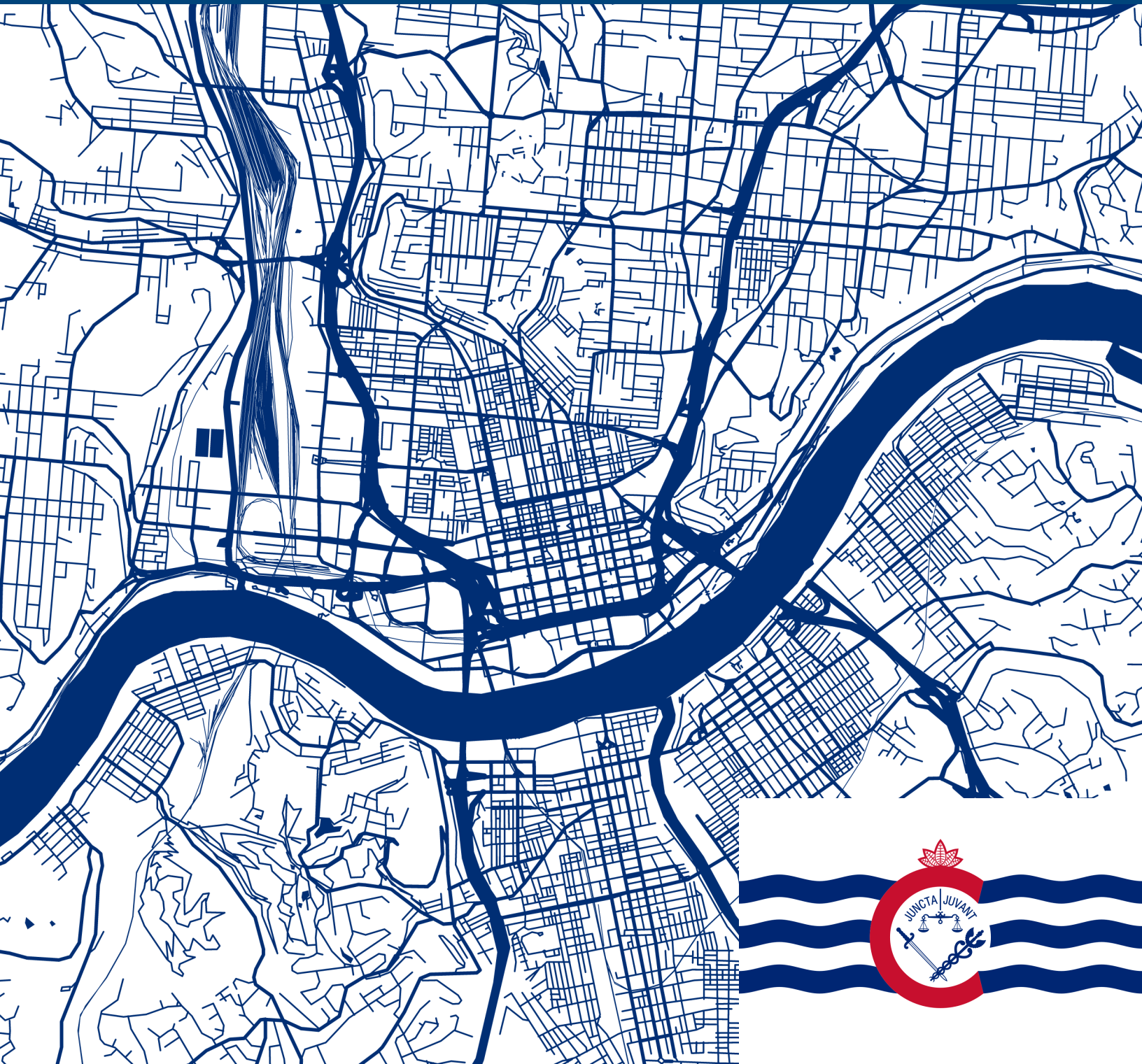




NEW EMPLOYEE PACKET 2024

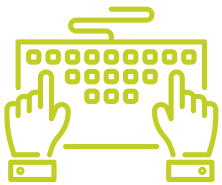


NEW EMPLOYEE CHECKLIST



○ 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 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.**

