



Delaware County

Benefits Guide

2023

January 1, 2023—December 31, 2023



Start Here

Delaware County Resources



Employee Navigator

The Employee Navigator allows you to log in and view your benefits, your covered family members, request changes or updates to your plans due to mid-year qualifying events and make your annual open enrollment changes.



<https://www.employeenavigator.com/benefits/Account/Login>

Delaware County Website

The Delaware County website houses benefit information located under Government – Offices and Agencies – Human Resources – Benefits. Here you can find out what carriers provide your coverage, view plan information, Frequently Asked Questions and find links to further information.



<https://humanresources.co.delaware.oh.us/>



HealthWorks

Registration in the Healthworks portal is required to complete the Wellness Program. Employees, and spouses if applicable, must register separately to log and upload information. User name is the users email address. The Wellness Program runs from August 14, 2021 to August 11, 2022. Activities and requirements can be backdated to the start of the program year.



<https://www.cincyhealthworks.com/>

Partner Resources & Apps

Great Resources

Wellable

Wellable is an app that is tied to and used to complete the Wellness Program. It allows you to log your your daily steps or sync a fitness device (Apple Watch, Fitbit, etc.) to earn credit towards the Wellness Program. After install, sign in with the email address and password used for Healthworks.

Wellable

 Google Play  App Store



<https://www.wellable.co/home>



Sydney Health

The Sydney app allows you to find care and compare costs, see what is covered and check claims, and view and use digital insurance ID cards. It is a great resource to save money and keep insurance cards organized digitally.



 Google Play  App Store

<https://www.sydneyhealth.com/>

Live Health Online

All family members under your health insurance plan are eligible to use the Livehealth Online benefit to get 24/7 access to board certified doctors through your phone. Get the care you need without having to leave your house with a secure private video, and have prescriptions sent to your pharmacy for convenient pick up.



 Google Play  App Store



You will need to install the app and register, preferably before you need it instead of waiting till you are not feeling well.

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first day of the month following 30 days from your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until next open enrollment.
- **Open Enrollment:** Changes made January 1, 2023—December 31, 2023.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Life and AD&D

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TO ENROLL ONLINE GO TO:

www.employeenavigator.com

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We offer our medical benefits through Anthem. Below is a high level summary of our benefits. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Anthem Blue Access PPO	
	In-Network	Out-of-Network ¹
	Deductible (per calendar year)	
Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000
	Out-of-Pocket Maximum (per calendar year)	
Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000
	Covered Services	
Physician Office Visits	\$20 Copay	40%*
Specialist Office Visits	\$40 Copay	40%*
Routine Preventive Care	No charge	40%*
Outpatient Diagnostic (lab/X-ray)	20%*	40%*
Complex Imaging	20%*	40%*
Emergency Room	\$250 Copay	\$250 Copay
Urgent Care Facility	\$50 Copay	\$50 Copay
Inpatient Hospital Stay	20%*	40%*
Outpatient Surgery	20%*	40%*
Ambulance Services	20%*	20%*
Outpatient Therapy Services	\$20/\$40 Copay Office Visit 20%*-Hospital/Facility	40%*
Outpatient Mental Health Services	\$20 Copay PCP/SPC 20%* Hospital/Facility	40%*
Prescription Drugs (Tiers)		
Retail Pharmacy (30-day supply)	\$10 / \$30 / \$50	Not covered
Mail Order (90-day supply)	\$20 / \$60 / \$100	Not covered



Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

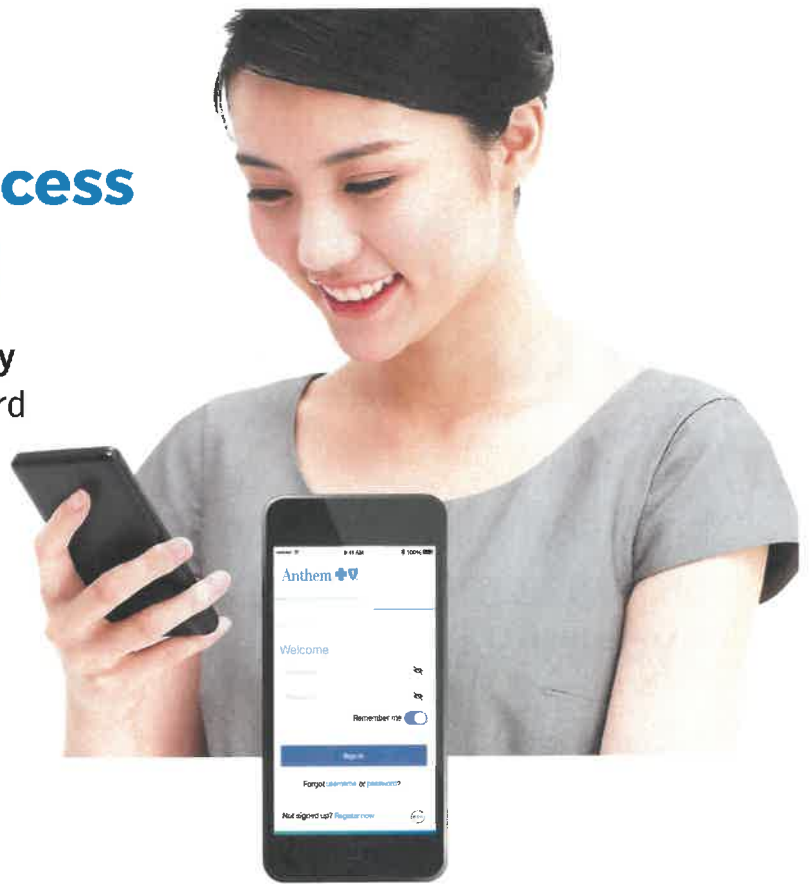
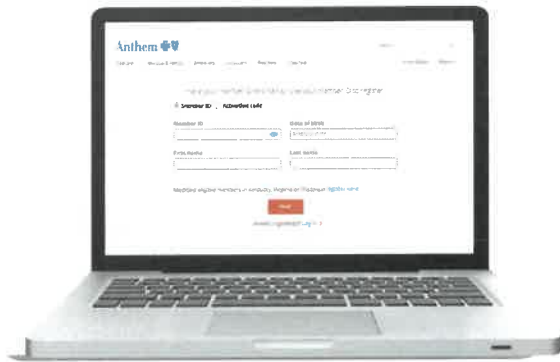


Access the insurance booklet online:

<https://humanresources.co.delaware.oh.us/wp-content/uploads/sites/15/2022/10/CEBCO-Delaware-County-2023-OE-Booklet-2.pdf>

You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan – including medical – in one place. Making your health care journey simple, personal – all about you.



Need help signing up?
Call us at **1-866-755-2680**.

* You must be 18 years or older to register your own account.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/cal/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RMI), Healthy Alliance® Life Insurance Company (HALC), and HMO Missouri, Inc. RMI and certain affiliates administer non-HMO benefits underwritten by HALC and HMO benefits underwritten by HMO Missouri, Inc. RMI and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. (HMO Nevada) in New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. (trading as Anthem Blue Cross and Blue Shield in Virginia), and its service areas all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in PDS policies offered by Compare Health Services Insurance Corporation (Compare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compare underwrites or administers HMO or PDS policies, WCIC underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Expanding your virtual care options

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find no- or low-cost care through our app:

- ① **Chat with a doctor 24/7 without an appointment**
 - Urgent care support for health issues, such as allergies, a cold, or the flu.
 - New prescriptions for concerns such as a cough or a sinus infection.
- ② **Schedule a virtual primary care appointment**
 - Routine care, including wellness check-ins and prescription refills.
 - Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

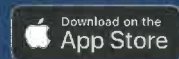
Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at no or low cost.

▶ Download our Sydney Health mobile app today.



Set up your account right away and it will be ready to use when you need it.



85% of virtual visits resolve the person's need.*



Sydney Health makes healthcare easier

Access personalized health and wellness information when you need it

With the Sydney Health mobile app, you can access your medical, pharmacy, dental, vision, life, and disability benefits details in one place. Our simple experience makes it easy to find what you need — with one-tap access to benefits information, Member Services, virtual care, and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

Find Care

Search for doctors, hospitals, and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

You can now conveniently connect with care from the comfort of home. Assess your symptoms quickly with the Symptom Checker, and visit a doctor over text or video chat to receive care through Sydney Health.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download Sydney Health today

Use the app anytime to:

