton's Employee Portal and submit to Civil Service & Personnel Dept. by December 3rd, along with a copy of their driver's license. If you list an additional signer on the account, they must provide a copy of their driver's license as well. If you are a married City of Hamilton couple that is changing the primary subscriber, you will need to establish an Health Savings Account.

Health Reimbursement Account (HRA)

HRAs are for those employees who are ineligible for the HSA plan. HRA plans do not have the rollover provisions of an HSA. Employees in the HRA plan will have access to a Full Healthcare Flexible Spending Account (FSA) as well as a Dependent Care Account. The Full General Purpose FSA may be used for medical, dental, and vision expenses. Claim forms can be found in the forms library.

TAX RESPONSIBILITIES:

You may want to consult your tax advisor about your responsibilities related to tax liability, personal filings, etc. In January, First Financial will mail Form 1099SA to those employees who had an HSA account in 2019. You will need this form to complete your 2019 income taxes.

- You cannot open an HSA account if you have coverage under any other health plan that is not an HSA-compatible health plan.
- If you spend the HSA money on "non-qualified" medical expenses, it will be considered taxable income and an additional 20% penalty will be imposed.
- You may access the HSA monies once you are age 65, but it will be considered taxable income.
- Your HSA account is portable! It can follow you if you change jobs, become unemployed or move to another state.

DENTAL INSURANCE

Dental Care Plus	
Deductible Per Individual /Family	**$50/$150**
Deductible Applies to:	**Basic & Major**
Contract Year Maximum Benefit	**$2,500**
Preventive Services Oral evaluations, prophylaxis, Minor Emergency Treatment, Fluoride Treatment - benefits subject to contractual limitations	**100%**
Basic Services Restorative, Endodontics, Oral Surgery, Repairs, Periodontics/Surgical Periodontics, Sealants, Space Maintainers, Specialist Exams - benefits subject to contractual limitations	**80%**
Major Restorative Services Pre-Orthodontic Oral Surgery, Crowns , Inlays and Onlays, Prosthodontics	**80%**
Orthodontics—60% Coinsurance Lifetime Maximum—under age 19	**$1,000**

Why dental care for your health?

Routine Oral Health exams can uncover symptoms of diabetes, osteoporosis and low bone mass, as well as eating disorders.

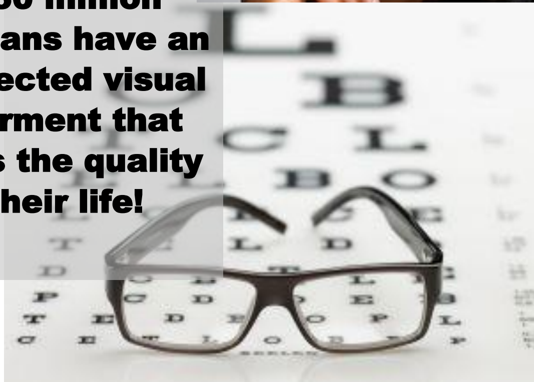
Cavities are the most common chronic disease in the United States, affecting 53% of 6-to 8-year olds and 84% of 17-year-olds.

Dental Coverage By electing medical coverage, you will be enrolling in dental and vision.	Per Pay	✓
Employee	$1.81	
Employee+1	$4.51	
Family	$7.59	

Your benefit dollars will go further by utilizing the DCP network discounts.
This is a brief summary of your benefits, please refer to your contract for a complete plan description as your policy will govern

VISION INSURANCE

EyeMed Vision Care	Participating Provider
Exam with dilation	$15 copay
Lenses • Single vision, Bifocal, Trifocal • Standard Progressive • Premium Progressive	 $25 copay $90 $90, 80% of Charge less $120 Allowance
Frames	$0 copay; $100 Allowance, 20% off balance over $100
Contact Lenses Conventional Disposable Medically Necessary	Allowance covers materials only $0 copay, $115 allowance; 15% off balance over $115 $0 copay, $115 allowance; 15% off balance over $115 $0 copay, Paid in Full
Frequency (based on date of service) Examination Frames Lenses or Contact Lenses	 Once every 12 months Once every 12 months Once every 12 months
Out of Network Benefits	You will obtain the highest level of benefit by utilizing providers in the network such as Lens Crafters, Pearle Vision, Sears Optical, Target Optical and many other retail providers on the National Insight Network. Out of network benefits are limited and you will be reimbursed upon submission of your claim information. See your EyeMed materials for more details.



