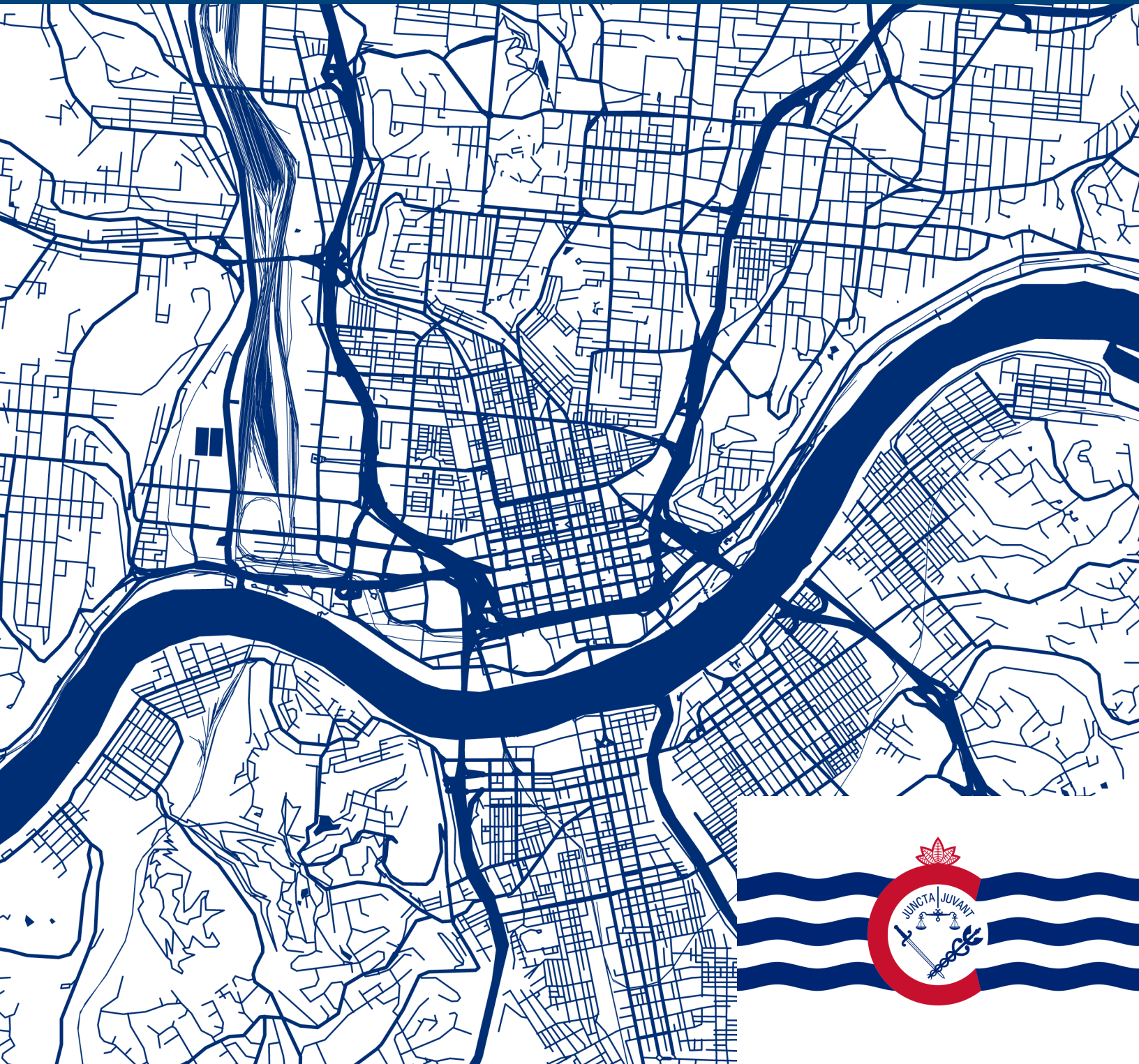




2023 OPEN ENROLLMENT



OPEN ENROLLMENT - CHECKLIST



○ www.CoCBenefits.com

You must login to www.CoCBenefits.com (or call 1-866-477-1604) between 8 AM on October 3rd and 8 PM on October 28th to review and make changes to your benefit elections. See [Page 4](#) for Login Instructions. **REMEMBER: Your benefits are not finalized until you CHECKOUT and receive a confirmation email.**

[See Page 4 for Login Instructions](#) >>



○ Flexible Spending Account Enrollment

If you want to elect this benefit you must enroll in Healthcare and Dependent Care Flexible Spending Accounts EVERY year. They do NOT roll over. See [page 17](#) for details.

