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Employee Benefits Guide



revised 10.2016



This enrollment guide contains only the highlights of the different insurance plans available to County employees. Each plan is governed by an official plan document. In case of any conflict between this Enrollment Guide and an official plan document, the official plan document will be the final authority.

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INSURANCE ELIGIBILITY

| MEDICAL | DENTAL | VISION | LIFE INSURANCE | | LONG-TERM DISABILITY | CRITICAL ILLNESS | ACCIDENT |

An employee regularly scheduled to work an average of thirty (30) hours or more per week.

A note regarding medical insurance only: Temporary, Seasonal, Intermittent, and Intern Employees may also be eligible for medical insurance, if working more than 30 hours per week and expected to work beyond the first of the month following 60 days of continuous County employment.

* See Policy for details regarding lookback period.

Eligible Employees may also elect to cover eligible dependents on **Medical, Dental, Vision, and Supplemental Life** Insurance. Eligible dependents include:

- Spouse;
- The employee's child, stepchild, legally adopted child under the age of 26;
- The employee's child, stepchild, legally adopted child age 26 or older who is incapable of self-support because of a physical or mental handicap.

| FLEXIBLE SPENDING ACCOUNT—HEALTHCARE | | DEPENDENT DAYCARE SPENDING ACCOUNT |

Any full-time permanent or part-time permanent employee, regardless of the number of hours worked.

| EMPLOYEE ASSISTANCE PROGRAM |

A County employee, and his/her dependents or household members may utilize the EAP services.

INSURANCE EFFECTIVE DATES

| NEW HIRES |

Coverage begins the first of the month following sixty days (60) of continuous County service.

See Policy for details regarding Changes in Status, Rehires, Layoff and Reinstatement rules.

| OPEN ENROLLMENT |

Changes made as part of the Annual Open Enrollment period become effective January 1.

MAKING BENEFIT ELECTION CHANGES

| OPEN ENROLLMENT |

| MARRIAGE | DIVORCE | BIRTH | ADOPTION | COURT ORDER | | DEATH | CHANGE IN SPOUSE EMPLOYMENT |

Employees can make changes to their coverage during the following time periods:

1. Annual Enrollment
2. During the Plan Year when a Qualifying Event Occurs. Notification must be made to the department HR Representative within 31 days of the qualifying event.

Changes made during the plan year, are only to the coverage level and not to the plan itself. And, all changes must be consistent with the type of event. For example, in the event of a Birth you can change from Double to Family coverage, but you could not drop your coverage.

You may be required to submit supporting documentation in support of your qualifying event. For example, Marriage License, Tax Return, Birth Certificate, and/or Divorce Decree as it relates to the qualifying event. Talk to your department representative, if you are not sure what information you will need.

VENDOR CONTACT INFORMATION

| Plan Name | Plan Administrator | Website / Email | Phone |
|------------------------------|---------------------------|---------------------------------------------------------------------------------------------------|----------------|
| Medical Insurance | Anthem | www.anthem.com | 1-844-862-2900 |
| Wellness Program | TriHealth | hamiltoncounty@trihealth.com | 513-977-0200 |
| Dental Insurance | Dental Care Plus | www.dentalcareplus.com | 1-513-554-1100 |
| Vision Insurance | Anthem | www.anthem.com | 1-866-723-0515 |
| Long-Term Disability | Liberty Mutual | Carolyn.Wallis@hamilton-co.org | 513-946-1214 |
| FSA-Healthcare | Chard-Snyder | www.chard-snyder.com | 1-800-982-7715 |
| FSA-Dependent Care | Chard-Snyder | www.chard-snyder.com | 1-800-982-7715 |
| Life Insurance | The Hartford | Kim.Pennekamp@hamilton-co.org | 513-946-4705 |
| Supplemental Life Insurance | The Hartford | Kim.Pennekamp@hamilton-co.org | 513-946-4705 |
| Transportation Reimbursement | Chard-Snyder | www.chard-snyder.com | 1-800-982-7715 |
| Employee Assistance Program | Deer Oaks | https://www.deeroakseap.com/member-login/ | 1-888-993-7650 |
| Critical Illness | Humana Specialty Benefits | Check Your Policy Document For Contact Information | |
| Accident Insurance | Humana Specialty Benefits | Check Your Policy Document For Contact Information | |
| COBRA | Chard-Snyder | www.chard-snyder.com | 1-888-993-4646 |

EMPLOYEE BENEFIT CONTRIBUTIONS

| | | Monthly Employee Contribution | Biweekly Employee Contribution | Semi-Monthly Employee Contribution |
|--------------------------|--------|-------------------------------|--------------------------------|------------------------------------|
| MEDICAL INSURANCE | | | | |
| Blue \$2500 | Single | \$41.40 | \$19.11 | \$20.70 |
| | Double | \$66.77 | \$30.82 | \$33.39 |
| | Family | \$95.73 | \$44.18 | \$47.87 |
| Green \$1000 | Single | \$61.17 | \$28.23 | \$30.59 |
| | Double | \$112.84 | \$52.08 | \$56.42 |
| | Family | \$171.86 | \$79.32 | \$85.93 |
| Orange \$500 | Single | \$166.02 | \$76.62 | \$83.01 |
| | Double | \$356.68 | \$164.62 | \$178.34 |
| | Family | \$574.62 | \$265.21 | \$287.31 |
| DENTAL INSURANCE | | | | |
| DCP - Premium | Single | \$14.38 | \$6.64 | \$7.19 |
| | Double | \$27.94 | \$12.89 | \$13.97 |
| | Family | \$40.48 | \$18.68 | \$20.24 |
| DCP - Basic | Single | \$9.76 | \$4.50 | \$4.88 |
| | Double | \$18.96 | \$8.75 | \$9.48 |
| | Family | \$27.47 | \$12.68 | \$13.73 |
| VISION INSURANCE | | | | |
| | Single | \$5.09 | \$2.35 | \$2.55 |
| | Double | \$10.17 | \$4.69 | \$5.09 |
| | Family | \$13.60 | \$6.28 | \$6.80 |

Long-Term Disability Insurance

Monthly Rates Per \$100 of covered payroll.

