



# NEW EMPLOYEE PACKET 2023

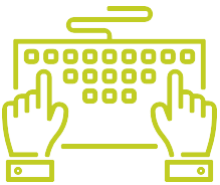


# NEW EMPLOYEE CHECKLIST



## ○ Enroll Within 30 Days

You must complete your benefit elections within 30 days of your first day of employment. If you do not, you must wait until Open Enrollment, in the fall, to elect or make changes to your benefits. Restrictions may apply.



## ○ 4myBenefits - Enroll Online

The City of Cincinnati partners with 4myBenefits, a leader in online benefits administration, to make it easy for you to understand your benefits, make decisions, and enroll, all without any paper. **Log on to [www.COCBenefits.com](http://www.COCBenefits.com) or call 1-866-477-1604 to enroll today.** Once you log in, the site will display your personal benefit options. You can even use your mobile device to enroll. **See [page 4](#) for details.**



## ○ Health Lifestyles - Earn Money

Don't forget to log into Healthy Lifestyles - the City's wellness program where you can earn up to \$300 per person each year to spend on out-of-pocket healthcare expenses. **See [page 23](#) for additional details.**



## ○ Required Documentation

If you plan on covering your Spouse, Equal Partner or Children, you must provide supporting documentation to cover them on the City's benefits. 4myBenefits will prompt you to upload the documents once you make your benefit selections.



## ○ Spousal Surcharge

If you are a NON-REPRESENTED employee, you will be charged a \$100 monthly spousal surcharge if your spouse/equal partner has access to other group healthcare (through an employer or a non-Medicare, Medicaid, or Social Security retirement system) and you enroll them on a City health plan. Please make sure you review the Health Reimbursement Arrangement (HRA). It may be an option for you and your family while also helping you avoid the surcharge. **See [page 13](#) for details.**



## ○ Voya Benefits - No Medical Questions

As a new employee, you are eligible to participate in the City's Voluntary Life Insurance and Long-Term Disability Insurance. Now is the time to enroll in these programs because there will be no medical underwriting (up to the guaranteed amounts) during your first 30 days of employment.

# TABLE of CONTENTS

Benefits at a Glance.....3

Enrollment Instructions.....4

Eligibility & Supporting Documentation .....6

Medical Insurance .....8

Dental and Vision Insurance.....15

AFSCME Care Plan and FOP Benefits .....16

Flexible Spending Accounts.....17

Life Insurance and Long-Term Disability Insurance .....19

Critical Illness Insurance.....20

Accident Insurance.....21

Healthy Lifestyles .....23

Take Advantage of Employee Health Services (EHS)! .....25

Live Health Online .....25

Contact Information .....26

Required Notices .....28

# BENEFITS at a GLANCE\*

		COUNCIL MEMBERS	NON-REPRESENTED	BUILDING TRADES	FIRE	CODE	AFSCME	POLICE
80/20 HEALTH PLAN & PRESCRIPTION	Carriers	Anthem						
	Monthly Premium†	Single; \$108.29 Family; \$1,479.87	Single: \$65.27 Family: \$196.32					
HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT & PRESCRIPTION	Carriers	Anthem and Custom Design Benefits: <a href="http://www.customdesignbenefits.com">www.customdesignbenefits.com</a> or 513.598.2929						
	Monthly Premium‡	Single: \$71.35 Family: \$1,323.71	Single: \$30.79 Family: \$90.35					
HEALTH REIMBURSEMENT ARRANGEMENT	Carrier	Catilize Health: <a href="mailto:CinciHRA@catilizehealth.com">CinciHRA@catilizehealth.com</a> , 877.872.4232 or <a href="mailto:CinciHRA@catilizehealth.com">CinciHRA@catilizehealth.com</a>						
	Annual Reimbursement	Maximum Annual Premium Reimbursement: \$5,000/Single or \$10,000/Family + Maximum Annual Out-of-Pocket Claims Payment: \$8,350/Single or \$16,700/Family						
DENTAL	Carrier	Superior Dental Care					AFSCME Union <a href="http://AFSCMEcareplan.com">AFSCMEcareplan.com</a>	Police Union <a href="http://FOP69.org">FOP69.org</a>
	Monthly Premium	\$0			Single: \$2.00 Family: \$2.00	\$0		
VISION	Carrier	EyeMed						
	Monthly Premium	\$0						
FLEXIBLE SPENDING ACCOUNTS	Carrier	Custom Design Benefits: <a href="http://www.customdesignbenefits.com">www.customdesignbenefits.com</a> or 513.598.2929						
	FSA Types	Health, Dependent Care & Transportation Expense ReimbursementAccount						
LIFE & LONG-TERM DISABILITY INSURANCE	Carrier	VOYA			IAFF	VOYA	AFSCME Union VOYA	FOP <a href="http://FOP69.org">FOP69.org</a>
	Plan Types	Voluntary LTD Voluntary Life	Basic Life Voluntary LTD Voluntary Life			Basic Life Voluntary LTD Voluntary Life	AFSCME Life Voluntary Life Voluntary LTD	
	Monthly Premium	Visit <a href="http://COCBenefits.com">COCBenefits.com</a> for details	Basic Life: \$0 (City paid) Voluntary: Visit <a href="http://COCBenefits.com">COCBenefits.com</a> for details			Basic Life: \$0 (City paid) Voluntary: Visit <a href="http://COCBenefits.com">COCBenefits.com</a> for details	Visit <a href="http://COCBenefits.com">COCBenefits.com</a> or <a href="http://AFSCMECarePlan.com">AFSCMECarePlan.com</a> for details	
CRITICAL ILLNESS & ACCIDENT	Carrier	VOYA						
	Monthly Premium	Visit <a href="http://COCBenefits.com">COCBenefits.com</a> for details. Critical Illness rates are locked-in at the age at which you initially enroll.						
FLEX FEE		You will be charged a \$3/month fee for participating in any FSA/HSA. You will be charged a \$2/month fee for participating in a Supplemental Life or LTD plan. If you participate in both types of plans, only a \$3/month fee will be charged. If you do not have either and participate in Healthy Lifestyles, a \$30 service fee will be assessed when funds are deposited.						

\*All rates and coverage are subject to union contract negotiations. †80/20 Equal Partner rates available on [page 10](#). ‡HDHP Equal Partners rates available on [page 12](#).



# CITY of CINCINNATI ENROLLMENT INSTRUCTIONS

## Choose Your Benefits:

You have 30 days from your first day to elect your benefits. If you don't, you must wait until the next Open Enrollment — usually in the fall. The only exception is if you have a Qualifying Life Event, such as marriage, divorce, birth, death, custody, etc. You must login within 30 days of the Qualifying Life Event to make changes. If you don't, you must also wait until the next Open Enrollment.

## ENROLL ONLINE USING YOUR CITY EMAIL CREDENTIALS!

Enjoy the convenience of 24/7 enrollment at your fingertips on any device.

Website: [www.COCBenefits.com](http://www.COCBenefits.com)

Click "Login with City Email" if you have a city email address. You will be re-directed to the Microsoft landing page to enter your email and password.

If you can't login with your City Email Credentials go to "Login Here If You Do Not Have A City Email or Your Access Is Not Working" and use the credentials below:

### Username:

- Your username format is COC plus your Employee ID number. (example: COC12345).

### Password:

- Your initial password will be:
  - The first 2 letters of your first name (all upper case) + the first 2 letters of your last name (all upper case) + the last 4 numbers of your social security number

*Example for Peter Parker would be:  
PEPA6789 (this is case sensitive).*

- You will be prompted to change your password once you log in. Your new password must be at least 8 characters with 1 letter and 1 number.
- You will be prompted to change your password once you log in. Your new password must be **at least 8 characters with 1 letter and 1 number.**

### Getting Started:

- Once you log in, click on "Get Started".
- The screens will lead you through the steps from start to finish.