Over 30 million Americans have an uncorrected visual impairment that affects the quality of their life!

One in four children has a vision problem that interferes with learning that a school may not detect.

Vision Care Coverage By electing medical coverage, you will be enrolling in dental and vision.	Per Pay	✓
Employee Only	$0.31	
Employee + 1	$0.59	
Family	$0.87	

Tools
Care24

Providing help and information at your fingertips.

With Care24®, you have access to health and well-being information and support — 7 days a week, 24 hours a day just by calling the toll-free phone number on your health plan ID card. Care24 connects you with registered nurses or counselors who can help you with health concerns, personal or family matters, financial and emotional needs and more.

Nurses at the ready.

Registered nurses are available to help you with questions about health conditions or symptoms and provide information to help you:

- Learn to recognize when self-care, a Virtual Visit, a doctor visit or the emergency room may be appropriate.
- Care24 nurses are here to help you find a doctor or specialist, and check if the doctor is in your network and available. We may even be able to make the appointment for you.
- Understand medication interactions and how to help reduce your prescription costs.

Counselor support.

Counselors are available to help you address a wide range of personal concerns such as emotional distress, relationship worries, anxiety, grief and much more. When you call, you also can connect with legal* and financial professionals.

Local resources.

A Care24 professional may offer to find local, in-person help in some situations. Counselors may also be able to connect you with other helpful resources in your community.

Call Care24 information on:

- Routine illness.
- Minor injuries.
- Stress and anxiety.
- Relationship worries.
- Coping with grief and loss.
- Questions to ask your doctor.
- Personal legal concerns.*
- Men's, women's and children's health.
- Prevention.
- Self-care information.
- Help finding a doctor.
- Information on medications.

Questions or concerns? Contact us today.

You can take advantage of Care24 nurses and counselors by calling the member phone number on your health plan ID card. Or visit **myuhc.com®** where through Live Nurse Chat you can connect with a registered nurse, 24 hours a day.

*Because of the potential for conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or an entity through which the caller is receiving Care24 services, directly or indirectly (e.g., employer or health plan).

Nurses can't diagnose problems nor recommend specific treatment. They are not a substitute for your doctor's care.

The Care24® program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Facebook.com/UnitedHealthcare **Twitter**.com/UHC **Instagram**.com/UnitedHealthcare **YouTube**.com/UnitedHealthcare

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How Can the EAP Help You?

Call the EAP for guidance and support managing work and life, including:

- achieving personal goals
- finding care for an aging relative
- sorting through legal matters
- resolving conflicts
- improving health such as weight loss, stress management or quitting smoking
- planning for a strong financial future
- strengthening relationships
- improving communication skills
- planning for life events such as a marriage or birth of a child

YOUR EMPLOYEE ASSISTANCE PROGRAM

Call for confidential support or information any time, day or night.

1-877-233-0976

www.achievesolutions.net/jhp

Jefferson
HEALTH PLAN

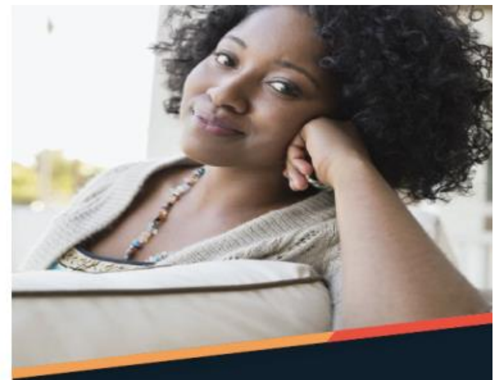
Privacy is a priority

The EAP upholds strict confidentiality standards. Your personal information is kept confidential in accordance with federal and state laws. No one will know you have accessed the program services unless you specifically grant permission or express a concern that presents a legal obligation to release information (for example, if it is believed you are a danger to yourself or to others).

(877) 233-0976

To access Achieve Solutions®, go to: www.achievesolutions.net/jhp

This brochure is for informational purposes only and does not guarantee eligibility for program services. Beacon Health Options services do not replace regular medical care. In an emergency, seek help immediately.



EMPLOYEE ASSISTANCE PROGRAM

CONFIDENTIAL SUPPORT FOR WORK AND LIFE

BENEFITS OF THE EAP INCLUDE:

COUNSELING SERVICES

Talk one-on-one with an experienced, licensed counselor for support with stress management, strengthening relationships, work/life balance, grief and loss, and more. You can access a counselor face-to-face, online or by phone—whichever is most convenient for you. As with all EAP services, your conversation will be strictly confidential.