$((\text{Annual Salary} / 100) \times \text{LTD Rate}) / \text{number of pays}) = \text{LTD deduction}$

| Age Band | LTD 40% | LTD 50% |
|----------|---------|---------|
| Under 30 | \$0.072 | \$0.097 |
| 30-39 | \$0.093 | \$0.124 |
| 40-44 | \$0.145 | \$0.191 |
| 45-49 | \$0.213 | \$0.284 |
| 50-54 | \$0.316 | \$0.414 |
| 55-59 | \$0.461 | \$0.595 |
| 60-64 | \$0.476 | \$0.621 |
| 65+ | \$0.725 | \$0.931 |

Supplemental Life Insurance

Monthly Rates Per \$1000 of Coverage.

$(\text{Coverage Volume} / 1000) \times \text{Rate} = \text{Monthly Employee Rate}$

| Age Band | Employee Life Rate | | Spouse Life Rate |
|----------|--------------------|-------------------|------------------|
| | Non-Tobacco Rate | Tobacco User Rate | |
| Under 30 | \$0.030 | \$0.053 | \$0.069 |
| 30-34 | \$0.037 | \$0.080 | \$0.080 |
| 35-39 | \$0.052 | \$0.119 | \$0.110 |
| 40-44 | \$0.063 | \$0.160 | \$0.147 |
| 45-49 | \$0.096 | \$0.263 | \$0.252 |
| 50-54 | \$0.172 | \$0.434 | \$0.415 |
| 55-59 | \$0.284 | \$0.624 | \$0.602 |
| 60-64 | \$0.377 | \$0.754 | \$0.933 |
| 65-69 | \$0.732 | \$1.314 | \$7.747 |
| 70-74 | \$1.352 | \$2.160 | \$3.077 |
| 75 + | \$2.723 | \$3.543 | \$5.798 |

Child Supplemental Life

Monthly Rate based on coverage volume.

| \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 |
|---------|---------|---------|---------|----------|
| \$0.199 | \$0.398 | \$0.597 | \$0.796 | \$0.995 |

MEDICAL INSURANCE



Three medical plan options available through Anthem, beginning 1/1/2017. The plan designs and coverage remains the same as they were in 2016. This means there are no changes in the co-payments, co-insurance, or coverage changes. However, there may be changes in the network or the drug formulary. You can check both of those items on www.anthem.com

| | Anthem PPO Blue \$2500 | | Anthem PPO Green \$1000 | | Anthem PPO Orange \$500 | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------|----------------------------------------------------------------|----------------------|----------------------------------------------------------------|----------------------|
| | In Network | Out-of-Network | In Network | Out-of-Network | In Network | Out-of-Network |
| Benefit Allowance | \$500 per covered member | N/A | \$500 per covered member | N/A | N/A | N/A |
| Deductible Individual | \$2,500 | \$7,500 | \$1,000 | \$3,000 | \$500 | \$1,500 |
| Deductible Family | \$5,000 | \$15,000 | \$2,000 | \$6,000 | \$1,000 | \$3,000 |
| Office visits Doctor/specialist | \$25 / \$40 | 70% after deductible | \$20 / \$35 | 50% after deductible | \$30 / \$45 | 60% after deductible |
| Out-of-pocket limit Individual (includes coinsurance & medical copays) | \$2,000 | \$4,000 | \$2,000 | \$4,000 | \$2,000 | \$4,000 |
| Par Plan Out-of pocket limit Individual (includes deductible, coinsurance, medical & pharmacy copays) | \$6,350 | \$12,700 | \$6,350 | \$12,700 | \$6,350 | \$12,700 |
| Coinsurance after deductible | 100% after deductible | 70% after deductible | 80% after deductible | 50% after deductible | 90% after deductible | 60% after deductible |
| Retail Pharmacy Tier 1 Tier 2 Tier 3 Tier 4 | 30 day/Retail \$15 \$30 \$50 25% (max \$250) | | 30 day/Retail \$15 \$30 \$50 25% (max \$250) | | 30 day/Retail \$15 \$30 \$50 25% (max \$250) | |
| Mail Order ESI Tier 1 Tier 2 Tier 3 Tier 4 | 90 day/mail order \$30 \$60/ \$100 25% (max \$500) | | 90 day/mail order \$30 \$60/ \$100 25% (max \$500) | | 90 day/mail order \$30 \$60/ \$100 25% (max \$500) | |

1 This information is a general description of your coverage; it is not a contract and does not replace your Summary of Benefits. For a full disclosure of all benefits, exclusions and limitations, refer to your Summary of Benefits.

2 Blue Cross and Blue Shield Association: bcbs.com/about-the-association.

MORE MEDICAL PLAN INFORMATION

Maximizing Your Anthem Plans

Anthem's goal is to help their members be their healthy best. They offer programs to support you in every stage of life and health. As an Anthem member you also have access to best-in-class transparency tools from your personalized Anthem portal at www.anthem.com or available via Mobile App.

FUTURE MOMS

This program provides education to expecting mothers throughout their pregnancy with on-call access to nurses backed by a team of OB/GYNs and specialists.

QUICK CARE OPTIONS

Anthem provides members with alternatives to emergency room care including urgent care centers, primary care doctors and walk-in clinics.