#### Login with your City Email Credentials

If you have a City of Cincinnati email please login using the "City Email Login" button. You will be connected to your Microsoft account where you will enter your credentials. This method will allow you to access the system without utilizing a username and password setup for COCBenefits.

City Email Login

#### Login Here If You Do Not Have A City Email or Your City Access Is Not Working

If you do not have a City of Cincinnati email, please click "Login". You must enter your COCBenefits username and password to access the site.  
Username: COC + Employee ID #  
Your Initial Password is the first two letters of your first name, the first two letters of your last name (all upper case), and the last 4 numbers of your SSN. You must change this immediately upon logging in.

Login

#### New Hire/New Promotion/Qualifying Life Event Information

The Employee Benefits Packet can be found here. This packet can be provided to employees electronically prior to their start date. The New Hire packet includes all benefit required notices, for employees who will not have immediate access to email.

Once you have been entered into CHRIS as a new hire, a retiree, or a newly eligible employee, please click the appropriate login button to enroll. The same is true if you have a qualifying life event. (Some examples of a Qualifying Life Event include: birth or adoption of a child, marriage, loss or gain of other coverage, etc.)

Please remember, employees have 30 days from their date of hire or from the date you became benefits eligible to complete their benefits enrollment. Ability to log into COCBenefits.com is contingent upon the department promptly entering new employees into CHRIS.

- Be sure to check out all the links to other documents and videos for details on each benefit to learn how they work.
- Be prepared with all supporting documentation (birth certificate, marriage license, proof of financial interdependence, etc.) and social security numbers of any dependents you want to enroll on your plans. You must upload all supporting documentation before your enrollment is considered complete.

# CITY of CINCINNATI

## ENROLLMENT INSTRUCTIONS Continued

### OVER THE PHONE

**Call: 866-477-1604**

Hours: 8am to 5pm EST

Monday through Friday



Do you have questions or just need some assistance? You can enroll over the phone, or just call to ask any questions you or your family may have about your benefits.

A Benefits Call Center representative will walk you through your benefits and explain your coverage options. Be prepared with all supporting documentation (birth certificate, marriage license, proof of financial interdependence, etc.) and social security numbers of any dependents you want to enroll on your plans. You must submit all supporting documentation before your enrollment is considered complete.





# ELIGIBILITY & SUPPORTING DOCUMENTATION

## Employee & Family Eligibility

**EMPLOYEES:** Full-time employees working 30 hours or more per week are eligible for the benefits outlined in this brochure.

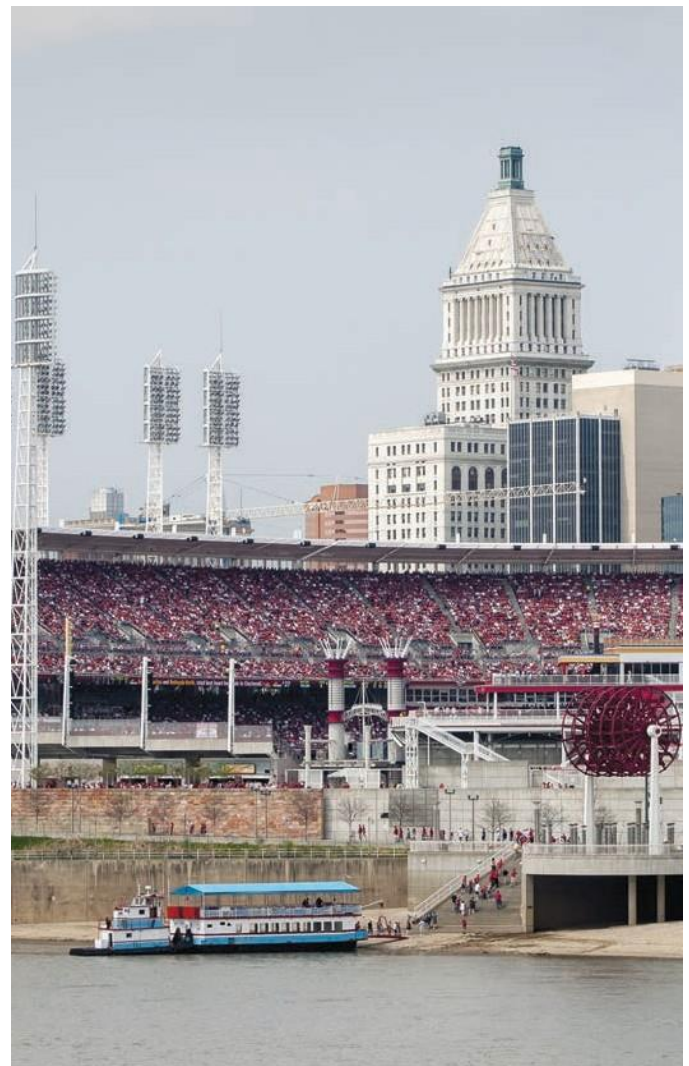
**SPOUSE/EQUAL PARTNER:** If you elect benefits for yourself, you may also elect benefits for your spouse/equal partner. Equal partners may be same sex or opposite sex. You will pay additional taxes to include your equal partner on the medical plan. If you get divorced or are no longer in an Equal Partner relationship, your spouse/EP is no longer eligible for benefits. You must disenroll them at [www.COCBenefits.com](http://www.COCBenefits.com) within 30 days or you will be liable for any claims incurred.

If you are a NON-REPRESENTED employee you will be charged a \$100 monthly spousal surcharge if your spouse/equal partner has access to other group healthcare (through an employer or a non-Medicare, Medicaid, or Social Security retirement system) and you enroll them on a City health plan. Please make sure you review the Health Reimbursement Arrangement (HRA). It may be an option for you and your family while also helping you avoid the surcharge. **See [page 13](#) for details.**

**CHILDREN:** If you elect benefits for yourself, you may also elect benefits for your children. Dependent children are you and your spouse/equal partner's: natural children, adopted children, stepchildren, children covered by a Qualified Medical Child Support Order, and children for whom you have legal guardianship. You will pay additional taxes to include your equal partner's children on the medical plan.

**DISABLED CHILDREN:** If your child is disabled or becomes disabled before turning age 26, they may be eligible for continued benefits. You **MUST** request and be approved for Continuation of Coverage from Anthem through the online enrollment tool at [www.COCBenefits.com](http://www.COCBenefits.com).

**A NOTE ABOUT OTHER INSURANCE:** If anyone covered under your City health plan is also covered under another insurance plan (including Medicare), you are required to report it to Anthem using the [www.COCBenefits.com](http://www.COCBenefits.com) platform or by calling Anthem at 1.844.456.7112.



# ELIGIBILITY & SUPPORTING DOCUMENTATION Continued

## Supporting Documentation Required

**To add SPOUSE:** You must provide their social security number and a copy of a state issued marriage certificate. If you have been married for more than one year, you must also submit proof of financial interdependence, such as a copy of the front page of your most recent tax return or bank statement (with dollar amounts and account information marked out).

**To add EQUAL PARTNER:** You must provide their social security number and a notarized copy of the Affidavit of Declaration of Financial Interdependence with supporting documentation (see Affidavit for examples).

**To add CHILDREN:** You must provide their social security number and a copy of their birth certificate. If they are adopted or if you have legal guardianship, copies of court papers are required.