LEGAL SERVICES

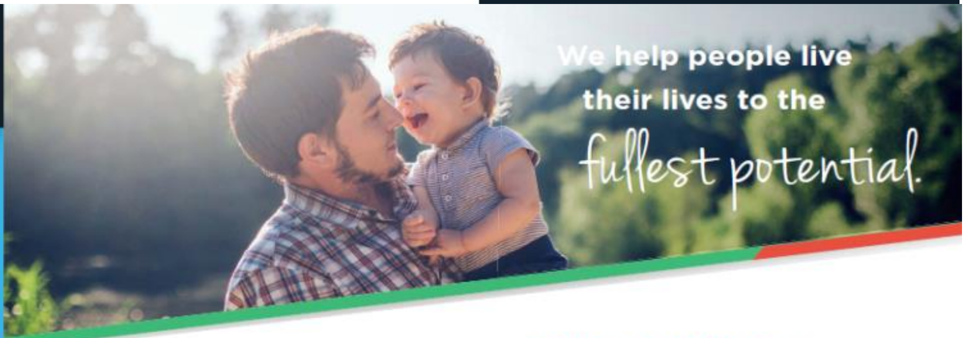
- divorce
- landlord and tenant issues
- real estate transactions
- wills and power of attorney
- civil lawsuits and contracts
- identity theft recovery

FINANCIAL SERVICES

- saving for college
- debt consolidation
- mortgage issues
- estate planning
- general tax questions
- retirement planning
- family budgeting

WORK/LIFE SERVICES

- **Care services:** adult care, caregiver support, child care, special needs care, summer camps, holiday child care and back-up care
- **Education services:** education resources including preschools, public and private schools, tutors and test preparation, financing, and continuing education
- **Growing family services:** information on parenting, adoption, pregnancy, nursing, returning to work and infertility
- **Convenience services:** help with consumer issues, emergency services, home maintenance and repair, pet care, relocation, community volunteering and more



Life is busy. When you need more resources to manage it all, our employee assistance program (EAP) professionals can help. The EAP provides information, guidance and support to help you and your family reach your personal and professional goals, manage daily stresses and develop fulfilling relationships.

The EAP is here to help

You don't have to handle your concerns on your own. It's OK to ask for assistance. In fact, seeking help early enables you to take immediate control of your situation and can prevent small issues from turning into big problems. EAP counselors are available 24 hours a day, 7 days a week. Whether your concern is big or small, don't hesitate to call.

ONLINE RESOURCES

Visit the Achieve Solutions® website to access articles and tools such as videos, calculators and quizzes to help you improve your health and manage life events. You can also search for service providers in your area. The site is available in English and Spanish.

Topics include:

- depression
- strengthening marriage and relationships
- stress management
- anxiety
- conflict management
- weight management
- communication

HOW THE EAP WORKS

- **Access is easy and there's no cost to you.** Whether the issue is large or small, simply go online or call the toll-free phone number on this brochure any time, day or night.
- **Staffed by professionals.** EAP professionals are highly trained and qualified. The information you receive is accurate, up to date and relevant to your particular circumstances.
- **Your call is private.** Your personal information is kept confidential in accordance with federal and state laws.

YOUR EMPLOYEE ASSISTANCE PROGRAM

Resources, referral and support services for personal success:

- work/life balance
- fulfilling relationships
- achieving personal goals
- healthy living
- financial stability
- resilience
- managing life events
- recovery

TAX SAVINGS OPPORTUNITIES

Healthcare Flexible Spending Account (FSA)

- Money contributed to your FSA between January 1-December 31 can only be used to reimburse qualified expenses incurred during that year. You have a "claims run-out" period that extends through the end of February of the following year to submit expenses incurred during the covered year. For those of you who utilize this benefit, be sure to evaluate your healthcare needs so that you do not over contribute into this account.
- You may choose to participate in the City's FSA plan regardless of whether or not you participate in the Medical Insurance Plan.
- Annual maximum contribution: $2,700
- If you have participated in the FSA within the last couple of years and your card is not expired, 2020 elections will be loaded on the same card.