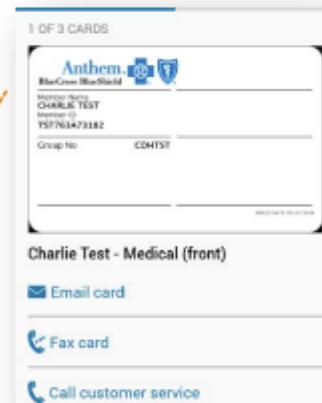
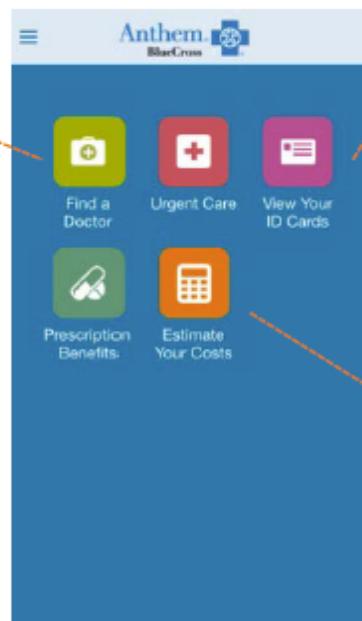
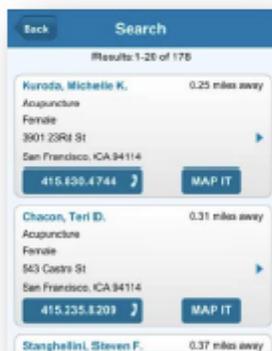
MY HEALTH NOTE

MyHealth Note is a program that suggests actions that you can take to improve health outcomes or save money. This personal guidance helps close the gaps in care and reduce risks that could generate immediate and future health concerns.

24/7 NURSELINE

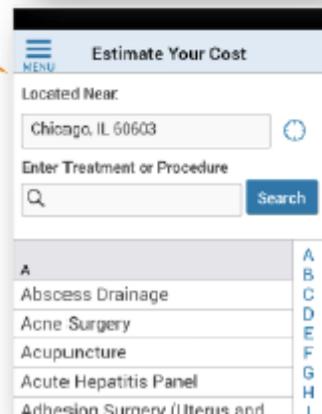
Free telephonic resource for around-the-clock guidance on the appropriate place of care.

Take Anthem on the Go! Available on iPhones and Android smartphones.



Begin using Anthem's Mobile App in 2017. To begin:

1. Register for an account at www.anthem.com
2. Go to the app store on your smartphone or mobile device.
3. Search for Anthem Blue Cross Blue Shield.
4. Select the app.
5. Start the free download.
6. Login using your www.anthem.com information.



DENTAL INSURANCE



| | DCP - Premium | DCP - Basic |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website | www.dentalcareplus.com | |
| Description | <ul style="list-style-type: none"> • Offers access to 2200+ dentists. (96% locally) • Services must be obtained from a network dentist. • Includes orthodontia coverage. | <ul style="list-style-type: none"> • Offers access to 2200+ dentists (96% locally) • Services must be obtained from a network dentist. • No orthodontia coverage. |
| Deductible | None. | None. |
| Preventative Services Examples: teeth cleaning, routine exams, x-rays, juvenile fluoride treatments | Plan pays 100% of allowed charges. | Plan pays 100% of allowed charges. |
| Basic Services Examples: most oral surgery, fillings, simple root canals, simple extractions | Plan pays 80% of allowed charges. | Plan pays 80% of allowed charges. |
| Major Services Examples: crowns, dentures, bridges, | Plan pays 60% of allowed charges. | Plan pays 50% of allowed charges. |
| Orthodontia For the employee and/or eligible dependent children under age 19. | Plan pays 50% of allowed charges | Not Covered. |
| Max Ortho Benefit | \$2000 Lifetime Max per eligible member | Not Applicable. |
| Max Plan Benefit | \$2000 per year per member (excluding orthodontia) | \$1000 per year per member |

VISION INSURANCE

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Hamilton County
January 1, 2017
Blue View VisionSM



Your Blue View Vision network

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including 1-800-CONTACTS, LensCrafters®, Sears Optical®, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every 12 months

Eyeglass frames

Once every 24 months you may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)

Once every 12 months you may receive any one of the following lens options:

- o Standard plastic single vision lenses (1 pair)
- o Standard plastic bifocal lenses (1 pair)
- o Standard plastic trifocal lenses (1 pair)

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may add any of the following lens enhancements at no extra cost.

- o Transitions® Lenses (for a child under age 19)
- o Standard Polycarbonate (for a child under age 19)
- o Factory Scratch Coating

Contact lenses – once every 12 months

Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.

- o Elective Conventional Lenses; or
- o Elective Disposable Lenses; or
- o Non-Elective Contact Lenses

Your contact lens allowance can only be applied toward the first purchase of contacts you make during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.

EXCLUSIONS & LIMITATIONS (not a complete list)

Combined Offers. Not combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

| IN-NETWORK | OUT-OF-NETWORK |
|-----------------------------------------------------|----------------------------------------------------------------|
| \$10 copay, then covered in full | \$35 allowance |
| \$130 allowance, then 20% off any remaining balance | \$50 allowance |
| \$25 copay, then covered in full | \$25 allowance |
| \$25 copay, then covered in full | \$40 allowance |
| \$25 copay, then covered in full | \$60 allowance |
| \$0 after eyeglass lens copay | No allowance on lens enhancements when obtained out-of-network |
| \$0 after eyeglass lens copay | |
| \$0 after eyeglass lens copay | |
| \$110 allowance, then 15% off any remaining balance | \$110 allowance |
| \$110 allowance (no additional discount) | \$110 allowance |
| Covered in full | \$210 allowance |

LONG-TERM DISABILITY



The LTD insurance is designed to replace a percentage of your income if you were to become disabled, even on a temporary basis. Hamilton County offers the choice of two coverage levels:

- 40% up to a maximum \$2400 monthly benefit, or
- 50% up to a maximum \$3000 monthly benefit.