CHILD ELIGIBILITY BY PLAN	
<b>MEDICAL</b>	End of month they turn 26
<b>SUPERIOR DENTAL CARE</b>	End of 24th year
<b>EYEMED</b>	End of 24th year
<b>AFSCME</b>	Visit <a href="https://AFSCMEcareplan.com">AFSCMEcareplan.com</a> for details
<b>FOP</b>	Visit <a href="https://FOP69.org">FOP69.org</a> for details
<b>CHILD LIFE INSURANCE</b>	End of month they turn 26
<b>ACCIDENT AND CRITICAL ILLNESS</b>	End of month they turn 26

DEPENDENT	SPOUSE	EQUAL PARTNER	CHILD
<b>REQUIREMENT</b>	One of the following	Affidavit of Declaration of Financial Interdependence  PLUS  Four of the following	One of the following
<b>ACCEPTABLE DOCUMENTS</b>	<ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• Proof of Financial Interdependence - Bank/Credit</li> <li>• Proof of Financial Interdependence - Tax Return</li> </ul>	<b>Proof of Financial Interdependence</b> <ul style="list-style-type: none"> <li>• Joint Real Estate/lease</li> <li>• Joint Automobile</li> <li>• Bank/Credit</li> <li>• Joint Liabilities</li> <li>• Will</li> <li>• Retirement/Life Insurance</li> <li>• Power of Attorney</li> </ul>	<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Adoption Certificate/ Court Order</li> <li>• Proof of Custody</li> </ul>

### INSTRUCTION

After adding a dependent COCBenefits.com will prompt you to upload the required documentation. By using your mobile device, you can login to COCBenefits.com and take a picture of your document(s) and upload them directly onto the site.



# MEDICAL INSURANCE\*

HEALTH PLAN COMPARISON			
	TRADITIONAL 80/20 PLAN**	HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT	HEALTH REIMBURSEMENT ARRANGEMENT
SINGLE MONTHLY PREMIUM	\$65.27 (\$783.28 annual)	\$30.79 (\$369.47 annual)	\$0
FAMILY MONTHLY PREMIUM	\$196.32 (\$2,355.79 annual)	\$90.35 (\$1,084.20 annual)	\$0
SINGLE IN-NETWORK DEDUCTIBLE	\$500	\$3,000	Single Coverage: Up to \$5,000 annual premium differential reimbursement + up to \$8,350 out of pocket expense.  Family Coverage: Up to \$10,000 annual premium differential reimbursement + up to \$16,700 out of pocket expense
FAMILY IN-NETWORK DEDUCTIBLE	\$1,000	\$6,000	
SINGLE IN-NETWORK OUT-OF-POCKET MAXIMUM	\$2,000	\$3,400	
FAMILY IN-NETWORK OUT-OF-POCKET MAXIMUM	\$4,000	\$6,800	
CITY HSA CONTRIBUTION	\$0	Single: \$500 Family: \$1,000	
EMPLOYEE HSA CONTRIBUTION	\$0	Employee discretion, up to \$3,850 single / \$7,750 family annually	
POTENTIAL HEALTHY LIFESTYLES CONTRIBUTION	Single: \$300 +Spouse/ Equal Partner: \$600	Single: \$300 +Spouse/ Equal Partner: \$600	Only employee is eligible: \$300
PRESCRIPTION CO-PAYMENTS	\$10/\$20/\$30	Deductible then 20%	Part of out-of-pocket expense limits

\*All rates and coverage are subject to union contract negotiations.

\*\*Police & Fire hired Pre 2016 – \$300/\$600 In-Network deductible & \$1500/\$3000 In-Network Out-of-Pocket maximum.

**You are not permitted to transfer between the HDHP & 80/20 Plans during the same plan year.**

# MEDICAL INSURANCE Continued\*

## TRADITIONAL 80/20 HEALTH PLAN



The City's 80/20 Plan is offered to full time City of Cincinnati employees. Both the medical and pharmacy portions of the 80/20 plan are administered by Anthem.

AFSCME, CODE, BUILDING TRADES, NON-REPRESENTED, POLICE & FIRE (HIRED AFTER 2016)	80/20 IN NETWORK	80/20 NON-NETWORK
<b>DEDUCTIBLE</b>	\$500 Single \$1,000 Family	\$1,000 Single \$2,000 Family
<b>COINSURANCE</b>	20%	50%
<b>OUT OF POCKET MAXIMUM</b>	\$2,000 Single** \$4,000 Family**	\$4,000 Single** \$8,000 Family**
<b>RX DRUGS (GENERIC/BRAND/NON-PREFERRED BRAND) RETAIL 30-DAY SUPPLY/MAIL ORDER 90-DAY SUPPLY</b>	\$10/\$20/\$30 \$20/\$40/\$60	N/A

POLICE & FIRE (HIRED BEFORE 2016)	80/20 IN NETWORK	80/20 NON-NETWORK
<b>DEDUCTIBLE</b>	\$300 Single \$600 Family	\$600 Single \$1,200 Family
<b>COINSURANCE</b>	20%	50%
<b>OUT OF POCKET MAXIMUM</b>	\$1,500 Single** \$3,000 Family**	\$3,000 Single** \$6,000 Family**
<b>RX DRUGS (GENERIC/BRAND/NON-PREFERRED BRAND) RETAIL 30-DAY SUPPLY/MAIL ORDER 90-DAY SUPPLY</b>	\$10/\$20/\$30 \$20/\$40/\$60	N/A

\* All rates and coverage are subject to union contract negotiations.

\*\*Out-of-pocket maximum is the most you will pay out of pocket through the City's insurance plan. Please note that if you are utilizing a non-network provider, the provider may bill you directly for additional amounts not covered by Anthem that could exceed the stated out-of-pocket maximums.

**You are not permitted to transfer between the HDHP & 80/20 Plans during the same plan year.**

# MEDICAL INSURANCE Continued\*

## TRADITIONAL 80/20 HEALTH PLAN



80/20 MONTHLY PREMIUMS (ALL EMPLOYEES)	
SINGLE	\$65.27
FAMILY	\$196.32

**\*\*If you are a NON-REPRESENTED employee, please be aware that a \$100 monthly spousal surcharge applies, in addition to the monthly premium, if your spouse has access to other group healthcare (through an employer or non-Medicare, Medicaid, Social Security retirement system) and you enroll them on a City health plan. Please make sure you review the Health Reimbursement Arrangement (HRA). It may be an option for you and your family while also helping you avoid the surcharge.**



**Learn About the HRA!**

**Page 13**

### Equal Partner Tax Implication

The Internal Revenue Service (IRS) does not recognize an equal partner as a tax-exempt dependent; therefore, the health insurance is viewed as a fringe benefit and must be declared by the employee for tax purposes. The monthly value of the fringe benefit varies based on your union group. The tax on the fringe benefit value will be deducted from the employee's paycheck on a bi-weekly basis.

### 2023 MONTHLY TAXABLE FRINGE BENEFIT VALUES FOR EQUAL PARTNERS

TRADITIONAL 80/20 PLAN	NON-REP & BUILDING TRADES & CODE	AFSCME & POLICE	FIRE	COUNCIL MEMBERS
EMPLOYEE + EQUAL PARTNER	\$552.39	\$521.68	\$560.22	\$30.71
EMPLOYEE + EQUAL PARTNER'S CHILD(REN)	\$286.04	\$267.62	\$297.94	\$18.42
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN)	\$598.62	\$567.91	\$599.25	\$30.71
EMPLOYEE + EQUAL PARTNER +EQU PARTNER'S CHILD(REN)	\$1,240.53	\$1,179.38	\$1,227.38	\$61.15
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN) & EQU PARTNER'S CHILD(REN)	\$992.59	\$943.46	\$983.52	\$49.13

\* All rates and coverage are subject to union contract negotiations.

**You are not permitted to transfer between the HDHP & 80/20 Plans during the same plan year.**



# MEDICAL INSURANCE Continued

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT (HSA)



### What is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)?

The High Deductible Health Plan (HDHP) is just like the City's traditional 80/20 health plan through Anthem, but with a higher deductible, lower premiums, and an added contribution to a Health Savings Account (HSA) that you can use for future medical expenses. You can also choose to make your own contributions to the HSA, which are pre-tax contributions.