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



○ Health Lifestyles - Earn Money

Don't forget to enroll in 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 24](#) for additional details.**



○ Required Documentation

If you plan on covering your Spouse, Equal Partner or Children, you must provide supporting documentation CoCBenefits will prompt to you 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) as it may be a good alternative 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, Long Term Care, and Long-Term Disability Insurance. Now is the time to enroll in these programs because you are automatically approved (up to the guaranteed amounts) during your first 30 days of employment.



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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							
	Monthly Premium	\$0				Single: \$2.00 Family: \$2.00	AFSCME Union	Police Union	
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					AFSCME Union VOYA		
	Plan Types	Voluntary LTD Voluntary Life		Basic Life Voluntary LTD Voluntary Life		IAFF	AFSCME Life Voluntary Life Voluntary LTD	FOP FOP69.org	
	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 & LONG TERM CARE	Carrier	VOYA							
	Monthly Premium	Visit COCBenefits.com for details. Critical Illness and Long Term Care 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:

As a new employee, your first 30 days of employment is your opportunity to choose 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. Otherwise, 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:

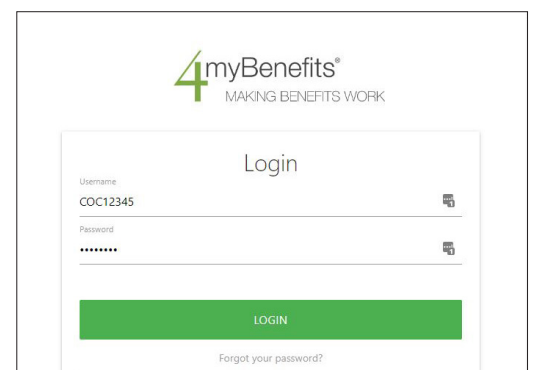
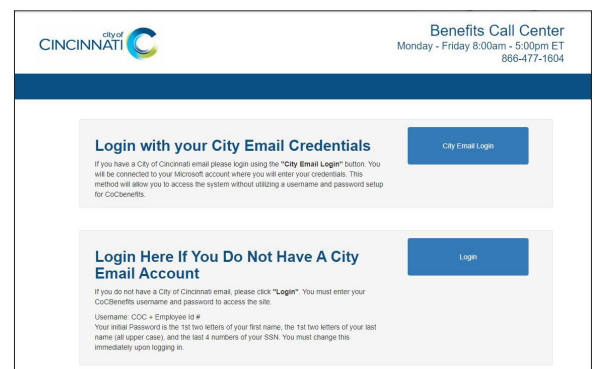
- Your username format is COC plus your Employee ID number. (Example: COC12345).

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 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. Please reach out to Anthem member services at 1.844.456.7112.

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 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	Last day of the year they turn 24*
EYEMED	Last day of the year they turn 24*
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	<ul style="list-style-type: none"> Marriage Certificate Plus one of the below if married longer than one year	<u>Affidavit of Declaration of Financial Interdependence</u> PLUS Four of the below	One of the below
ACCEPTABLE DOCUMENTS	Proof of Financial Interdependence <ul style="list-style-type: none"> Bank/Credit 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.

*Dependents of Ohio residents may be eligible until age 26 if they meet certain qualifications.

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	\$3,200	<p>Single Coverage: Up to \$5,000 annual premium differential reimbursement + up to \$8,350 out of pocket expense.</p> <p>Family Coverage: Up to \$10,000 annual premium differential reimbursement + up to \$16,700 out of pocket expense</p>
FAMILY IN-NETWORK DEDUCTIBLE**	\$1,000	\$6,200	
SINGLE IN-NETWORK OUT-OF-POCKET MAXIMUM**	\$2,000	\$3,600	
FAMILY IN-NETWORK OUT-OF-POCKET MAXIMUM**	\$4,000	\$7,200	
CITY HSA CONTRIBUTION	\$0	Single: \$500 Family: \$1,000	
EMPLOYEE HSA CONTRIBUTION	\$0	Employee discretion, up to \$4,150 single / \$8,300 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.