This benefit amount is offset by any other disability income that you may receive from other sources such as Workers' Compensation, Social Security, government programs such as Ohio PERS (Ohio Public Employees Retirement System), and any other program to which Hamilton County contributes. However, no matter how much you receive in benefits from those other sources, your LTD plan benefit would always be at least \$150 per month or 10% of your gross Monthly Benefit, whichever is greater.

| When Would I Be Eligible for Benefits? |

Benefits begin after a period of absence of 90 or more calendar days. This income continues for up to two years as long as you are disabled from performing your own occupation, or until you reach Social Security Normal Retirement Age if you are totally and permanently disabled. For details regarding what is considered the Normal Retirement Age, see www.socialsecurity.gov. For more information you can also view the Certificate of Coverage.

Additionally, if you receive disability benefits for 6 months or more, and you die while receiving benefits the plan will pay an additional 3 months of benefit payments to your eligible survivor.

| What About Pre-Existing Conditions? |

Disabilities, which are the result of a condition for which you sought care, treatment, or medical advice during the 6 months prior to your coverage effective date, are not covered unless the disability occurs after you have been insured for 24 months.

If you have met the requirement to complete the pre-existing condition restriction, and have continued LTD coverage without lapse, you will not have to complete the requirement again with any other insurance company Hamilton County contracts with for this benefit. However, if you increase your coverage from the 40% plan to the 50% plan, there will be a new pre-existing condition waiting period in order to receive the additional 10% benefit.

FLEXIBLE SPENDING ACCOUNT—HEALTHCARE

A Flexible Spending Account will give you significant savings on health and wellness costs not covered by insurance.



Pay 25-40% Less for Your Family's Health and Wellness Costs

Insurance probably doesn't cover all your family's health costs. You might have to pay a small copay when you see the doctor or maybe even some extra charges if your doctor or hospital is not covered by your plan. Maybe you need services your insurance plan just doesn't cover. These costs can add up quite a lot over the course of a year.

Wouldn't you like to save 25-40% on all those charges?

It's Simple

You choose how much to put into the account and pay for health and wellness expenses using tax-free dollars.

Without the FSA you pay for those expenses with what's left after taxes have been deducted. Instead of the \$100 you earned, you actually have only \$60 to \$75 left to spend.

With tax-free dollars, \$100 put into your account is \$100 you can spend. Your savings will add up quickly.

Are There Rules?

A few, and they're easy to follow:

- You must decide how much you want to put in the plan for the year.
- You can't change your mind later (unless you experience specific work/life events).
- You must use the money for eligible expenses and keep the receipts.
- You must spend your money within the deadlines for your plan.
- You may not spend the money for anything cosmetic.

Use Benny and Save Your Cash

Benny® helps you keep it all straight. It pays at locations that offer eligible merchandise and services...and usually knows exactly what is eligible. When you use the card your payment comes right out of your account.



Don't Think an FSA's for You?

You'll be surprised by the some of the items eligible for savings:

Alternative medicine
Childbirth classes
Dental treatment
Learning disability services

Medical equipment
Prescriptions
Speech training
Vision

With a doctor's note:
Herbal supplements
Massage Therapy
Weight loss programs
Stop smoking aids

| Healthcare Savings Examples | | | |
|------------------------------|-------------------------|----------------------------|-------------------------------|
| Annual Tax-free Contribution | \$300 (\$25 Monthly) | \$1,200 (\$100 Monthly) | \$2,500 (\$208.33 Monthly) |
| Total Annual Savings | \$112.95 | \$451.80 | \$941.25 |

Savings will vary based on your tax bracket. Examples shown are calculated at 25% Federal, 7.65% Social Security, and 5% state income tax savings.

DEPENDENT DAYCARE ACCOUNT

Save 25-40% off the cost of dependent daycare by using a Dependent Daycare Flexible Spending Account.



Pay Less for Dependent Daycare While You Work

Dependent daycare is a big drain on family income and we're all looking for ways to slow the flow. Paying for daycare through a dependent daycare flexible spending account can help you keep more of your money in your pocket.

How does it work? You choose how much to put into the account. Then you pay using tax-free dollars.

Without the FSA you pay for your dependent daycare with what's left after taxes have been deducted. Instead of the \$100 you earned, you actually have only \$60 to \$75 left to pay for care.

With tax-free dollars, \$100 put into your account is \$100 you can use to pay for daycare.

What's an Eligible Expense?

Any type of daycare you choose:

- In-home babysitter
- Outside babysitter
- Nursery school
- Daycare center
- After-school activities
- Latchkey program
- Summer day camp
- Elder daycare
- Elder custodial care

Dependent Daycare Savings Examples

| | | |
|------------------------------|-----------------------------------|--------------------------------------|
| Annual Tax-free Contribution | \$3,000 (\$250 Monthly) | \$5,000 (\$416.33 Monthly) |
| Total Annual Savings | \$1,129.50 | \$1,882.50 |

Savings will vary based on your tax bracket. Examples shown are calculated at 25% Federal, 7.65% Social Security, and 5% state income tax savings.

Dependent Daycare Isn't Just Kid Stuff

If your child is 12 or less, this program is for you. If your dependent of any age can't be left alone for mental or physical reasons, this program is for you.

Are There Rules?