Employees hired after January 1, 2016, will not have access to Retiree healthcare at the time they retire from the City. An HSA is one type of savings mechanism that can help you save for both current and future expenses. The money in the HSA belongs to you, the employee, even if you leave City employment.

### Health Savings Account Details

An HSA is a bank account, administered by Custom Design Benefits (<http://www.CustomDesignBenefits.com>), created exclusively for those individuals on a high deductible health plan. It is funded via employer and employee pre-tax payroll contributions. The City of Cincinnati will contribute \$500 to those enrolled in single coverage and \$1,000 to family coverage, annually. Fifty percent is deposited in January, and 50% is deposited in July. Funds can be used to pay for qualified medical, dental and vision expenses.

The HSA works like a checking account. It is not pre-funded like the Flexible Spending Accounts. This means that the only money available to use is the money deposited to date. Additionally, the money in the account rolls over from year to year and belongs to you, even if you leave City employment. Please see the HSA FAQs at [www.COCBenefits.com](http://www.COCBenefits.com) for more information.

### How much can I contribute to my HSA?

The IRS limits how much you can contribute to your HSA on an annual basis. The 2023 limits are shown below and include both employee and employer contributions, as well as Healthy Lifestyle contributions if applicable. Please use the HSA worksheet found at [www.COCBenefits.com](http://www.COCBenefits.com) to help you decide how much to contribute. You can change your HSA elections at any time but be aware that there will be a delay before it is reflected on your paycheck.

2023 HSA CONTRIBUTION LIMITS	
SINGLE	\$3,850
FAMILY	\$7,750
CATCH UP (AGE 55+)	\$1,000

### Could I be ineligible to contribute to an HSA?

Yes, there are situations in which you could be ineligible to contribute to an HSA. You are ineligible if you:

- Are enrolled in another non-qualified HDHP
- Can be claimed as a dependent on another person's tax returns
- Are enrolled in Medicare
- Your spouse is enrolled in a Healthcare FSA
- Are enrolled in another employer's Health Reimbursement Arrangement (HRA)

Grow funds tax free. An HSA grows with you. If you maintain a minimum balance of \$2,000, your additional funds may be invested in mutual funds yielding tax-free earnings. Reach out to Custom Design Benefits for more information.

# MEDICAL INSURANCE Continued

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HEALTH SAVINGS ACCOUNT (HSA)



All Employees	HDHP/HSA (IN NETWORK)
SINGLE DEDUCTIBLE	\$3,000
FAMILY DEDUCTIBLE	\$6,000
COINSURANCE	20%
OUT OF POCKET MAXIMUM	\$3,400 Single \$6,800 Family
RX DRUGS (GENERIC/BRAND/ NON-PREFERRED BRAND) RETAIL 30-DAY SUPPLY MAIL ORDER 90-DAY SUPPLY	Deductible then coinsurance

HDHP MONTHLY PREMIUMS (ALL EMPLOYEES)	
SINGLE	\$30.79
FAMILY	\$90.35

If you are a NON-REPRESENTED employee, please be aware that a **\$100 monthly spousal surcharge applies**, in addition to the monthly premium, if your spouse has access to other group healthcare coverage (through an employer or non-Medicare, Medicaid, Social Security retirement system) and you enroll them on our City health plan. Please make sure you review the Health Reimbursement Arrangement (HRA). It may be an option for you and your family while also helping you avoid the surcharge.

### Equal Partner Tax Implication

The Internal Revenue Service (IRS) does not recognize an equal partner as a tax-exempt dependent; therefore, the health insurance is viewed as a fringe benefit and must be declared by the employee for tax purposes. The monthly value of the fringe benefit varies based on your union group. The tax on the fringe benefit value will be deducted from the employee's paycheck on a bi-weekly basis.

2023 MONTHLY TAXABLE FRINGE BENEFIT VALUES FOR EQUAL PARTNERS				
HIGH DEDUCTIBLE HEALTH PLAN	NON-REP & BUILDING TRADES & CODE	AFSCME & POLICE	FIRE	COUNCIL MEMBERS
EMPLOYEE + EQUAL PARTNER	\$586.94	\$556.23	\$594.77	\$30.71
EMPLOYEE + EQUAL PARTNER'S CHILD(REN)	\$270.89	\$252.47	\$282.79	\$18.42
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN)	\$608.75	\$578.04	\$609.38	\$30.71
EMPLOYEE + EQUAL PARTNER + EQUAL PARTNER'S CHILD(REN)	\$1,192.80	\$1,131.65	\$1,179.65	\$61.15
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN) & EQUAL PARTNER'S CHILD(REN)	\$928.30	\$879.17	\$919.23	\$49.13

You are not permitted to transfer between the HDHP & 80/20 Plans during the same plan year.

# DISCOVER THE HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

## WHAT IS IT?

The Health Reimbursement Arrangement is a unique way to pay for health care. In this arrangement, eligible employees that switch to an alternate health care plan (spouse's employer plan, TriCare - active only, non-city retirement plan, etc.) can enroll in the city's HRA to help cover health care expenses.

*It's like having TWO health care plans to cover medical expenses!*



## 3 Reasons To Enroll

This unique approach to health care will save you money on health care expenses, especially unexpected medical costs. This approach makes health care more affordable for you and your family!



**Save Money on Premiums and Medical Expenses**



**Generous Out-Of-Pocket Reimbursement**



**No Additional Cost**

## WHAT DOES HRA PAY FOR?

- Deductibles
- Co-Pays
- Co-Insurance
- Premium Differential

## HOW MUCH WILL THE ACCOUNT COVER?

### Premium Reimbursement (up to):



Single= \$5,000



Family= \$10,000

### Out-Of-Pocket Expenses (up to):



Single= \$8,150



Family= \$16,300

## SIDE BY SIDE COVERAGE

Here's what a medical situation could look like on the city's medical health coverage versus the city's HRA coverage.

### Without the HRA

\$500 deductible  
+ \$500 co-insurance  
+ \$30 prescription co-pay

**TOTAL = \$1,030**



### With the HRA & alternate plan

\$750 deductible  
+ \$750 co-insurance  
+ \$30 prescription co-pay  
- \$1,530 HRA account pays

**TOTAL YOU PAY = \$0**

## DON'T TAKE OUR WORD FOR IT -

*See what employees are saying*

*"The first year, I know I saved a couple thousand dollars at least."*

- Tammy

*"Last year I probably saved... gosh, \$5,000 - \$10,000 easily."*

- Mike



# MEDICAL INSURANCE Continued

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)



### What is the Health Reimbursement Arrangement?

The HRA is a voluntary program available to employees and dependents. You enroll in alternate group health coverage, such as through your spouse/equal partner's employer. You also enroll in the City HRA. The HRA reimburses out-of-pocket expenses related to your alternate group plan including the difference in premiums for the alternate group coverage.

Premium differentials can be reimbursed up to \$5,000 for single enrollment and \$10,000 for family enrollment. In addition, out of pocket expenses are paid up to a cap of \$8,350 for single enrollment and up to \$16,700 for family enrollment.

### Eligibility and Enrollment

You enroll in an alternate group healthcare plan, such as your spouse/equal partner's employer's group health plan or Active Service Tricare, to be eligible for the HRA. Use the Flow Chart found at [www.COCBenefits.com](http://www.COCBenefits.com) to help determine if you are eligible.

[COCBenefits.com](http://www.COCBenefits.com) to help determine if you are eligible.

If you are not eligible to enroll on your spouse's plan, you can still enroll your dependents on your spouse or equal partner's alternate coverage, while enrolling in the employee only 8020 or HDHP plans. The HRA will cover their out-of-pocket expenses and premium differentials. Contact [COCBenefits at 877.477.1604](mailto:COCBenefits@cityofcincinnati.gov) for more information.

Once you enroll in the HRA, you can switch to a city healthcare plan in the case of a "Qualifying Life Event" or at the next Open Enrollment period. A "Qualifying Life Event" is birth, death, marriage, divorce, custody, change in equal partner status, change in dependent

disability, change in other coverage, etc.