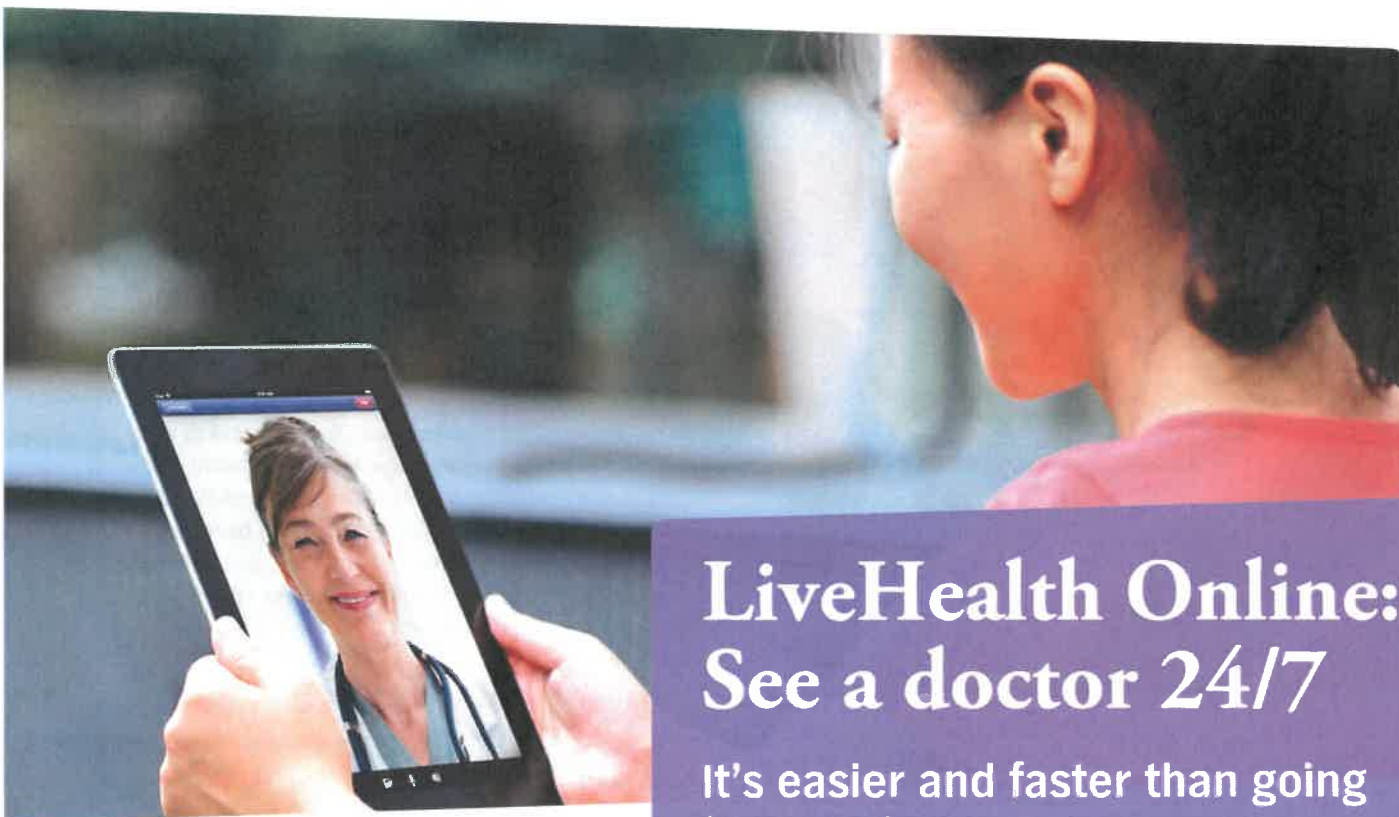
- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



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LiveHealth Online: See a doctor 24/7

It's easier and faster than going to urgent care.

Sign up for LiveHealth Online today!
It's quick and easy to sign up – just go to livehealthonline.com or download the mobile app.



apple.com



play.google.com/store

The next time you or someone in your family needs to see a doctor, use LiveHealth Online. See a doctor with a smartphone or tablet using our free app, or a computer with a webcam.¹

With LiveHealth Online, you get:

- Immediate, 24/7 access to board-certified doctors.
- Secure and private video chats with your choice of doctor.
- Prescriptions that can be sent to your pharmacy, if needed.²

Your LiveHealth Online member cost share for Medical and Behavior Health visits will be \$0 for PPO plans (NOTE: This does not apply to HSA plans.)