Limited Purpose Healthcare Flexible Spending Accounts

Employees enrolled in the HDHP/HSA plan will have access to a Limited Purpose Healthcare Flexible Spending Account (FSA). *The Limited Purpose FSA can only be used for dental and vision expenses.*

- Annual maximum contribution: $2,700

Dependent Care Flexible Spending Accounts

Use the money in your account to pay for your out-of-pocket qualified childcare expenses. Expenses submitted through an FSA cannot be claimed as a deduction on your tax statements or reimbursed by another entity.

- Annual maximum contribution: $5,000 if you file married/jointly or single; $2,500 if you file married/separate

Any money left in your Flexible Spending Account at the end of the run-out period is forfeited; it does not rollover or get refunded.

Pre-Tax Transportation

Employees can elect to have bi-weekly pre-tax deductions taken to reimburse themselves for qualified parking expenses (maximum annual election is $3,120)

- Employees can elect to have bi-weekly pre-tax deductions taken to reimburse themselves for qualified mass-transit expenses (maximum annual election is $3,120)

CORE/BASIC & SUPPLEMENTAL EMPLOYEE TERM LIFE AND AD&D

During a City of Hamilton employee's initial enrollment period, which is the first of the month following six months of employment, they are eligible for $10,000 coverage under the group life insurance policy. This coverage is paid for by the city.

At that time, employees may purchase additional coverage up to their annual salary ($40,000 maximum). The employee's cost for this coverage is $0.15 per $1,000 coverage. The city pays an additional portion of this coverage as well.

If an employee enrolls during their initial enrollment period, coverage is guaranteed. If they do not enroll and later choose to enroll, they will be required to provide Evidence of Insurability, which includes an application, medical exam, and a Physician's statement.

SUPPLEMENTAL EMPLOYEE TERM LIFE AND AD&D

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.

WHY DO I NEED IT?

You never know what the future may hold. That 's the whole reason behind life insurance. It can't fill your shoes, but it can be a comforting source of income and support for your loved ones if you can't be there. Here are a few life style scenarios to show how you can benefit from coverage:

Married with kids, lots of expenses: Raising children is one of life 's most cherished - and most costly - responsibilities. If you we re to die tomorrow, could your family afford the same lifestyle they have today?

Single parent, multiple responsibilities: You're the sole provider, the one your kids count on. It's important to be able to care for them financially if you're no longer there to care for them yourself.

Dual income, no kids: If you have two in comes, life insurance can help protect all you've worked hard for, as well as your spouse's ability to maintain the same standard of living as today.

Growing children, aging parents: Caught in the middle? Life insurance can help you protect your kids' financial futures, and can help you look after elderly parents.

Single and carefree: What about your car and student loans, your cred it card balances and all your other bills? Who would pay off your outstanding debt when you're gone?

- **Employee:** $10,000 up to the lesser of 5x annual earnings or $500,000.

  Guarantee Issue– The lesser of 3x annual earnings or $200,000.

- **Spouse**: $5,000 up to the lesser of 50% of employee coverage or $250,000.

  Guarantee Issue - $50,000.

- **Child(ren):** $10,000 coverage for each child. Covered from live birth until 19 years old– 26 if full-time student.

  Guarantee Issue- $10,000

One in three Americans believe they need more Life insurance[1]

45% of American households say they are likely to buy Life insurance in the next 12 months[1]

Guarantee Issue is only available as a new entry during your initial new hire eligibility period and amounts applied for above the guarantee issue amount are subject to Evidence of Insurability. The Hartford will contact you to provide Evidence, and you have 30 days to submit this information.

VOLUNTARY SHORT AND LONG TERM DISABILTY

Short-term Disability

The Short Term Disability Insurance program is designed to help pay the bills that do not go away just because you cannot work due illness or a non-occupational injury. The benefit can cover everyday costs such as housing, food, car payment and even additional medical costs. Short Term Disability helps you focus on what is most important: *a full recovery and successful return to your life -- as soon as possible!*

Benefits

- Benefits begin on the 15th day for your disability injury or illness.
- Benefits are payable up to 24 weeks.
- The benefit equals 60% of your before-tax weekly earning to a maximum benefit of $600 per week.
- ***This benefit is available with Guaranteed Issue during this Open Enrollment period.***

Features Include

- Partial Disability Benefits

Long-term Disability

Eligible employees may purchase long-term disability insurance through Mutual of Omaha to provide paycheck protection in the event of an extended accident or illness.