**If you enroll in the HRA, your spouse/EP will not be eligible for reimbursement through the City's Healthy Lifestyles Program.** You must submit proof of premium payments each year during Open Enrollment, or your premium reimbursement will be terminated

### What is Covered by the HRA Reimbursements?

**The HRA only pays for expenses that are allowed under your other insurance plan.** Your out-of-pocket medical expenses (co-payments, co-insurance, and deductibles) are paid up to a cap of \$8,350/year for single enrollment and up to \$16,700/year for family enrollment. Premium differentials can be reimbursed up to a cap of \$5,000/year for single enrollment and \$10,000/year for family enrollment. Refer to the Summary of Benefits and Coverage for the Integrated HRA located at [www.COCBenefits.com](http://www.COCBenefits.com) for more details.

### Dental & Vision are NOT included under the HRA.

If you enroll in the HRA, you may want to remain enrolled in the city or union sponsored dental and vision plans.

### How does the HRA pay claims?

At most medical providers and pharmacies, present your alternate plan's insurance card. Then, present your HRA card and your out-of-pocket charges will be paid directly by Catilize Health (the City's HRA Administrator). No claims, receipts, or EOBs need to be submitted separately when the ID card is used. (\*\*Please note\*\* CVS, Walgreens and most Mail-Order Pharmacies will not accept secondary payors. You will have to pay for the prescription and then submit a paper claim form to Catilize Health, to get reimbursed.

**Questions? Contact the City's HRA Administrator, Catilize Health, at [CinciHRA@catilizehealth.com](mailto:CinciHRA@catilizehealth.com), 877- 872-4232 or [CinciHRA@catilizehealth.com](mailto:CinciHRA@catilizehealth.com) for assistance with any eligibility, reimbursement or enrollment questions.**

**Please note that if the other plan offers an HSA as part of their alternate health coverage, the other plan must agree to waive any contributions while you and/or your family is enrolled in the HRA. You may not contribute any amount to an HSA while you are enrolled in the HRA. Any contribution to an HSA while you are enrolled in the HRA make you ineligible to participate in the HRA.**

# DENTAL INSURANCE

## CODE, Fire, Building Trades, Non-Represented

**CODE, Fire, Building Trades, and Non-Represented** employees are eligible for dental benefits through Superior DentalCare. For CODE, Building Trades and Non-Represented, the premium is paid by the city. The premium for Fire is \$2.00/month.

The Superior Dental Care plan offers both network and non-network benefits, however, you will pay less by staying in the network. To find a network provider visit [www.SuperiorDental.com](http://www.SuperiorDental.com) and click on "Find a Dentist."

Dependents are eligible for dental benefits through the end of the year in which they turn 24.

# VISION INSURANCE

## CODE, Fire, Building Trades, Non-Represented

**CODE, Fire, Building Trades, and Non-Represented** employees are eligible for vision benefits through EyeMed. The premium is paid by the city.

The EyeMed Vision plan offers both network and non-network benefits.

To find a network provider visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and click on "Find a Provider." **These providers are typically included in the EyeMed SELECT network:**

INDEPENDENT  
PROVIDER  
NETWORK

LENSCRAFTERS

PEARLE  
VISION

OPTICAL

sears  
OPTICAL

JCPenney | optical

eye  
Med

SDC  
Superior Dental Care®

### SUPERIOR DENTAL CARE

MAXIMUM ANNUAL BENEFIT	\$1,200
DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$50 / \$150
PREVENTIVE SERVICES	Covered in full
BASIC SERVICES	Deductible, then pay \$20%
MAJOR SERVICES	Deductible, then pay \$20%
ORTHODONTIA (UP TO AGE 19)	50% up to \$1,200

### EYEMED

MAXIMUM ANNUAL BENEFIT	\$100 per covered member per year
VISION EXAM	\$10 copay, once per 12 months
STANDARD PLASTIC LENSES SINGLE BI-FOCAL TRI-FOCAL All once per 12 months	\$0 copay \$10 copay \$45 copay
FRAMES	\$50 allowance, once per 24 months
CONTACTS	\$100 allowance
LENS UPGRADES	Discounts

### ADDITIONAL EYEMED DISCOUNTS

- Amplifon Hearing Health Care hearing aid discount program: <https://hearing.eyemed.com>
- LASIK vision correction discount program: <https://www.eyemedlasik.com>



## FOP BENEFITS

### Police Dental and Vision Benefits

Police employees receive dental and vision, as well as other additional benefits through their union. For information on the FOP benefits, please contact the FOP at 513.381.2550.

[www.FOP69.org](http://www.FOP69.org)



### Cincinnati Police Wellness App

The app is available at no charge for mental and physical health information for Law Enforcement. The resource is confidential and managed by Cordico, a third-party company. The app is available by scanning the QR code below or on the [App Store](#) or [Googleplay](#).



## AFSCME CARE PLAN

### Additional AFSCME Benefits

**Hearing Aides:** for more information go to [AFSCMECarePlan.com](http://AFSCMECarePlan.com) or contact AFSC 513-641-4111



**Teladoc:** available at no cost, \$0 copay, saving you and your eligible dependents both time and money!

### How to start:

1. Set up over the phone in 10 minutes:  
Call 1.800.835.2362
2. Download the mobile app:  
Visit [www.Teladoc.com/Mobile](http://www.Teladoc.com/Mobile)
3. Go to [Member.Teladoc.com/Registration](http://Member.Teladoc.com/Registration)
  - a. Complete personal information fields, click continue
  - b. Select AFSCME Care Plan
  - c. Create username and password
  - d. Fill out brief medical history

### AFSCME Dental, Vision, and Life Insurance Benefits

AFSCME employees receive dental, vision, life insurance, and other additional benefits through their union. For information on the AFSCME Care Plan, go to [www.AFSCMECarePlan.com](http://www.AFSCMECarePlan.com) or contact AFSCME at 513.641.4111.



# FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account (FSA) is a city-sponsored savings account that allows you to save money for certain qualified expenses on a pre-tax basis. The city offers three types of Flexible



Spending Accounts through Custom Design Benefits — Medical, Dependent Care, and Transportation Expense Reimbursement Account. You

can use FSA funds to pay for your qualified medical, dependent care, and parking and transit expenses.

## How it Works

Estimate your out-of-pocket expenses for the current plan year. Then select the amount that you want to deposit in your FSA based on your estimated expenses. Throughout the year, your election will be deducted from your paycheck on a pre-tax basis. For medical and dependent care, you should always estimate conservatively because if you do not use your money in the allotted time period, you lose it.

The IRS determines what types of expenses are allowed. This list changes, so it is important that you check current lists to determine eligibility at [www.irs.gov](http://www.irs.gov).

## Medical FSA for 80/20 participants

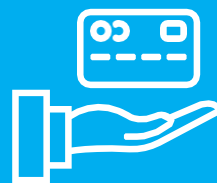
The Medical FSA allows you to set aside pretax dollars from your salary to pay for certain qualified health care expenses including medical, prescription, dental, and vision out-of-pocket expenses for you and your dependents.

You can access the funds upon



enrollment, using the debit card that will be mailed to you when you open the account. Remember, you may need to submit receipts to Custom Design Benefits for certain debit card purchases. This can be done easily through their new mobile app!

The IRS limits the amount you can contribute to a medical FSA. **The 2023 contribution limit is \$2,850.** Contributions made during 2023 must be used for health care expenses incurred between January 1, 2023, and March 15, 2024. Claims documentation



**USE IT OR LOSE IT!** The IRS does not allow funds from your current Medical & Dependent Care FSA plan year to be carried over to the next plan

year. Any funds left over after the March 31st deadline will be forfeited. **PLEASE ESTIMATE CONSERVATIVELY AND NOTE THE DEADLINE ON YOUR CALENDAR.**

must be submitted by March 31, 2024, to get reimbursed. **If claims are not submitted by the deadline, you will forfeit any money remaining in your FSA account. If you leave the City, you are only reimbursed for expenses incurred prior to your last day of employment. You have 90 days from your last date of employment (but in no event after 3/31/24) to submit claims documentation or your funds will be forfeited.**

Remember, you must enroll every year during Open Enrollment.