¹ Visit the home page at livehealthonline.com to see the latest map showing where service is available.

² As legally permitted in certain states.

LiveHealth Online is the tradename of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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Live well – unconditionally

ConditionCare



Frequently asked questions

What is ConditionCare?

ConditionCare is a program that gives you resources and tools to help you take care of certain health conditions. When you enroll in ConditionCare, you get:

- 24/7 toll-free access to a nurse care manager who can answer questions about your condition.
- A health screening and follow-up calls to help you reach your personal health goals.
- Educational guides, newsletters, tips and tools on how to take care of your health.

Which health conditions does ConditionCare address?

The program aims to help members with:

- Asthma (pediatric or adult).
- Chronic obstructive pulmonary disease (COPD).
- Coronary artery disease (CAD).
- Diabetes, types 1 and 2 (pediatric or adult).
- Heart failure (HF).

How do I know if I can join the program?

Just call toll free at **888-249-3820**. We'll check if you can join the program.

Can my spouse and family members join?

If they're covered by your health plan and have any of the conditions above, they can join. Call us and we'll check if they can join.

How much does it cost to join ConditionCare?

ConditionCare is in addition to your health plan, so there's no extra cost.

Get help taking care of your health

To learn more or to join ConditionCare,
call us toll free at **888-249-3820**.

Feel your best

ConditionCare

Let our health professionals help you live your best life

Do you or a covered family member have a long-term (chronic) health problem? ConditionCare is a program for you and there's no extra cost for you to join.

When you join ConditionCare, you'll get:

- 24-hour, toll-free access to a nurse who'll answer your questions.
- A health assessment by phone.
- Support from nurse care managers, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals.
- Educational guides, newsletters and tools to help you learn more about your condition.

ConditionCare nurse care managers work with members of all ages who have:

- Asthma.
- Diabetes.
- Chronic obstructive pulmonary disease (COPD).
- Heart failure.
- Coronary artery disease.

We may call to find out if ConditionCare can help you and ask you to sign up. To protect you, we'll verify your address or date of birth before talking about your health. ConditionCare is for the whole family, so we can help parents manage their children's chronic conditions, too.



Get help taking care of your health

To learn more or to join ConditionCare, call us toll free at 888-249-3820.





THE RIGHT CARE FOR YOU AND YOUR FAMILY

When you or your family need specialty care, you want access to providers who best fit your needs. Choosing the right doctor or hospital is important. Some doctors and hospitals may have more expertise in certain areas of specialty care than others, which can impact the quality and results of the care you receive.

That's why Blue Cross and Blue Shield companies created a national recognition program—Blue Distinction Specialty Care—to make it easier for you to find quality care that's right for you.

RECOGNIZING QUALITY AND VALUE

Hospitals and doctors are recognized through Blue Distinction, with two designations available across eleven areas of specialty care:

Blue Distinction Center

Demonstrate quality care and treatment expertise

Blue Distinction Center+

Demonstrate more affordable care in addition to quality care and treatment expertise

- Bariatric Surgery
- Cancer Care*
- Cardiac Care
- Cellular Immunotherapy - CAR-T*
- Fertility Care
- Gene Therapy*
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Substance Use Treatment and Recovery*
- Transplants

Quality is key. Only those providers that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.

*Blue Distinction Center designation only.

EVALUATING WHAT MATTERS

Blue Distinction Center and Blue Distinction Center+ designations are awarded to doctors and hospitals based on a thorough, objective evaluation of their performance in the areas that matter most—quality care and treatment expertise. Blue Distinction designated providers have a proven history of delivering better quality care than those without these recognitions.

FINDING A BLUE DISTINCTION CENTER NEAR YOU

Blue Distinction Centers and Blue Distinction Centers+ are available nationwide—and finding one is easy. To locate a provider:



- Visit the National Doctor and Hospital FinderSM (provider.bcbs.com)
- Visit the Blue Distinction Center FinderSM (bcbs.com/blue-distinction-center/facility)



- Call the toll-free number on your membership card

Stay on top of your health



Use your preventive care benefits

Regular checkups and exams can help you stay healthy and catch problems early, when they are easier to treat. Our health plans offer all the preventive care services and immunizations below at no cost to you.¹ As long as you use a plan doctor, pharmacy, or lab, you will not have to pay anything. If you use providers that are not in your plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

Preventive versus diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing your symptoms.