○ Health Savings Account

Did you know that if you maintain a minimum balance of \$2,000 in your Health Savings Account, your additional funds may be invested in mutual funds yielding tax-free earnings? To find out more, see [page 11](#).



○ Live Open Enrollment Q&A TEAMS sessions

Date	Time	Teams ID	Passcode	Click to Join
10/3/22	12:00 PM	Meeting ID: 234 995 747 258	Passcode: XSjyHC	JOIN
10/6/22	12:00 PM	Meeting ID: 250 837 433 775	Passcode: goiZEh	JOIN
10/12/22	9:00 AM	Meeting ID: 218 088 493 983	Passcode: giAaay	JOIN
10/17/22	10:00 AM	Meeting ID: 292 627 492 913	Passcode: ymBdv7	JOIN
10/20/22	12:00 PM	Meeting ID: 269 675 335 850	Passcode: XGzSRk	JOIN
10/26/22	4:00 PM	Meeting ID: 211 482 738 542	Passcode: mMx6W9	JOIN
10/28/22	9:00 AM	Meeting ID: 271 073 081 40	Passcode: 5FXZ5h	JOIN



○ In person benefit fairs, health screenings, flu shots

Join Risk Management staff for informal Q&A sessions at the benefit fairs on the dates and times listed below.

Date	Location	Address	Benefit Fair Time	Health Screening & Flu Shot Times
10/4/22	MSD - Conference Rooms 104, 105 & 106	1081 Woodrow St.	7:30 am - 12:00 pm	6:30 am - 10:30 am
10/6/22	GCWW - Conference Rooms A, B & C	4747 Springe Grove Ave.	7:30 am - 12:00 pm	6:30 am - 10:30 am
10/7/22	Public Service - 2nd Floor Conference Rooms	1115 Bates Ave.	7:30 am - 12:00 pm	6:30 am - 10:30 am
10/18/22	Centennial II - 2nd Floor Conference Room & Auditorium	805 Central Ave.	8:00 am - 12:00 pm	7:00 am - 11:00 am
10/25/22	Police Academy	800 Evans Street	7:00 am - 11:00 pm	6:30 am - 9:30 am
10/27/22	CFD Union Hall	1011 West 8th Street	7:00 am - 11:00 pm	6:30 am - 9:30 am



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BENEFITS at a GLANCE*

		COUNCIL MEMBERS	BUILDING TRADES	NON-REPRESENTED	CODE	FIRE	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: www.customdesignbenefits.com 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: https://coc.catilizehealth.com , 877.872.4232 or CinciHRA@catilize.com						
	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	Police Union
	Monthly Premium	\$0				Single: \$2.00 Family: \$2.00		
VISION	Carrier	EyeMed					AFSCMEcareplan.com	FOP69.org
	Monthly Premium	\$0						
FLEXIBLE SPENDING ACCOUNTS	Carrier	Custom Design Benefits: www.customdesignbenefits.com or 513.598.2929						
	FSA Types	Health, Dependent Care & Transportation Expense Reimbursement Account						
LIFE & LONG-TERM DISABILITY INSURANCE	Carrier	VOYA				IAFF	AFSCME Union VOYA	FOP FOP69.org
	Plan Types	Voluntary LTD Voluntary Life		Basic Life Voluntary LTD Voluntary Life			AFSCME Life Voluntary Life Voluntary LTD	
	Monthly Premium	Visit COCBenefits.com for details		Basic Life: \$0 (City paid) Voluntary: Visit COCBenefits.com for details			Visit COCBenefits.com or AFSCMECarePlan.com for details	
FLEX FEE	Monthly Premium	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.						
CRITICAL ILLNESS & ACCIDENT	Carrier	VOYA						
	Monthly Premium	Visit COCBenefits.com for details. Critical Illness rates are locked-in at the age in which you initially enroll.						