Benefits

- Benefits begin after 180 days of Disability.
- If you become disabled prior to age 62, benefits are payable to age 65 or your Social Security Normal Retirement Age.
- At age 62 (and older), the benefit period will be based on a reduced duration schedule.
- The benefit equals 60% of your before-tax monthly earning to a maximum benefit of $2,600/month.

This benefit requires Evidence of Insurability during this Open Enrollment period if you have previously waived. Visit www.mutualofomaha.com/eoi to access this form. The group number is: G000AEJW. You have 30 days to submit this.

Features Include

- Partial Disability Benefits
- Vocational Rehabilitation Benefit
- Waiver of Premium
- Alcohol & Drug Abuse
- Mental Disorders

Note: These benefits may be decreased by the pay you receive from sick leave, worker's compensation and OPERS disability benefits during your claim. For full details on how this works, contact the Civil Service & Personnel Department.

GUARANTEE ISSUE FOR ALL ELIGIBLE CITY EMPLOYEES DURING OPEN ENROLLMENT ONLY!

- **(ENHANCED) Employee Guarantee Issue Available: $100,000**
- **Spouse: Contingent Guarantee Issue - Up to $20,000**
- **Children: Contingent Guarantee Issue - Up to $10,000**

NEW FEATURE: Facility Care Accelerated Benefit for Nursing Home and Assisted Living Facility expenses!

Whole Life Needs Assessment

FAMILY STATUS: **SINGLE**

· New to the work force

· Limited Financial Responsibility

Purchase term life insurance and whole life insurance to insure inexpensive premiums

FAMILY STATUS: **MARRIED**

· Beginning a family

· Increased financial responsibility

Purchase more comprehensive term insurance and whole life insurance

FAMILY STATUS: **MARRIED**

· Increased financial responsibility of financing home/college tuition

Need maximum protection term insurance and whole life insurance

FAMILY STATUS: **MARRIED**

· Downsizing and retirement with a possible fixed income

May reduce term life insurance, but whole life

It seems to be the news every time you open the paper: benefits that American workers were hoping would accompany them into retirement are falling by the wayside, victims of inflation and cost-saving measures that seem universal.

Enter *Whole Life*, from Manhattan Life Voluntary Benefits. *Whole Life* is a simple, "voluntary" whole life policy you can get at a reasonable cost during your working years, when you and your family need coverage most. But unlike term insurance, it's also a benefit that is going to stay in place once retirement rolls around - no small consideration in today's economy.

In short, *Whole Life* has two great things going for it: it's on-the-job *today* and it will still be there for you, *tomorrow.*

The premium you pay buys a life insurance policy with guaranteed coverage and actual cash value. Coverage is guaranteed to stay level (based on when you sign up) and cash values stay with the policy for its lifetime, allowing loans to be taken or used to buy paid-up coverage.

***Whole Life* PROVIDES THE FOLLOWING BASE BENEFITS:**

- **Guaranteed death benefit**
- **Guaranteed cash value**
- **Paid-up coverage at specified age**
- **Terminal Illness Benefit provides a lump sum equal to 50% of face amount upon diagnosis of a terminal illness**
- **Completely portable (you can take it with you even if you change employers)**
- **Loans available**
- **NEW FEATURE: Facility Care Accelerated Benefit: Provides a monthly benefit amount of the lesser of 2% of the Face Amount or $4,000 for Nursing Home or Assisted Living Facility Care**

YOUR FAMILY NEEDS PROTECTION TODAY AND TOMORROW. When you're working for years to come, *Whole Life* can be there, to protect everything that's most important to you, right up to retirement and well beyond. It's yours to keep.

Critical Illness/Cancer offers specialized benefits to supplement traditional medical coverage at a time when you and your family may be most vulnerable during your working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness:
out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, training and rehabilitation, loss of income due to you or your family member's absence from work, child care and other expenses. *Critical Illness/Cancer* is an ideal product to help you and your loved ones cope with today's healthcare and economic realities.

Features of Critical Illness/Cancer:

You receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During recovery, you and your loved ones can rest a little easier knowing that you won't have to rely solely on your savings accounts or take on additional debt to cover day-to-day living expenses.