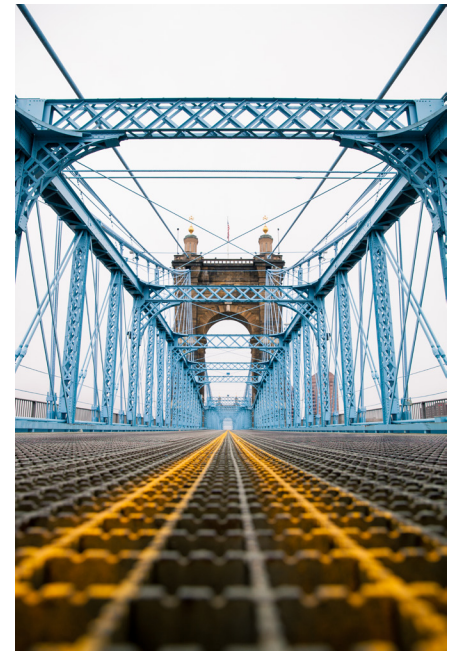
MEDICAL INSURANCE Continued*

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.

2024 80/20 PLAN 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.

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 pre-tax contributions to the HSA.

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 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. 50% 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 2024 limits are shown below and include both employee and employer contributions, as well as Healthy Lifestyle contributions if applicable. 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.

2024 HSA CONTRIBUTION LIMITS	
SINGLE	\$4,150
FAMILY	\$8,300
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 (Limited FSA enrollment is allowed)
- 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.

[HSA FAQ's](#)

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 (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!*

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.

2024 HDHP 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

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



WATCH THE VIDEO AT CINCINNATI-OH.GOV/HRA TO LEARN MORE.



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](#) 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.

Direct Deposit is Required

Direct deposit is required for enrollment in the HRA. You can complete this process from [Catilize's secure web portal](#).

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:**



*Dependents of Ohio residents may be eligible until age 26 if they meet certain qualifications



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	\$0 copay
BI-FOCAL	\$10 copay
TRI-FOCAL	\$45 copay
All once per 12 months	
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 to 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.

FIRE DEPARTMENT WELLNESS APP

Cincinnati Fire Wellness App

Put top resources from first responder wellness experts at your fingertips 24/7 with this 100% confidential health and wellness platform designed to help public safety personnel and their families thrive.



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 next 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.

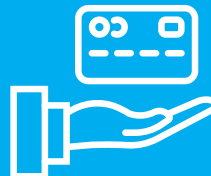
You can access the funds upon enrollment, using the debit card that will be mailed to you when you open the account. Remember, you may need to submit receipts to Custom Design Benefits for certain debit card purchases. This can be done easily through their new mobile app!



The IRS limits the amount you can contribute to a medical FSA. **The 2024 contribution limit is \$3,200.** Contributions made during 2024 must be used for health care expenses incurred between January 1, 2024 and March 15, 2025. Claims documentation must be

submitted by March 31, 2025 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 3/31/25) 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 2024 contribution limit is \$300 per month, or \$3,600 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 2024 are shown in the chart below.

Contributions made in 2024 can only be used

2024 ANNUAL DEPENDENT CARE CONTRIBUTION LIMITS	
SINGLE OR MARRIED, FILING JOINT TAX RETURNS	\$5,000
MARRIED, FILING SEPARATE TAX RETURNS	\$2,500

for dependent care expenses incurred January 1, 2024 – March 15, 2025. You can access funds by submitting a claim form to Custom Design Benefits for reimbursement. Claims must be submitted by March 31, 2025 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 3/31/25) to

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 3/31/25) to submit claims for expenses incurred **prior** to your separation date.

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 anyone you claim as a dependent for federal income tax purposes.
- Transportation, education, clothing or entertainment.
- Babysitting for social events.

Direct Deposit is Required

Direct deposit is required for enrollment in any of the Custom Design Benefit plans. You can complete this process by logging into your account on the Custom Design Benefits web page or app.