## Limited Medical FSA for HDHP participants

If you are enrolled in the High Deductible Health Plan with a Health Savings Account (HSA), you are only eligible to enroll in a limited medical FSA. This limits the use of your FSA funds to dental and vision expenses only, so please make your elections accordingly.

## Transportation Expense Reimbursement Account (All Employees)

A Transportation Expense Reimbursement Account (TERA) can be used to reimburse expenses related to traveling to and from work and for parking while at work. You shouldn't enroll in TERA if you already have a payroll deduction for a parking lot or garage.

The 2023 contribution limit is \$280 per month, or \$3,360 annually, **for parking or transit expenses.** Unlike the other flex accounts, there are no carry-over limits for the TERA and members can enroll, cancel, or change elections at any time during the plan year.

# FLEXIBLE SPENDING ACCOUNTS Continued



## Dependent Care FSA

A Dependent Care FSA allows you to set aside pre-tax dollars from your salary to pay for childcare expenses so that you can go to work. The childcare provider's Tax ID or Social Security number is required for reimbursement.

When you enroll, you choose the amount you wish to contribute for the coming year. The IRS limits the amount that you can contribute to your dependent care FSA on an annual basis. The maximum contribution limits for 2023 are shown in the chart below.

2023 ANNUAL DEPENDENT CARE CONTRIBUTION LIMITS	
SINGLE OR MARRIED, FILING JOINT TAX RETURNS	\$5,000
MARRIED, FILING SEPARATE TAX RETURNS	\$2,500

Contributions made in 2023 can only be used for dependent care expenses incurred January 1, 2023 – March 15, 2024. You can access funds by submitting a claim form to Custom Design Benefits for reimbursement. Claims must be submitted by March 31, 2024, to get reimbursed. **If claims are not submitted by the deadline, you will forfeit any money remaining in your FSA account. If you leave the City, you are only reimbursed for expenses incurred prior to your last day of employment.**

**You have 90 days from your last date of employment (but in no event after 3/31/24) to submit claims for expenses or your funds will be forfeited.**

Remember, you must enroll every year during Open Enrollment.

## Eligible Dependent Care Expenses

Some of the dependent care expenses you can claim include:

- Licensed nursery school and day care centers for children under the age of 13.
- Licensed day care centers for disabled dependents either inside or outside your home. If outside your home, generally the provider must meet all licensing requirements.

## Ineligible Dependent Care Expenses

- Care not necessary for you (or your spouse) to work.
- Care provided by your children who are under the age of 19 or by anyone you claim as a dependent for federal income tax purposes.
- Transportation, education, clothing, or entertainment.
- Babysitting for social events.

## Medical, Dependent Care, and TERA FSA Reminder



### ENROLLMENT

You enroll in the Medical and Dependent Care FSA **every year**. Elections do not carry forward year to year.



### MONTHLY ADMIN FEE

A \$3.00 monthly administration fee will be applied to your FSA. If you are enrolled in more than one, the fee will only be applied once.



### SEPARATION

If you leave City employment, you will have 90 days (but not after 3/31/24) to submit claims for expenses incurred **prior** to your separation date.

# LIFE INSURANCE



## AFSCME, CODE, BUILDING TRADES, ELECTED OFFICIALS, & NON-REPRESENTED

### Voluntary Life Insurance

The City of Cincinnati offers supplemental, spousal, and dependent life insurance plans to AFSCME, Code, Building Trades, Elected Officials, and Non-Represented. Individuals can apply for amounts of coverage up to the plan maximums shown below. **Now is the time to enroll because there will be no medical underwriting for Life Insurance (up to guaranteed amounts) during your first 30 days of employment.**

### EVIDENCE OF INSURABILITY

If you elect amounts above the guaranteed issue amount, you may be required to complete evidence of insurability (EOI) and go through medical underwriting to qualify for coverage.

### PREMIUM

You pay for the entire cost of the voluntary life plan. Cost is based on age, the amount of coverage that you purchase, and tobacco use of the employee. See [COCBenefits.com](https://www.cocbenefits.com) for rates.

### WHAT YOU CAN APPLY FOR

BENEFIT	GUARANTEED AMOUNT	MAXIMUM AMOUNT	QUALIFYING EVENTS
EMPLOYEE	\$200,000 or six times your salary (whichever is less)	Up to \$500,000 or six times the employee's annual salary; whichever is less	If you experience a QLE, you will be permitted to enroll in or increase any supplemental life plan, up to guaranteed issue, without Evidence of Insurability.
SPOUSE/EQUAL PARTNER	\$50,000	Up to the employee's election up to \$300,000	
CHILD(REN) UP TO AGE 26	\$2,000, \$5,000, or \$10,000	\$2,000; \$5,000 or \$10,000	

# LONG-TERM DISABILITY

## AFSCME, CODE, BUILDING TRADES, ELECTED OFFICIALS, & NON-REPRESENTED

### Long-Term Disability (LTD)

The City offers LTD to AFSCME, Code, Building Trades, Elected Officials, and Non-Represented. Long-term disability insurance is income replacement if you are unable to work for an extended period due to illness or injury. **Now is the time to enroll because there will be no medical underwriting during your first 30 days of employment.**

### HOW IT WORKS

The long-term disability plan pays 60% of your monthly income **tax free** up to the plan maximum of \$10,000 per month. The plan has a 90-day elimination period. This means that the benefits will begin to pay on the 91st day of your disability. Claims are not guaranteed. All claims must be approved by Voya. Premiums are determined by your age and salary. See [COCBenefits.com](https://www.cocbenefits.com) for rates.



**A \$2.00 monthly administration fee applies to the life and long-term disability plan. If you are enrolled in both plans, you will only be subject to one monthly fee. If you are enrolled in a Flexible Spending Account, you will not be charged the monthly fee for the life or disability.**



# CRITICAL ILLNESS INSURANCE



Critical Illness insurance can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. With the Critical Illness plan, you receive cash benefits directly, giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

- **Cash benefits** are paid directly to you.
- **Children (up to age 26) are free** when employees elect coverage.
- **Pre-Existing Conditions:** Any condition treated in the 12 months prior to the effective date will not be eligible for coverage within the first 12 months of the policy.
- **Second Event Coverage:** Pays when you are diagnosed for the second time with a previously paid critical illness.
- **Wellness Benefit:** You can earn up to \$100 for yourself and \$100 for your spouse/equal partner and \$100 for each child (up to \$200 for family) for completing basic annual preventative tests.
- **Enrollment Age Premium Freeze:** Rates do not change as you age. Whatever age you are when you first enroll, you will remain in that premium band for the duration of your coverage.
- **Coverage is portable,** which means you can take it with you if you change jobs or retire.

## WHAT DISEASES ARE COVERED?

### CRITICAL ILLNESS INSURANCE

A "Critical Illness" is one of the following: Heart Attack, Stroke, Coronary Artery Bypass Graft, Cancer, End Stage Renal Disease, Major Organ Transplant, Benign Brain Tumor, Bone Marrow Transplant, Stem Cell Transplant, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Parkinson's Disease, and Advanced Dementia or Alzheimer's Disease.