Yes, but they're simple:

- Services you claim must be provided while you and your spouse are at work, looking for work or attending classes as a full-time student.
- You must decide how much you want to put in the plan for the year.
- You can't change your mind later (unless you experience specific work/life events).
- You must spend your money within the claims deadlines for your plan.
- You may only be reimbursed for the amount of money in your plan at the time of your claim.
- Your provider must report this as income.

BASIC LIFE INSURANCE



Benefit Highlights Hamilton County, Ohio

| | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>What is basic life insurance?</p> | <p>Your employer provides, at no cost to you, basic life insurance in an amount equal to 1 times your annual earnings to a maximum of \$300,000. Life insurance pays your beneficiary (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your basic life insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p> |
| <p>Am I eligible?</p> | <p>You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.</p> |
| <p>When can I enroll?</p> | <p>As an eligible employee, you are automatically covered by basic life insurance; you do not have to enroll. If you have not already done so, you must designate a beneficiary as described below.</p> |
| <p>When is it effective?</p> | <p>Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.</p> |
| <p>Benefit Reductions</p> | <p>Your benefit will reduce by 35% at age 65 and by 50% of the original amount at age 70. All coverage cancels at retirement.</p> |
| <p>What is a beneficiary?</p> | <p>Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.</p> |
| <p>Can I keep my life coverage if I leave my employer?</p> | <p>Yes, subject to the contract, you have the option of:</p> <ul style="list-style-type: none"> • Converting your group life coverage to your own individual policy (policies). |
| <p>What is the Living Benefits Option?</p> | <p>If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your life insurance. The remaining amount of your life insurance would be paid to your beneficiary when you die.</p> |

Important Details

As is standard with most term life insurance, this insurance coverage includes certain limitations and exclusions:

- the amount of your coverage may be reduced when you reach certain ages.

SUPPLEMENTAL LIFE INSURANCE



Benefit Highlights
Hamilton County, Ohio

| | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>What is supplemental life insurance?</p> | <p>Supplemental life insurance is coverage that you pay for.</p> <p>Supplemental life insurance pays your beneficiary (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your supplemental life insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.</p> |
| <p>Am I eligible?</p> | <p>You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.</p> |
| <p>When can I enroll?</p> | <p>You can enroll during your scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of your eligibility waiting period as stated in your group policy.</p> |
| <p>When is it effective?</p> | <p>Coverage goes into effect subject to the terms and conditions of the policy. You must be actively at work with your employer on the day your coverage takes effect.</p> |
| <p>How much supplemental life insurance can I purchase?</p> | <p>You can purchase supplemental life insurance in increments of \$10,000.</p> <p>The maximum amount you can purchase cannot be more than 5 times your annual earnings. Annual earnings are as defined in The Hartford's contract with your employer.</p> |
| <p>I already have supplemental life insurance coverage; do I have to do anything?</p> | <p>If you take no action, your coverage and coverage for your eligible dependents will automatically continue with The Hartford subject to the terms of the contract.</p> |
| <p>Am I guaranteed coverage?</p> | <p>If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 5 times your annual earnings or \$100,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.</p> <p>If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you are guaranteed 2 increments of coverage (\$20,000), up to \$100,000, without filling out Evidence of Insurability. If you enroll or increase your current coverage amount more than 2 increments (\$20,000), or you go over \$100,000 of coverage, you will be required to submit an Evidence of Insurability that is satisfactory to The Hartford before coverage can become effective.</p> |
| <p>What is a beneficiary?</p> | <p>Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.</p> |

TRANSPORTATION REIMBURSEMENT

Save 25-40% on Your Work-Related Transportation And Parking Expenses

The Transportation and Parking Plan is designed to save you money on the costs of commuting to and from work. You may set aside tax-free dollars to pay for the cost of parking your vehicle or for the costs of riding the bus or other public transportation.



Use Our Mobile App to Keep Up-To-Date Wherever You Are

Here's How it Works

Use your Benny® prepaid benefits card to pay for your eligible vanpool or transportation vouchers or passes. It's easy and it keeps your cash in your pocket. Many parking garages and meters also accept Benny.

Use the Chard Snyder website any time to check your current balance, see the status of a claim or review the history of your account.



Plan for Maximum Savings

You may contribute up to the IRS maximum monthly amount for public transit passes, parking or vanpooling costs into your Transportation and Parking Plan and save on every dollar you spend.

If your commuting circumstances change, your human resources department can tell you how to enroll, change or stop your contribution according to your rules.

Email questions to askpenny@chard-snyder.com



EMPLOYEE ASSISTANCE PROGRAM



The EAP can assist with many different types of problems: stress, depression, anxiety, workplace difficulties, substance abuse, marital problems, family or parenting conflicts, grief, violence and unhealthy lifestyles. The EAP can also provide additional assistance with, and tools & referrals for:

| Childcare and Eldercare Resources with Referral | Financial and legal issues | Free Interactive online simple will | Free ID Recovery Services | Reimbursed cab fare | Retiree Assistance | Moving Resources/Checklist

Deer Oaks EAP is available when you need it, 24 hours a day, 365 days a year. Deer Oaks will also coordinate with Hamilton County Healthcare Plans for cases that require treatment under your medical benefit.