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 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
	Currently Covered **	Not Covered *		
EMPLOYEE	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 *	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.
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 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.

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

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.



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.** Anyone can join, 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 directly deposited into your account or have a check mailed to your home.

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		
INITIAL HOSPITAL CONFINEMENT (pays once per accident)		\$1,000
DAILY HOSPITAL CONFINEMENT (pays daily)		\$300
INTENSIVE CARE (pays daily)		\$475
RIDER BENEFITS		
URGENT CARE		\$150
AMBULANCE	Ground Air	\$240 \$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		
ACCIDENT FOLLOW-UP TREATMENT (Pays daily)		\$60
LACERATIONS		Up to \$320
BURNS	2nd degree >35% 3rd deg. 9-34% 3rd degree >34%	\$1,000 \$4,500 \$10,000
SKIN GRAFT (% of Burns Benefit)		25%

BENEFITS ENHANCEMENT RIDER CONTINUED		
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 Exploratory	From \$500 From \$150
RUPTURED SPINAL DISC SURGERY		\$500
EYE SURGERY		\$225
BLOOD AND PLASMA		\$400
APPLIANCE		\$40
PROSTHESIS	1 device 2 or more devices	\$500 \$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

WHOLE LIFE WITH LONG TERM CARE (LTC) INSURANCE



New for 2024!

This Whole Life with Long Term Care (LTC) insurance policy includes life insurance protection, tax-deferred* cash accumulation (based on current tax laws), cash value loan privileges, and long term care benefits for both in-home and facility care – all in one policy.

The premium is based on your age and whether or not you use tobacco. The insurance coverage, premium amounts and cash value are guaranteed as long as you make the required premium payments - even if you leave City employment.

How does Long Term Care Insurance Work?

Long Term Care benefits are paid through an acceleration of the life insurance death benefit. The duration and amount of Long Term Care benefits will vary based on the type of care required:

- A monthly benefit of \$2,000 for the employee or \$1,000 for a spouse is available when the insured is confined to a long term care facility. The benefit is payable for up to 25 months.
- A monthly benefit of \$1,000 for the employee or \$500 for a spouse is available when the insured is receiving home health care or adult day care. The benefit is payable for up to 50 months.

Each month a long term care payment is made, the life insurance death benefit will be restored. The full insurance amount remains available after the Long Term Care benefit has been paid.

Once the face amount of the life policy has been paid for Long Term Care benefits, the insured is eligible to receive up to an additional 100% of the death benefit for Long Term Care benefits in extended monthly payments (25 or 50 months), based on the type of care required. The benefit level can be adjusted if the level of care changes. And, life insurance premiums are waived when the insured is receiving qualifying care.

*This communication is not intended or written to be used, and cannot be used by the recipient or any other person, for the purpose of avoiding any tax penalties that may be imposed on such person, and cannot be used or referred to, in promoting, marketing, or recommending to another party any transactions or matters addressed herein.

This policy is issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy provisions and product availability may vary by state.

Example LTC Rider with Restoration and Extension of Benefits:

Suzanne Smith has purchased a \$50,000 whole life insurance policy. At age 46, Suzanne suffers a stroke. Because she is confined to a long term care facility, Suzanne is eligible for a monthly benefit of 4% of the death benefit of her policy for up to 25 months.

Each month a long term care benefit payment is made, an equal amount will be restored to the life insurance death benefit.

If, after that 25 months, Suzanne continues to be confined to a long term care facility, she will be eligible to receive up to another 25 months of payments.

- $\$50,000 \text{ death benefit} \times 4\% \text{ per month} = \text{monthly benefit of } \$2,000 \text{ for } 25 \text{ months.}$
- Each month a payment is made, \$2,000 will be restored to the life insurance death benefit. The \$50,000 death benefit remains available in the event of death.
- After the first 25 months, Suzanne is eligible to receive another 100% of the face amount: $\$50,000 \text{ face amount} \times 4\% \text{ per month} = \text{an extended monthly benefit of } \$2,000 \text{ for up to another } 25 \text{ months.}$

Total potential benefit: \$150,000

The amounts shown above are for illustrative purposes only. Actual results may vary.