Health Screening Benefit includes a **$150 Wellness Reward after the plan is in effect for 90 days**

- Pays annually so you see the benefit of the plan each year
- Pays annual benefit for up to 18 different health screening procedures per year, like mammograms and prostate exams
- Pays regardless of health plan reimbursement
- Often more than offsets the plan's annual premium

Vascular Coverage includes benefits for:

- Heart Attack
- Transplant as a result of heart failure
- Stroke
- Coronary artery bypass surgery (25% of the benefit)

Cancer Coverage includes benefits for:

- Initial diagnosis of internal cancer or malignant melanoma
- Carcinoma in situ (25% of the benefit)

Benefits are also available for **Other Critical Illnesses**, such as:

- Transplant other than heart
- End-stage renal failure
- Loss of sight, speech or hearing
- Coma
- Severe burns
- Permanent paralysis due to an accident
- Occupational HIV

Health Screening Benefit Covered Screenings

- Bone Marrow Testing
- CA-125 (Blood test for Ovarian Cancer)
- Chest x-ray
- Flexible Sigmoidoscopy
- Mammography (including breast ultrasound)
- PSA (blood test for Prostate Cancer)
- Biopsy for Skin Cancer
- Electrocardiogram (EKG) including stress EKG
- Blood test for Triglycerides
- CA-15-3 (blood test for Breast Cancer)
- CEA (blood test for Colon Cancer)
- Colonoscopy
- Hemocult stool analysis
- Pap Smear (including Thin Prep Pap Test)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test (bike or treadmill)
- Lipid Panel (total cholesterol count)
- Oral Cancer Screen using ViziLite, OraTest or other Current Dental Terminology© Code D0431

Annual Health Screening Benefit $150

File your claim by calling Customer Care at 1-855-448-6982

Or by submitting a claim form found in the forms library.

Pap smear, chest x-ray, PSA, lipid panel, blood test for cholesterol are just a few of the covered tests!

As health care costs continue to rise, the value of increasing your supplemental insurance coverage becomes more important. **Accident** helps address your concerns by offering supplemental coverage for accidents, injuries, ambulance services and accidental death.

- Accident pays in addition to any other coverage you may have already.
- Protection goes beyond your basic health coverage and helps cover deductibles and other services your standard coverage may not provide.
- The policy offers the flexibility to determine how much protection you need.

Features of the Accident Plan		Level 1	Level 2	Level 3	Level 4
Accidental Medical Expense Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. ER subject to $50 deductible.		**$500**	**$1,000**	**$1,500**	**$2,000**
Ambulance Benefit Pays actual expenses up to the amount selected if injury requires ground or air ambulance transportation.		**$250**	**$500**	**$750**	**$1,000**
Hospital Indemnity Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30		**$75**	**$150**	**$225**	**$300**
Accidental Death, Dismemberment, and Loss of Sight					
Provides a death benefit up to $20,000 as result of an accidental death. A percentage of the benefit is paid for dismemberment or loss of sight due to an accidental injury.	Loss of life	**$5,000**	**$10,000**	**$15,000**	**$20,000**
	Any combination of two or more hands, feet or eyes	**$5,000**	**$10,000**	**$15,000**	**$20,000**
	Loss of single hand, foot, or eye	**$2,500**	**$5,000**	**$7,500**	**$10,000**
	Multiple fingers and/ or toes	**$500**	**$1,000**	**$1,500**	**$2,000**
	Single finger or toe	**$250**	**$500**	**$750**	**$1,000**

An Accident policy includes these benefits:

- Accident Medical Expense
- Ambulance Benefit
- Hospital Indemnity Benefit
- Accidental Death & Dismemberment Benefit
- Bone Fracture and Dislocation Benefit

- **Portability - You may keep the plan if you change jobs**
- **Disability Premium Waiver - Premiums are waived, if you are disabled prior to age 60 after six months of total and continuous disability, for up to one year.**

IMPORTANT LEGAL NOTICES

COBRA

Under certain circumstances, you and your enrolled dependents have the right to continue coverage under the medical and dental plans, as well as the health care flex account, beyond the time coverage would have ordinarily ended. You may elect continuation coverage for yourself and your dependents if you lose coverage under the plan because of one of the following qualifying events:

- Termination (for reasons other than gross misconduct)
- Reduction in employment hours
- Retirement
- You become entitled to Medicare If you separate from City of Hamilton, a COBRA election packet will be mailed to your home address by our COBRA administrator.