## CRITICAL ILLNESS BENEFIT LEVELS

EMPLOYEE	\$10,000
SPOUSE	\$5,000
CHILD	\$5,000

## CRITICAL ILLNESS SEMI-MONTHLY RATES (PER PAY, FOR 24 PAYS)

ISSUE AGE	EE+CH	FAMILY
UNDER 30	\$2.66	\$4.24
30-39	\$3.76	\$5.81
40-49	\$7.31	\$10.69
50-59	\$13.96	\$19.79
60-64	\$20.46	\$29.21
65-69	\$26.71	\$38.41
70+	\$38.96	\$53.41

## CRITICAL ILLNESS CASH PAYMENT EXAMPLES

1. Employee suffers a heart attack and is hospitalized.
2. Three years later the employee is diagnosed with cancer.
3. Four months later the employee has another heart attack and undergoes coronary artery bypass surgery.

HEART ATTACK	\$10,000
CANCER	\$10,000
SECOND HEART ATTACK	\$10,000
BYPASS SURGERY	\$2,500
TOTAL BENEFITS	<b>\$32,500</b>

# ACCIDENT INSURANCE

Accident Insurance is designed to complement your existing medical coverage and help narrow gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

Despite having medical coverage, many people are not adequately prepared for the out-of-pocket expenses that result from an accident. With Accident Insurance you will get:

- **Cash benefits** paid directly to you for accidents and injuries that happen off the job.
- **Coverage for the entire family**, including spouses, equal partners, and dependents up to age 26.
- **Wellness Benefit:** You can earn \$100 for yourself, \$100 for your spouse/equal partner, and \$100 per child (max \$200 for all children) by submitting non-accident physician visits, such as preventive screenings or dental & vision exams.



## ACCIDENT SEMI-MONTHLY RATES (PER PAY, FOR 24 PAYS)

EMPLOYEE	\$3.26
FAMILY	\$10.31

## ACCIDENT CASH PAYMENT EXAMPLES

Car accident and individual is taken to the hospital. Cash payments as follows:

AMBULANCE SERVICE	\$240
HOSPITALIZATION	\$1,000
PHYSICAL THERAPY (6)	\$180
FOLLOW-UP VISITS (2)	\$120
TOTAL PAYMENTS	\$1,540



## HOW TO FILE A CLAIM

Follow these basic steps for filing a claim with Voya:

1. Go to <https://claimscenter.voya.com>
2. To file an accident or illness claim, click on "start a claim".
3. No login is required for accident/critical illness claims.
4. The City's Group Number is 70710-4, BUT this is not required.

Check your email for your CLAIM number (not confirmation number). This will be the only way to check the status of your claim (you cannot "login" to the site for accident or critical illness claim status).

You can choose to have your money direct deposited into your account or have a check sent to your attention.

## FILING A WELLNESS CLAIM?

To file a Wellness Claim, click the heart at the bottom of the page.



For wellness claims you will need:

- Name, dob, social of employee and claimant (if not employee)
- Doctor's name, phone, and address
- Date of service
- Type of test conducted (annual physical, biometric screening, colonoscopy, mammogram, cancerscreening, EKG, A1C, cholesterol test, routine dental exam, routine vision exam, plus others...)

# ACCIDENT INSURANCE Continued



## Benefit Amounts

BASE POLICY BENEFITS		PLAN 1
<b>INITIAL HOSPITAL CONFINEMENT</b> (pays once per accident)		\$1,000
<b>DAILY HOSPITAL CONFINEMENT</b> (pays daily)		\$300
<b>INTENSIVE CARE</b> (pays daily)		\$475
RIDER BENEFITS		PLAN 1
<b>URGENT CARE</b>		\$150
<b>AMBULANCE</b>	Ground	\$240
	Air	\$1000
<b>ACCIDENT PHYSICIAN'S TREATMENT</b>		\$60
<b>X-RAY</b>		\$30
<b>DISLOCATION OR FRACTURE RIDER</b>		Up to \$5,100
<b>COMMON CARRIER ACCIDENTAL DEATH</b> (Fare-paying passenger)		\$100,000/ \$50,000/ \$25,000
BENEFITS ENHANCEMENT RIDER		PLAN 1
<b>ACCIDENT FOLLOW-UP TREATMENT</b> (Pays daily)		\$60
<b>LACERATIONS</b>		Up to \$320
<b>BURNS</b>	2nd degree >35%	\$1,000
	3rd deg. 9-34%	\$4,500
	3rd degree >34%	\$10,000
<b>SKIN GRAFT</b> (% of Burns Benefit)		25%

BENEFITS ENHANCEMENT RIDER CONTINUED		PLAN 1
<b>COMA WITH RESPIRATORY ASSISTANCE</b> (14 or more days)		\$11,500
<b>OPEN ABDOMINAL OR THORACIC SURGERY</b>		\$800
<b>TENDON, LIGAMENT, ROTATOR CUFF OR KNEE CARTILAGE SURGERY</b>	Surgery	From \$500
	Exploratory	From \$150
<b>RUPTURED SPINAL DISC SURGERY</b>		<b>\$500</b>
<b>EYE SURGERY</b>		\$225
<b>BLOOD AND PLASMA</b>		\$400
<b>APPLIANCE</b>		\$40
<b>PROSTHESIS</b>	1 device	\$500
	2 or more devices	\$800
<b>PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY</b> (Pays daily)		\$30 (max 6 per)
<b>REHABILITATION UNIT</b>		\$125/day (up to 90 days)
<b>NON-LOCAL TRANSPORTATION</b>		\$500/trip up to 3 per accident
<b>FAMILY MEMBER LODGING</b>		\$120
<b>POST ACCIDENT TRANSPORTATION</b> (Pays once/year)		\$500
<b>BROKEN TOOTH</b>		\$250 Emergency Dental Work (crown)
<b>RESIDENCE/VEHICLE MODIFICATION</b>		\$5,000
<b>MISCELLANEOUS OUTPATIENT SURGERY</b>		\$150

# HEALTHY LIFESTYLES



Healthy Lifestyles is a voluntary wellness program that encourages and rewards employees and their spouses/equal partners for making positive choices for better health. Each participant can earn up to \$300/year by meeting certain health measures and completing programs in health education, weight management, preventive care, physical activity, and other lifestyle programs. Incentives earned throughout the year will be deposited into your Custom Design Benefits Health Reimbursement Account after February 1st of the following year.

TriHealth Healthy Lifestyles staff works with an Employee Wellness Committee to provide a variety of on-site health screenings, educational classes, and other programs for which you can earn credits. These events are marketed through monthly Healthy Lifestyles Newsletter, fliers, e-mails and word of mouth. For more information, or to log in to Healthy Lifestyles, go to: <https://www.trihealthcorporatewellness.com>

## Eligibility and Enrollment

All full time City employees are eligible to participate in Healthy Lifestyles. Their spouses/equal partners who are enrolled in the City's Anthem 80/20 plan or HDHP are also eligible. Employees who are enrolled in the City's integrated HRA plan with Catilize Health, are eligible for reimbursements from Healthy Lifestyles, but their spouses/equal partners are not.

## Earning Cash Incentives

All full time City employees are eligible to earn cash incentives from Healthy Lifestyles. If you are enrolled through another City employee, you still qualify to earn incentives, however, the money will only accumulate within the account of the employee who is paying the insurance premiums.

Incentives earned towards Healthy Lifestyles in 2023 will be deposited into your account in February 2024. **2023 funds for your spouse/equal partner will only be deposited to your account in 2024 if your spouse/equal partner is enrolled in an Anthem health plan on January 1st, 2023.**

### AMY DRISCOLL

*Healthy Lifestyles Specialist*

513.977.0018

[Amy\\_Driscoll@TriHealth.com](mailto:Amy_Driscoll@TriHealth.com)

**The Healthy Lifestyles Program is coordinated through TriHealth Corporate Health. All Protected Health Information (PHI) will be kept confidential by TriHealth staff. The City of Cincinnati will not have access to PHI and will only review program information in aggregate form.**



Please note that anyone enrolled in the HDHP plan will have their Healthy Lifestyles money deposited into their HSA, rather than their Healthy Lifestyles Account through Custom Design Benefits.