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 Newsletters, fliers, e-mails, and word of mouth.

Eligibility and Enrollment

All full time 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. Spouses/equal partners enrolled in the City's integrated HRA plan with Catilize Health are not eligible for Healthy Lifestyles.

Earning Cash Incentives

If you are enrolled in a City health plan 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 2024 will be deposited into your account in February 2025. **2024 funds will only be deposited into your account in 2025 if you and your spouse/equal partner are enrolled in a City health plan on January 1st, 2025.**

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.



HEALTHY LIFESTYLES Continued



Healthy Lifestyles Wellness Portal

To access the wellness portal, you go to www.trihealthcorporatewellness.com, go to the “Wellness Portal Sign In” page and complete the “Tell Us Who You Are” section to be able to create an account.

For assistance logging into the Health Lifestyles Portal, please contact Virgin Pulse customer support at:

1-888-671-9395
or
Support@VirginPulse.com



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**.



Don't Forget To Register

In order to participate in Healthy Lifestyles you must register your account.

1. Visit: www.TrihealthCorporateWellness.com
2. Click: Wellness Portal Sign In button
3. Complete: Fill out the “Tell Us Who You Are” section



Sign Up For Better Health

The steps are simple. We'll collect a little personal information to make sure you can use this benefit. Then you'll read and agree to the rules so you can move on to create your account.



Identify

We'll ask for a few personal details to see if you're approved to use this benefit.



Agree



Create



Finish

Select Language

English (U.S.)

Tell Us Who You Are

We'll use this information to confirm that you're eligible to create an account.

My first name *

Enter your first name

My last name *

Enter your last name

My date of birth *

mm/dd/yyyy

My country/region *

Choose from this list

Submit

Already a member? [Sign In](#)

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 **513-352-1990** 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 **513-421-7600** 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 513-421-7600 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)

Please Note: Per IRS regulations If you are enrolled in the HDHP, you are not eligible to see EHS for urgent care related services or Physical Therapy.

LIVE HEALTH ONLINE

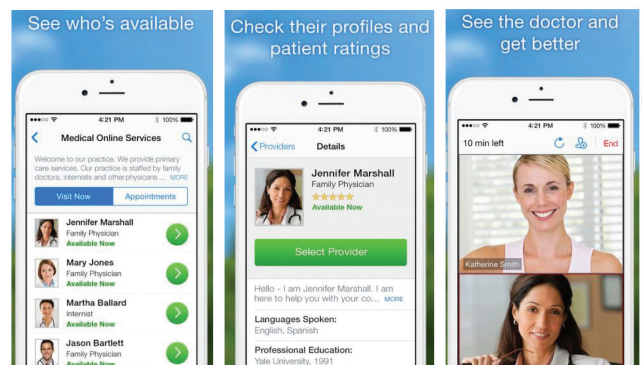
LiveHealth Online for Medical and Mental Health Visits

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

EHS

513.352.1990

PEAP

513.421.7600

TRI-HEALTH PHYSICAL THERAPY AT

EHS

513.246.8840



Anthem 

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



CONTACT INFORMATION Continued



www.AFSCMECarePlan.com

or 513.641.4111



Custom Design Benefits

www.CustomDesignBenefits.com or

513.598.2929

[Direct Deposit](#)



Group Number: 9731894

www.eyemed.com or 866.723.0514



www.FOP69.org

or 513.381.2550



coc.catilizehealth.com or 877.872.4232

[Direct Deposit Form Info Video](#)



Group: S1029

www.SuperiorDental.com or 800.762.3159



www.trihealthcorporatewellness.com

AMY DRISCOLL *Healthy Lifestyles Specialist*

513.977.0018 / Amy_Driscoll@TriHealth.com

Healthy Lifestyles Portal Support:

1-888-671-9395 or support@VirginPulse.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

Long Term Care (LTC) 1-800-537-5024

www.voya.com



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