In addition, continuation coverage may be available to your eligible dependents if:

- You die
- You and your spouse divorce or legally separate
- A covered child ceases to be an eligible dependent
- You become entitled to Medicare

To initiate COBRA coverage, you or a dependent must contact the Benefits Administration Department within 60 days of a qualifying life event. You and/or your dependents must pay the full cost of COBRA coverage. Under the law, COBRA must be offered to eligible individuals at group rates. These rates are subject to change annually, based on plan experience.

Newborns and Mothers Health Protection Act

Group health plans and health insurance issuers offering group insurance coverage 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 normal 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 issuer for prescribing a length of stay not in excess of the above periods.

Women's Health & Cancer Rights Act

Group health plans that cover mastectomies must cover post mastectomy reconstructive breast surgery.

Specifically, health plans must cover:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and physical complications of all stages of mastectomy including lymphedemas. Benefits required by law will be provided in consultation between the patient and attending physician. These benefits are subject to the health plan's regular plan provisions and **benefits.**

HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan in the following circumstances:

- If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage);
- If you or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP'') coverage as a result of a loss of eligibility for such coverage. However, you must request enrollment within 60 days after the loss of such coverage; or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 60 days after you or your dependents become eligible for such assistance.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Benefits Administrator.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

MEDICAID & CHIP

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

MEDICAID & CHIP

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") applies to Protected Health Information (defined below) associated with Group Health Plans (defined below) provided by City of Hamilton (COH) to its employees and its employee's dependents. This Notice describes how COH, collectively we, us, or our may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information and to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all policyholders then covered by the Group Health Plan. Copies of our current Notice may be obtained by contacting COH at the telephone number or address below.

DEFINITIONS

Group Health Plan means, for purposes of this Notice, the following employee benefits that we provide to our employees and employee dependents: medical coverage, dental coverage, vision coverage .

Protected Health Information ("PHI") means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures, we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Uses and Disclosures for Payment – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times, we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At times, it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Group Health Plan coverage, and about health-related products and services that may add value to your Group Health Plan.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.

- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

RIGHTS THAT YOU HAVE

Access to Your PHI – You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from COH at the address below. We may charge you a fee for copying and postage.

Amendments to Your PHI – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from us at the address below.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from us at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

Questions or concerns regarding this notice or policy compliance may be directed to the City of Hamilton Civil Service and Personnel Department, 345 High Street, Hamilton, OH 45011 or by calling (513) 785-7030

EFFECTIVE DATE

This Notice is effective December 1, 2014.

Benefits at a Glance

After you enroll, please use the following phone numbers and websites for your customer service needs.

Plan	Page	Provider	Customer Service
Medical Insurance	4	United Health Care Group #718120	www.myuhc.com 866-633-2446
Living Well Program	5-9	Kettering Health Network	937-558-3992 ext. 20562
Dental Insurance	11	Dental Care Plus HMO: #08163201 | Indemnity: #08163501	www.dentalcareplus.com 800-367-9466
Vision Insurance	12	Eye Med Vision Care #9705195	www.eyemed.com 866-723-0514
Core/Basic and Supplemental Employee Term Life and AD&D	16	The Hartford GL-677174	800-523-2233
Voluntary Supplemental Life and AD&D Insurance	17	The Hartford GL-678139	800-523-2233
Voluntary Short-term & Long-term Disability Insurance	18	Mutual of Omaha G000AEJW	800-877-5176
Whole Life Insurance	19	Manhattan Life Voluntary Benefits	855-448-6982 Customer Care **www.ManhattanLife.com**
Critical Illness/Cancer Insurance	20	Manhattan Life Voluntary Benefits	855-448-6982 Customer Care **www.ManhattanLife.com**
Accident Insurance	21	Manhattan Life Voluntary Benefits	855-448-6982 Customer Care **www.ManhattanLife.com**
Broker Services		Horan - Engagement Team Gracie van Amerongen - Client Specialist Nicole Tedford - Account Manager Nate Epp - Medicare/Social Security Specialist	engagement@horanassoc.com 844-694-6726 graciev@horanassoc.com - 513-587-2738 nicolet@horanassoc.com - 513-792-4353 natee@horanassoc.com - 513-745-6808
FSA, HRA, HSA	10, 15	Custom Design Benefits	513-598-2929 www.customdesignbenefits.com
HSA Custodian		First Financial Bank	877-322-9530 www.bankatfirst.com
UHC Care 24		United Health Care	866-314-0335
Employee Assistance Program		Jefferson Health Plan	877-233-0976
Civil Service and Personnel Dept.		Rebekah Cremeans	513-785-7031