*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

ENROLL ONLINE!

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

Website: www.COCBenefits.com

Choose Your Benefits:

Open Enrollment is your opportunity to review and change your benefits. 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 wait until the next Open Enrollment.

Single Sign On (SSO) 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.

How To Login If You Do Not Have a City Email Address Or it is Not Working

Username:

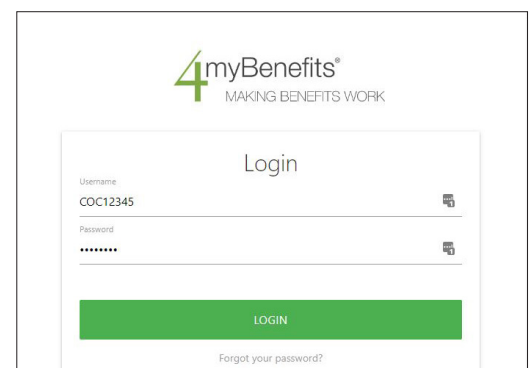
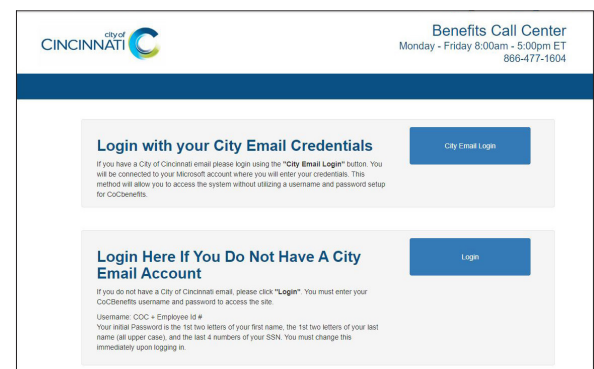
- Your username format is COC plus your Employee ID number. (Example: COC12345).

Password:

- If you logged in before and changed your password, it has not changed.
- If you can't remember, simply click "Forgot your password?" or call 4myBenefits at 1-866-477-1604.
- If you have never logged in, your 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.**

Getting Started:

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

ENROLL OVER THE PHONE

Call: 866-477-1604

Hours: 8am to 8pm EST during Open Enrollment. Otherwise 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 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.

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 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	
MEDICAL	End of month they turn 26
SUPERIOR DENTAL CARE	End of 24th year
EYEMED	End of 24th year
AFSCME	Visit AFSCMEcareplan.com for details
FOP	Visit FOP69.org for details
CHILD LIFE INSURANCE	End of month they turn 26
ACCIDENT AND CRITICAL ILLNESS	End of month they turn 26

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

INSTRUCTION

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

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

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

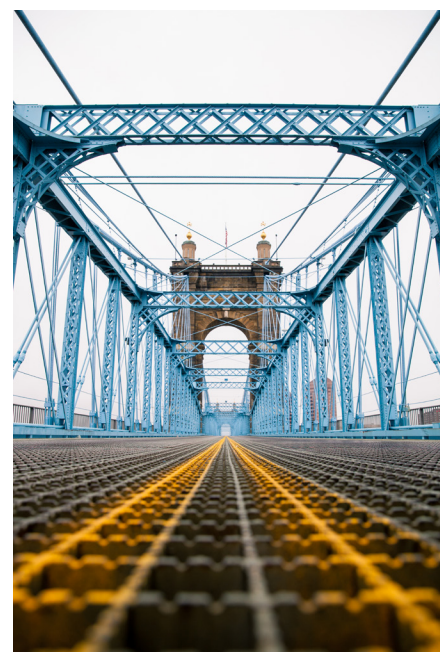


80/20 MONTHLY PREMIUMS (ALL EMPLOYEES)	
SINGLE	\$65.27
FAMILY	\$196.32

****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. By enrolling in the City's HRA, in addition to the other health plan, you could save the surcharge AND any out-of-pocket expenses!**

[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, CODE & BUILDING TRADES	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 + EQUAL PARTNER'S CHILD(REN)	\$1,240.53	\$1,179.38	\$1,227.38	\$61.15
EMPLOYEE + EQUAL PARTNER + EMPLOYEE'S CHILD(REN) & EQUAL 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 (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](#) for more information.