Adult preventive care

Preventive physical exams, screenings, and tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening³
- Eye chart test for vision⁴
- Hearing screening
- Height, weight, and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years²
- Obesity: related screening and counseling³
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal, and domestic: related screening and counseling

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁵
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{5,6,7,8}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Human papillomavirus (HPV) screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁷
- Pelvic exam and Pap test, including screening for cervical cancer

Immunizations:

- Coronavirus disease (COVID-19)
- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and therefore are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined *Evidence of Coverage and Disclosure Form or Certificate* for exclusions and limitations.

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight, and BMI
- Hemoglobin or hematocrit (blood count)

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenzae type b (Hib)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis

Coverage for pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items (age appropriate)

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia, and colorectal cancer in adults younger than 70 years of age
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for those ages 18 and older
- Preexposure prophylaxis (PrEP) for the prevention of HIV

- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit¹

- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

Child preventive drugs and other pharmacy items (age appropriate)

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0 to 5
- Fluoride supplements for children ages 0 to 6

Women's preventive drugs and other pharmacy items (age appropriate)

- Contraceptives, including generic prescription drugs and OTC items like female condoms and spermicides⁷
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria²

We hope this information helps you understand your preventive care benefits. For a complete list of covered preventive drugs under the Affordable Care Act, view the *Preventive ACA Drug List* flyer, available at anthem.com/pharmacyinformation.

¹ The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Member Services number on your ID card.

² You may be required to receive preapproval for these services.

³ The Centers for Disease Control and Prevention (CDC) recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

⁴ Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

⁵ Check your medical policy for details.

⁶ Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan-usable medical equipment (POME) suppliers.

⁷ This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the birth control brand or brand name is medically necessary.

⁸ Counseling services for breastfeeding (lactation) can be provided or supervised by a plan doctor or health care provider, such as a pediatrician, OB/GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.

Anthem Blue Cross and Blue Shield is the trade name of: in Colorado, Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/networkaccess. In Connecticut, Anthem Health Plans, Inc. In Georgia, Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana, Anthem Insurance Companies, Inc. In Kentucky, Anthem Health Plans of Kentucky, Inc. In Maine, Anthem Health Plans of Maine, Inc. In Missouri, including 30 counties in the Kansas City area, Anthem Managed Care, Inc. (RT), Healthy Alliance® Life Insurance Company (HALC), and HMO Missouri, Inc. RT and certain affiliates administer HMO benefits underwritten by HALC and HMO benefits underwritten by HMO Missouri, Inc. RT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada, Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire, Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio, Community Insurance Company. In Virginia, Anthem Health Plans of Virginia, Inc. Trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin, Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in PDS policies offered by Compicare Health Services Insurance Corporation (Compicare) or Wisconsin Collaborative Insurance Corporation (WCI). Compicare underwrites or administers HMO or PDS policies. WCI underwrites or administers Web Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Plan extras that support your health

Medical guidance

24/7 NurseLine — You can connect with a registered nurse who will answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area. Call 800-700-9184.

Anthem Health Guides — Highly trained Anthem associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach a health guide by calling the number on your member ID card. You also can go to [anthem.com](https://www.anthem.com) to send a secure email or chat with them online.

Behavioral Health Resource — Extra support can make a difference with things like depression, anxiety, substance use, or eating disorders. Our caring professionals will work with you to arrange counseling and support services that meet your individual and family needs. You can call **866-785-2789**, 24/7, for help with understanding your benefits, guiding you to resources, and connecting you to the care you need.

Emotional well-being resources — Your emotional well-being is an important part of your overall health. Emotional well-being resources, administered by Learn to Live, can help you identify the thoughts and behavior patterns that affect your emotional well-being — and work through them with online programs and personalized coaching. You will learn effective ways to manage stress, depression, anxiety, and sleep issues. To access these resources, visit

Blue Distinction Centers — If you are having surgery or a major procedure such as knee or hip replacement, look for this designation. Blue Distinction Centers or Blue Distinction Center hospitals are recognized for excellent care and faster recovery times. Blue Distinction Centers+ are also recognized for lower costs. You do not pay extra for access to a Blue Distinction Center. It's part of your plan.