**Don't forget to download and log into the new Health Lifestyles app! It's called "Health Path." Login to the Health Lifestyles portal to register your phone # with Access Code 1793 and then login to the app.**





# HEALTHY LIFESTYLES Continued



## Diabetes & Hypertension Coaching

The City of Cincinnati and TriHealth assist those diagnosed with diabetes and/or hypertension to better manage their conditions. The program is available to employees and their dependents, age 18 or older, who are enrolled in either the City's Anthem 80/20 health plan or the HDHP. Participants in the program receive:

- Individual counseling sessions from a specially trained health coach
- Waiver of your drug copays for medications related to diabetes, hypertension, and cholesterol

For more information or to enroll call Amy Driscoll at Trihealth at 513-977-0018.

## Healthy Lifestyles Wellness Portal

<https://www.trihealthcorporatewellness.com>

To access the wellness portal, you must go to the "Wellness Portal Sign In" page and enter your email and password. To verify your account, you must enter the following username:

### EMPLOYEE USER NAME

COC+employee id+1  
Ex. "COC456781"

### SPOUSE/EQUAL PARTNER USER NAME

COC+employee id+2  
Ex. "COC456782"

Your password must be a minimum of 8 characters and must contain 1 capital letter and 1 number.

For assistance with your password or logging in, please call the Cerner Customer Care number at 888-252-8150.



# TAKE ADVANTAGE of EMPLOYEE HEALTH SERVICES AND PEAP!

Located on the 1st floor of Centennial 2



- **FREE Urgent Care** visits for Full Time City employees enrolled in the City's 80/20 health plan! Call 352.1990 to schedule. (Not available to employees enrolled in the HDHP).
- **FREE Flu Shots** for full time City employees (and dependents age 4+ on City insurance).
- **FREE Biometric Screenings** for Healthy Lifestyles for Full Time employees and their Spouse/EP.
- **FREE Parking** for patients in marked spaces on West 9th Street, across from Gateway Apartments.
- **FREE Work Injury** treatment, including sutures, tetanus shots, specialist referrals, and prescriptions.

## PEAP is Here for you and your Family

Don't forget that PEAP offers **FREE** counseling to employees and their families for depression, stress issues, marital/family issues, chemical/alcohol dependency, work issues, and more.



**Call 421-7600 to schedule your appointment.**

- **ON SITE PHYSICAL THERAPY** with TriHealth Physical Therapist for work or non-work-related injuries. Call 346.1540 to schedule
- **ON SITE PEAP APPOINTMENTS** located at Centennial 2. Call PEAP at 421-7600 to schedule

**LiveHealth**  
ONLINE

## LIVE HEALTH ONLINE

### LiveHealth Online for Medical and Mental Health Visits

Doctor visits and prescriptions 24/7 from the comfort of your own home! LiveHealth Online allows you to video chat with a board-certified physician who can answer questions, make a diagnosis, and even **prescribe medications if needed**. LiveHealth Online also offers you access to a psychologist or therapist who can assist if you are experiencing symptoms related to stress, anxiety or depression. LiveHealth Online costs **less than \$10 if you have already met your deductible!** If you cannot be treated online, you will not be charged. Sign up for LiveHealth Online by visiting [livehealthonline.com](https://livehealthonline.com) or download the mobile app for Android or iPhone.



**Use LiveHealth Online for minor (non-chronic) illnesses such as:**

- Cold/flu symptoms
- Fever
- Allergies
- UTIs
- Cough
- Headaches
- Sinus infections



# CONTACT INFORMATION

Just one stop for all your benefit needs. CINCINNATI 

## COCBenefits.com

powered by 4MyBenefits

**1-866-477-1604**

**[www.COCBenefits.com](http://www.COCBenefits.com)**

### **RISK MANAGEMENT**

513.352.2418

#### **DEBORAH ALLISON**

513.352.3337

*Risk Manager*

[Deborah.Allison@Cincinnati-OH.gov](mailto:Deborah.Allison@Cincinnati-OH.gov)

#### **SHEILA LAFFEY**

513.352.6230

*Benefits Manager*

[Sheila.Laffey@Cincinnati-OH.gov](mailto:Sheila.Laffey@Cincinnati-OH.gov)

#### **PHYLISS WARD**

513.352.2566

*Administrative Specialist*

Health, Dental and Vision Enrollments

[Phyliss.Ward@Cincinnati-OH.gov](mailto:Phyliss.Ward@Cincinnati-OH.gov)

#### **TONY SIEMER**

513.352.6997

*Administrative Specialist*

Life, LTD, Critical Illness, Accident, Flex

[Anthony.Siemer@Cincinnati-OH.gov](mailto:Anthony.Siemer@Cincinnati-OH.gov)

### **EHS**

513.352.1990

#### **PEAP**

513.421.7600

### **TRI-HEALTH PHYSICAL THERAPY AT EHS**

513.346.1540

# CONTACT INFORMATION Continued



[www.AFSCMECarePlan.com](http://www.AFSCMECarePlan.com)

or 513.641.4111



Medical Group Number: W42582

[www.anthem.com](http://www.anthem.com) or 844.456.7112

## Pharmacy

Group: WL5A

Bin: 020099

PCN: WG

Phone #: 844.456.7112

## Member Services

- Call or log in to your Anthem account at [www.anthem.com](http://www.anthem.com)
- Have your member ID ready
- Provide location you would like to search
- Select FIND A DOCTOR
- Select a type of provider, place or name
- Enter your location
- SEARCH

## Use the Mobile App

- Download the mobile app by searching "Sydney" in the App Store or Google Play store



Custom Design Benefits

[www.CustomDesignBenefits.com](http://www.CustomDesignBenefits.com) or

513.598.2929



Group Number: 9731894

[www.eyemed.com](http://www.eyemed.com) or 866.723.0514



[www.FOP69.org](http://www.FOP69.org)

or 513.381.2550



[CinciHRA@catilizehealth.com](mailto:CinciHRA@catilizehealth.com) or 877.872.4232



Group: S1029

[www.SuperiorDental.com](http://www.SuperiorDental.com) or 800.762.3159



[www.trihealthcorporatewellness.com](http://www.trihealthcorporatewellness.com)

**AMY DRISCOLL** Healthy Lifestyles Specialist

513.977.0018 / Amy\_Driscoll@TriHealth.com



Customer Service:

Group Life and Disability: 800.955.7736

Critical Illness / Accident / Wellness: 877.236.7564

Claims:

Life 888.238.4840

Disability 888.305.0602

Critical Illness / Accident / Wellness 888.238.4840

[www.voya.com](http://www.voya.com)



# 2023 INDEX OF REQUIRED NOTICES

- [Summary of Benefits and Coverage \(80/20: AFSCME, CODE, NON-REP, BT, Police hired after 9/8/16, Fire hired after 4/27/16\)](#)
- [Summary of Benefits and Coverage \(80/20: Police hired before 9/8/16 and Fire hired before 4/27/16\)](#)
- [Summary of Benefits and Coverage \(High Deductible Plan with HSA\)](#)
- [Summary of Benefits and Coverage \(Integrated HRA\)](#)
- [Women's Health and Cancer Rights & Special Enrollment](#)
- [Michelle's Law Notice](#)
- [Children's Health Insurance Program \(CHIP\) Notice](#)
- [COBRA Notice Letter](#)
- [Notice of City of Cincinnati's Health Plan Privacy Practices \(HIPAA\)](#)
- [Medicare Part D Notice of Creditable Coverage](#)
- [EEOC Notice Regarding Wellness Programs](#)
- [Notice Regarding Wellness Program – Spouse/Dependent Authorization](#)
- [Health Insurance Marketplace](#)
- [Glossary of Medical Terms](#)
- [COBRA FAQs](#)