HSA's are provided by HealthcareBank through Custom Design Benefits.

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 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.

Important Links

[HSA FAQs](#)

MEDICAL INSURANCE Continued

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



All Employees	HDHP/HSA (IN NETWORK)	HDHP MONTHLY PREMIUMS (ALL EMPLOYEES)	
SINGLE DEDUCTIBLE	\$3,000	SINGLE	\$30.79
FAMILY DEDUCTIBLE	\$6,000	FAMILY	\$90.35
COINSURANCE	20%	**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. ** Make sure you look at the Health Reimbursement Arrangement (HRA)! By enrolling in the other plan, you could save the surcharge AND any out-of-pocket expenses!	
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		

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)

[Watch this short video to learn more >>](#)

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 = \$8,350



Family = \$16,700

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 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** 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/yr for single enrollment and up to \$16,700/yr for family enrollment. Premium differentials can be reimbursed up to a cap of \$5,000/yr for single enrollment and \$10,000/yr for family enrollment. Refer to the [Summary of Benefits and Coverage](#) for the Integrated HRA and the [HRA Flowchart](#).

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, 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 coc.catilizehealth.com, 877- 872-4232 or CinciHRA@catilize.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 are 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 makes 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 Dental Care. 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 and click on "Find a Dentist."

Dependents are eligible for dental benefits through the end of the year 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.

Dependents are eligible for vision benefits through the end of the year they turn 24.

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

To find a network provider visit 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



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](#). Wellness App Login: **CPD** Password: **1803**



AFSCME CARE PLAN

Additional AFSCME Benefits

Hearing Aides: for more information go AFSCMECarePlan.com or contact AFSCME at 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
3. Go to 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 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.

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.

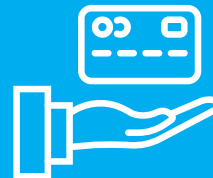
You can access the funds upon enrollment, using the debit card that will be mailed to you when you open the account. Remember, you may need to submit receipts to Custom Design Benefits for certain debit card purchases. This can be done easily through their new mobile app!



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 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 you 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.



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.**

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 employees. Individuals can apply for amounts of coverage up to the plan maximums shown below.

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.

EVIDENCE OF INSURABILITY

If you ARE NOT currently covered, you must complete evidence of insurability (EOI) and may go through medical underwriting to qualify for any coverage. *

If you ARE currently covered for six times your salary or \$200,000 (whichever is less), you must complete evidence of insurability (EOI) and may go through medical underwriting to qualify for more coverage.

If you ARE currently covered but it is less than six times your salary or \$200,000 (whichever is less), you may increase coverage by \$10,000 (up to six times your salary or \$200,000 – whichever is less) without evidence of insurability (EOI). **

BENEFIT	AMOUNT		MAXIMUM AMOUNT	QUALIFYING EVENTS
EMPLOYEE	Currently Covered **	Not Covered *	Up to \$500,000 or six times the employee's annual salary; whichever is less	If you experience a QLE outside of Open Enrollment, you will be permitted to enroll in or increase any supplemental life plan, up to guaranteed issue, without Evidence of Insurability.
	Increase by \$10,000 w/o Evidence of Insurability up to \$200,000 or 6 times your salary (whichever is less) **	Any election will require Evidence of Insurability *		
SPOUSE/EQUAL PARTNER	Increase by \$10,000 w/o Evidence of Insurability up to \$50,000 **	Any election will require Evidence of Insurability *	Up to the employee's election up to \$300,000	
CHILD(REN) UP TO AGE 26	\$2,000, \$5,000, or \$10,000		\$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 employees. Long-term disability insurance is income replacement if you are unable to work for an extended period due to illness or injury.

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 \$100 for yourself, \$100 for your spouse/equal partner, and \$100 per child (max \$200 for all children) by submitting non-accident physician visits. Examples include physicals, dental check-ups, or vision screenings.
- **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	\$32,500

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. Examples include physicals, dental check-ups or vision screenings.