Beginning on **January 1, 2017**, for additional information or a referral to a provider located nearest you please call EAP toll-free at 1-888-993-7650. Online tools are available at: www.deeroakseap.com /

CRITICAL ILLNESS

Consider coverage that helps protect you, your family, and your assets in the event of a critical illness. It offers specialized benefits to supplement other health insurance when you and your family may be most vulnerable: during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

| | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coverage type | Voluntary Critical Illness insurance is a group policy form that includes coverage for heart/stroke, cancer, and other critical illnesses. |
| Benefit amount | Benefit amounts are available at various levels. You can choose: <ul style="list-style-type: none"> • \$5,000 to \$50,000 for employees You can also add coverage for your dependents: <ul style="list-style-type: none"> • Spouse: \$2,500 to \$25,000. Spouse coverage benefit is equal to exactly half of the employee's coverage • Child: \$2,500 to \$5,000 for each eligible child |
| Coverage for vascular conditions | Percent of benefit amount paid at initial diagnosis: <ul style="list-style-type: none"> • Heart attack 100% • Transplant as a result of heart failure 100% • Stroke 100% • Coronary artery bypass surgery as a result of coronary artery disease 25% |
| Coverage for cancer conditions 30 day waiting period | Percent of benefit amount paid at initial diagnosis: <ul style="list-style-type: none"> • First diagnosis of internal cancer or malignant melanoma 100% • Carcinoma in situ 25% |
| Coverage for other critical illnesses | Percent of benefit amount paid at initial diagnosis: <ul style="list-style-type: none"> • Transplant, other than heart 100% • End-stage renal failure 100% • Loss of sight, speech, or hearing 100% • Coma 100% • Severe burns 100% • Permanent paralysis due to an accident 100% • Occupational HIV 100% |
| Additional included benefits | <p>Waiver of premium for disability: This waives an employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. For employees ages 18-55.</p> <p><input type="checkbox"/> Benefit recurrence: This provides an additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.</p> <p><input type="checkbox"/> Health screening: Benefit pays per calendar year for covered health screenings. There are 18 covered tests including mammograms, colonoscopies, and stress tests. <ul style="list-style-type: none"> • Indemnity based and payable once per calendar year per insured • Employer selects this optional benefit and the benefit amount; Employee may decline the benefit if he/she chooses • Coverage is same for all insureds on the certificate <input type="checkbox"/> \$150 </p> |
| Portability | Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70. Participants may continue coverage by paying premiums on a direct billing method. <ul style="list-style-type: none"> • All ported certificates will be subject to any rate increases on the Employer's Master Policy. |



ACCIDENT INSURANCE

This policy offers the flexibility to vary your coverage by selecting one of four benefit levels. There are no annual maximums. Benefits start all over with each accident, and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.

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| Product base | Group Trust | |
| Coverage type | Accident Insurance that provides expense reimbursement for actual charges up to policy maximum. Covers off-the-job coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children. | |
| Benefit amount | <input type="checkbox"/> Level Two | <input type="checkbox"/> Level Four |
| <ul style="list-style-type: none"> • Accident medical expense: Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. ER subject to a \$50 deductible. • Ambulance: Pays actual expenses up to the amount selected if injury requires ground or air ambulance transportation. • Hospital indemnity: Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident. • Accidental death, dismemberment and loss of sight (AD&D): <ul style="list-style-type: none"> Loss of life Any combination of two or more hands, feet, or eyes Loss of single hand, foot or eye Multiple fingers and/or toes Single finger or toe | \$ 1,000 \$ 500 \$ 150 \$ 10,000 \$ 10,000 \$ 5,000 \$ 1,000 \$ 500 | \$ 2,000 \$ 1,000 \$ 300 \$ 20,000 \$ 20,000 \$ 10,000 \$ 2,000 \$ 1,000 |

| Additional included benefits | <p>Total disability premium waiver: If the insured becomes disabled before age 60 and as the result of injuries suffered in an accident, premiums will be waived after six months of total and continuous disability.</p> <p><input type="checkbox"/> Fracture and dislocation: Pays a benefit when a covered person suffers one of the fractures or dislocations listed. The benefit payable will equal the percentage shown, of the unit selected, for the injury. Pays 150% of the larger loss of two or more covered losses.</p> <p><input type="checkbox"/> \$1,500</p> <table border="0"> <thead> <tr> <th>Fractures</th> <th></th> <th>Dislocations</th> <th></th> </tr> </thead> <tbody> <tr> <td>• Hip bone (pelvis) or femur</td> <td>100%</td> <td>• Hip</td> <td>100%</td> </tr> <tr> <td>• Vertebra</td> <td>75%</td> <td>• Knee (does not include dislocation of the patella)</td> <td>50%</td> </tr> <tr> <td>• Skull (depressed or ping-pong fracture)</td> <td>65%</td> <td>• Foot (does not include dislocation of the toes), ankle or shoulder</td> <td>35%</td> </tr> <tr> <td>• Leg (tibia or fibula)</td> <td>50%</td> <td>• Hand (does not include dislocation of fingers), lower jaw, wrist or elbow</td> <td>20%</td> </tr> <tr> <td>• Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna)</td> <td>40%</td> <td>• Finger, toe</td> <td>6%</td> </tr> <tr> <td>• Lower jaw, shoulder blade, collar bone</td> <td>35%</td> <td></td> <td></td> </tr> <tr> <td>• Upper arm, upper jaw, skull (simple, non-depressed fracture)</td> <td>25%</td> <td></td> <td></td> </tr> <tr> <td>• Facial bones (or nose)</td> <td>20%</td> <td></td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> Hospital intensive care: Pays a daily benefit when a covered person is confined to a hospital intensive care unit as a result of injuries suffered in a covered accident. The benefit is payable for a maximum of 30 days for any one accident.</p> <p><input type="checkbox"/> \$300 per day</p> | Fractures | | Dislocations | | • Hip bone (pelvis) or femur | 100% | • Hip | 100% | • Vertebra | 75% | • Knee (does not include dislocation of the patella) | 50% | • Skull (depressed or ping-pong fracture) | 65% | • Foot (does not include dislocation of the toes), ankle or shoulder | 35% | • Leg (tibia or fibula) | 50% | • Hand (does not include dislocation of fingers), lower jaw, wrist or elbow | 20% | • Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna) | 40% | • Finger, toe | 6% | • Lower jaw, shoulder blade, collar bone | 35% | | | • Upper arm, upper jaw, skull (simple, non-depressed fracture) | 25% | | | • Facial bones (or nose) | 20% | | |
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| Fractures | | Dislocations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Hip bone (pelvis) or femur | 100% | • Hip | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Vertebra | 75% | • Knee (does not include dislocation of the patella) | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Skull (depressed or ping-pong fracture) | 65% | • Foot (does not include dislocation of the toes), ankle or shoulder | 35% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Leg (tibia or fibula) | 50% | • Hand (does not include dislocation of fingers), lower jaw, wrist or elbow | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna) | 40% | • Finger, toe | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Lower jaw, shoulder blade, collar bone | 35% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Upper arm, upper jaw, skull (simple, non-depressed fracture) | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Facial bones (or nose) | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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| Portability | Yes |
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COBRA NOTICE

Hamilton County

Chard Snyder

3510 Irwin-Simpson Road

Mason, OH 45040

Phone: (888) 993-4646

Fax: (513) 459-9947

Date

To: Employee Name
and Other Insured Dependents (if any)
Address
City, State Zip

Fr: Chard Snyder
Service Provider for Hamilton County

Re: General COBRA Information for:
Hamilton County Health Plan

You are receiving this notice because you have recently become covered under one or more of the group health plans sponsored by Hamilton County. Hamilton County has retained Chard Snyder to provide assistance with their COBRA responsibilities. One of our tasks is to provide you with important information about your right to COBRA continuation of coverage under one or more of the group health plans named above. The information is intended to educate you about your COBRA rights and obligations in the event that you or one of your dependents loses coverage under one or more the plans. For simplicity, the remainder of this notice will refer to the above plans collectively as the "Plan".

While no action or response is required unless you or your dependent actually have a loss of coverage under our health plan(s), both you and your spouse should read the information carefully, and keep it with your records. If you experience a loss of coverage in the future, please refer to this overview for guidance about your rights and responsibilities.

Note: This notice does not fully describe continuation coverage under COBRA or other rights under the Plan and a more complete description can be found by contacting the Plan Administrator (identified below) and/or referring to the applicable health plan Summary Plan Description. There is a more detailed description of your rights under COBRA and the coverage under the Plan(s) under which you have become covered in the applicable Summary Plan Description(s).

This Notice provides a brief overview of your rights and obligations under the current COBRA law. The Plan (as outlined below) offers no greater COBRA rights than what the COBRA statute requires, and this Notice should be construed accordingly.

About the COBRA Law.

COBRA refers to a Federal law which applies to most employers who sponsor group health insurance plans for their employees and dependents. For COBRA purposes, a group health plan includes any major medical plan, dental plan, vision plan, health FSA, or any other employer sponsored group plan which provides medical care.

The law requires that employees and certain dependents (spouse and dependent children) who lose coverage under a group health plan must be given the opportunity to continue coverage on a temporary basis. The maximum length of time coverage may be continued depends upon the reason coverage is lost. An employee, spouse and/or dependent child who loses coverage as a result of a qualifying event is called a "Qualified Beneficiary".

COBRA Qualifying Events.

Listed below are “qualifying events” which result in the right to continue coverage under COBRA. Please note that the maximum period of time coverage can be continued depends on the type of qualifying event.

Eighteen (18) Month Maximum Continuation (experienced by a covered employee):

- 1.) Termination of Employment (for reasons other than “gross misconduct”)
- 2.) Reduction of Work Hours

If you experience one of the events listed above, you and any other impacted qualified beneficiary will be notified of the right to elect continuation coverage.

Disability Extension to twenty-nine (29) months. This extension will apply when any Qualified Beneficiary is determined by the Social Security Administration to have been disabled at any time prior to the end of the first sixty (60) days of COBRA coverage resulting from a termination of employment or reduction of work hours, and continues to be disabled at the end of the initial 18 month period of coverage.

For the disability extension to apply, you must provide a copy of the SSA Determination of Disability letter within the 18 month COBRA period but no later than 60 days after the latest of: (1) the date of the SSA Determination of disability; (2) the date on which the qualifying event occurs; or (3) the date on which the qualified beneficiary loses coverage.

Second Qualifying Event Extension to thirty-six (36) months. If a Qualified Beneficiary experiences a second qualifying event during the 18 or 29 month COBRA continuation coverage resulting from termination of employment or reduction of work hours, then the spouse and dependent children will qualify for an extension of COBRA continuation coverage of up to 36 months from the original qualifying event. A covered employee or qualified beneficiary must provide notice of the second qualifying event within 60 days of the event in order to qualify for the extension. Events eligible for the extension of coverage are those listed below (but only to the extent that they would have caused a loss of coverage under the Plan if it was the initial qualifying event):

Thirty Six (36) Month Maximum Continuation (experienced by a covered spouse or dependent child):

- 1) Death of an Employee
- 2) Divorce or legal separation
- 3) Dependent child no longer meets the Plan’s definition of a “dependent

In addition, if you become entitled to Medicare and then experience a qualifying event or reduction in hours of employment within 18 months of the Medicare entitlement, the qualified beneficiary spouse and/or dependent children may elect to continue coverage for up to 36 months from the Medicare entitlement.

Your IMPORTANT Qualifying Event Notice Obligations.