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://claimcenter.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, go to [Voya's site](#) click the "Start Your Claim" button



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, cancer screening, EKG, A1C, cholesterol test, routine dental exam, routine vision exam, plus others...)
- Most of the time, you can use the same visit for both the Accident and Critical Illness wellness claim

ACCIDENT INSURANCE Continued



Benefit Amounts

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

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

Eligibility and Enrollment

City employees and their spouses/equal partners who are enrolled in the City's Anthem 80/20 plan or HDHP are eligible to participate in the Healthy Lifestyles Program. 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

To earn the incentives for participation in Healthy Lifestyles, employees must be enrolled in a city health plan. 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 2022 will be deposited into your account in February 2023. **2022 funds will only be deposited into your account in 2023 if you and your spouse/equal partner are enrolled in a City health plan on January 1st, 2023.**

AMY DRISCOLL

Healthy Lifestyles Specialist

513.977.0018

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 "Healthy Path." Login to the Health Lifestyles portal to register your phone # with Access Code 1793 and then login to the app.



HEALTHY LIFESTYLES Continued



Healthy Lifestyles Wellness Portal

<https://www.trihealthcorporatewellness.com>

If you haven't already registered for the portal, you MUST do so to gain access. 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 USERNAME

COC+employee id+1
Ex. "COC456781"

SPOUSE/EQUAL PARTNER USERNAME

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 **1-888-252-8150**.

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 and hypertension

For more information or to enroll in the Diabetes & Hypertension Coaching Program, call Amy Driscoll at TriHealth at **513-977-0018**.



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.
- **ON SITE PEAP APPOINTMENTS** located at Centennial 2. Call PEAP at **421-7600** to schedule.

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** If you are enrolled in the 8020 Health Plan, you are eligible to visit a TriHealth Physical Therapist for work or non-work-related injuries. Call **513-246-8840** to schedule. (Not available to employees enrolled in the HDHP)

LIVE HEALTH ONLINE

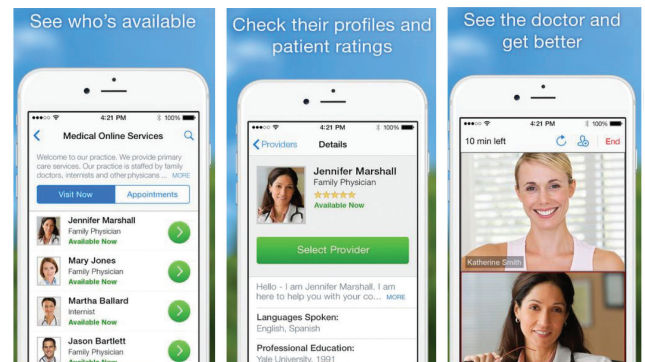
LiveHealth Online for Medical and Mental Health Visits

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 or download the mobile app for Android or iPhone.



LiveHealth
ONLINE



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

M-F 8am - 8pm during Open Enrollment

M-F 8am - 5pm throughout the rest of the year

www.COCBenefits.com

RISK MANAGEMENT

513.352.2418

EmployeeBenefits@Cincinnati-OH.gov

DEBORAH ALLISON

513.352.3337

Risk Manager

Deborah.Allison@Cincinnati-OH.gov

SHEILA LAFFEY

513.352.6230

Benefits Manager

Sheila.Laffey@Cincinnati-OH.gov

ANTHONY (TONY) SIEMER

513.352.6997

Administrative Specialist

Life, Disability, Accident, Critical Illness,
and FSA

Anthony.Siemer@Cincinnati-OH.gov

PHYLISS WARD

513.352.2566

Administrative Specialist

Health, Dental and Vision Enrollments

Phyliss.Ward@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

or 513.641.4111



Medical

Medical Group Number: W42582

Phone #: 844.456.7112

www.anthem.com

Pharmacy

Pharmacy Group Number: WL5A

Phone #: 833.267.2136

www.anthem.com

Bin: 020099

PCN: WG

How to Find a Doctor

- Call or log in to your Anthem account at 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 or

513.598.2929



Group Number: 9731894

www.eyemed.com or 866.723.0514



www.FOP69.org

or 513.381.2550



coc.catilizehealth.com or 877.872.4232



Group: S1029

www.SuperiorDental.com or 800.762.3159



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



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](#)