If your spouse or dependent child loses coverage under the Plan because of divorce, legal separation, or your child no longer meets the Plan’s definition of “dependent”, then you, your spouse or dependent child must notify Hamilton County of the loss. Written notice must be provided no later than sixty (60) days after the event or the date coverage terminates, whichever is later. It is mandatory that you use the enclosed notification form for this purpose. It can be mailed first class or faxed to Hamilton County . A notification form is enclosed for this purpose. (Contact information is listed on the notification form and later in this document.) You may be required to provide additional information to support the qualifying event (e.g. a divorce decree, etc).

If Hamilton County is provided timely notice of the divorce, legal separation, or a child’s loss of dependent status, we will notify the affected Qualified Beneficiaries of the right to elect continuation coverage.

If Hamilton County is not provided notice of the divorce, legal separation, or a child’s loss of dependent status during this sixty (60) day period, COBRA continuation will not be offered. If any claims are mistakenly paid for expenses incurred after

PRIVACY NOTICE

Hamilton County Notice of Privacy Practices

Rev. 09/2013

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact Hamilton County Employee Benefits at benefits@hamilton-co.org or 513-946-4700 or 138 E. Court Street, Room 707, Cincinnati, OH 45202

1. OUR COMMITMENT REGARDING YOUR PERSONAL HEALTH INFORMATION

Hamilton County is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to Hamilton County health plans, collectively, The Plans. The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

2. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following describes the ways Hamilton County may use and disclose health information that identifies you. Except for the purposes written below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by contacting the Privacy Officer.

- **For Payment.** We may use and disclose PHI about you so that the treatment and services you receive at the hospital may be paid out of the Plan.
- **For Treatment.** The Plans may disclose your PHI, or your covered dependents' PHI, to a health care provider or administrator for its provision, coordination or management of your health care and related services. For example, prior to providing a health service to you, your doctor may ask the Plans for information concerning whether and when the service was previously provided to you. The Plan may use and disclose your PHI for treatment activities of a health care provider.
- **For Health Care Operations.** The Plans may use and disclose your PHI for our health care operations, or the health care operations of a third-party administrator of the plans. For example, the Plans may use PHI to conduct quality assessment and improvement activities. Other health care operations may include providing appointment reminders or sending you information about treatment alternatives or other health-related benefits and services. The Plans may also disclose your PHI to another health plan or provider who has a relationship with you, so that it can conduct quality assessment and improvement activities — for example, to perform case management.

SPECIAL SITUATIONS:

- **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

- **Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

- Uses and disclosures of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

3. YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

- **Right to Inspect and Copy.** You have a right to inspect and copy Health Information in certain records the Plan maintains. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Hamilton County Human Resources, 138 E. Court Street, Room 707, Cincinnati, OH 45202. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Hamilton County Human Resources, 138 E. Court Street, Room 707, Cincinnati, OH 45202.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Hamilton County Human Resources, 138 E. Court Street, Room 707, Cincinnati, OH 45202.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Hamilton County Human Resources, 138 E. Court Street, Room 707, Cincinnati, OH 45202. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Hamilton County Human Resources, 138 E. Court Street, Room 707, Cincinnati, OH 45202. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.hamilton-co.org. To obtain a paper copy of this notice, you must make your request, in writing, to Hamilton County Human Resources, 138 E. Court Street, Room 707, Cincinnati, OH 45202.

4. CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. If this Notice is modified, it will be made available to you. The notice will contain the effective date on the first page, in the top right-hand corner.

5. FOR MORE INFORMATION OR COMPLAINTS:

If you want more information about your privacy rights, do not understand your privacy rights, are concerned your privacy rights have been violated, you may file a complaint with our office. You may also file written complaints with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

You may contact our office at: Hamilton County, Human Resources Department, 138 E. Court Street, Room 707, Cincinnati, OH 45202 or 513-946-4700.

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you.

MEDICARE RX CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Anthem and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Anthem has determined that the prescription drug coverage offered by Hamilton County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare prescription drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Anthem coverage will not be affected. The Anthem coverage will pay as primary and Medicare D coverage pays secondary.

Note that you may not drop just prescription drug coverage under the Anthem coverage. This is because prescription drug coverage is part of the entire medical plan.

If you decide you want to drop your Anthem coverage through Hamilton County, be aware that you may only drop or add coverage at the plan's next annual enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Anthem and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information [or call Anthem at (XXX) XXX-XXXX] **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Anthem changes. You also may request a copy of this notice.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

- For more information about Medicare prescription drug coverage: Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: 10/17/2016

Name of Entity/Sender: **Hamilton County**
Contact--Position/Office: **Human Resources Department**
Address: **138 East Court St., Rm 707, Cincinnati, OH 45202**
Phone Number: **513-946-4700**

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

MARKETPLACE NOTICE



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.6% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact benefits@hamilton-co.org or 513-946-4700

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 80 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | | |
|-----------------------------------------------------------------------------------------|----------------|-------------------------------------------------------|--|
| 3. Employer name Hamilton County OH | | 4. Employer Identification Number (EIN) 31-6000063 | |
| 5. Employer address 138 East Court Street, Room 707 | | 6. Employer phone number 513-648-4700 | |
| 7. City Cincinnati | 8. State OH | 9. ZIP code 45202 | |
| 10. Who can we contact about employee health coverage at this job? Employee Benefits | | | |
| 11. Phone number (if different from above) | | 12. Email address benefits@hamilton-co.org | |

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Any full-time employee, or one who is regularly scheduled an average of 30 or more hours per week.

•With respect to dependents:

We do offer coverage. Eligible dependents are:

If eligible, the employee can cover eligible dependents;

- Spouse
- Children under age 26
- Dependents who are mentally or physically disabled and incapable of self-support, even if they are older than age 25. Dependents must be declared disabled before age 18 in order to qualify for this extended coverage.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.