Building Healthy Families — This digital program can help support your family from preconception through the stages of pregnancy, childbirth, and early childhood (to age 5 and beyond). It is available 24/7 through our SydneySM Health mobile app and features an extensive content library covering topics to support diverse

families, including single parents and same-sex or multicultural couples. In addition, the app features many tools including fertility, diaper change, and feeding trackers, due date calculators, and blood pressure monitoring. Visit the Sydney Health app to enroll today.

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.

ConditionCare — Receive support from a dedicated nurse team to manage ongoing conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure. Work with dietitians, health educators, and pharmacists who can help you learn about your condition and manage your health.

Diabetes Prevention Program — This 12 month program can help you lose weight and lower your risk of developing type 2 diabetes. Anthem and Lark have come together to offer you this program at no extra cost, it's part of your health plan. The program is customized based on your lifestyle and you will receive 24/7 coaching to provide you with tools for healthier habits to reduce your risk. You will even receive a free smart scale when you enroll and a free Fitbit2.* To see if you qualify go to enroll.lark.com/anthem.

*Fitbit costs and device usage with any other brand for two months will be free. Monitoring tools cost with your health plan. Offer subject to availability. Offer ends 12/31/2023. See www.anthem.com for details.

Healthy living

SpecialOffersSM — With SpecialOffers, you can receive discounts on products and services that help promote better health and well-being.



Save money with discounts at anthem.com

As an Anthem member, you qualify for discounts on products and services that help promote better health and well-being.* These discounts are available through SpecialOffers to help you save money while taking care of your health.

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® — Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional \$20 off orders of \$100 or more, free shipping and free returns.

EyeMed — Take 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK — Save \$800 on LASIK when you choose any “featured” Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision — Save up to 40% on LASIK eye surgery at more than 1,000 locations.

Nations Hearing — Receive hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each.

Hearing Care Solutions — Digital instruments start at \$500, and a hearing exam is free. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years and unlimited visits for one year.

Amplifon — Take 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

ProClear™ Aligners — Take \$1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.



Fitness and health

Active&Fit Direct™ — Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit — Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.

Garmin — Take 20% off select Garmin wellness devices.

Jenny Craig® — Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save \$200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply.

ChooseHealthy® — Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars.

GlobalFit — Discounts apply on gym memberships, fitness equipment, coaching and other services.

Family and home

23andMe — Take \$40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

Safe Beginnings® — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

Nationwide Pet Insurance — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

ASPCA Pet Insurance — Take 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

WINFertility® — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

LifeMart® — Take advantage of great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

SelfHelpWorks — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride® — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products and National Allergy Supply — Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over \$59 ship for free by ground within the contiguous U.S.

To find the discounts available to you, log in to [anthem.com](https://www.anthem.com), choose **Care** and select **Discounts**.

Your SpecialOffers discounts are part of our effort to support your personal health journey. Taking care of your health can be easier with the savings offered through your health plan.

* All discounts are subject to change without notice.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the but of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Make the most of your pharmacy benefits

For more information, go to [anthem.com/FAQs](https://www.anthem.com/FAQs), select your state, and then **Pharmacy**.

Drug type		Cost
Tier 1	Preferred generic drugs	\$
Tier 2	Preferred brand-name and newer, higher-cost generic drugs	\$\$
Tier 3	Nonpreferred brand-name and generic drugs	\$\$\$

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	\$2,500 Person \$5,000 Family	Not applicable
Prescription Drug Coverage Network: Base Network Drug List: National <i>Drugs not included on the drug list will not be covered.</i>		
Day Supply Limits: Retail Pharmacy <i>30 day supply (cost shares noted below)</i> Rx Maintenance 90 Pharmacy <i>90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery).</i> Home Delivery Pharmacy <i>90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). You will need to call us on the number on your ID card to sign up when you first use the service.</i> Specialty Pharmacy <i>30 day supply (cost shares noted below for retail and home delivery apply). We require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.</i>		
Tier 1 - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	Not applicable
Tier 2 – Typically Preferred Brand	\$30 copay per prescription (retail) and \$60 copay per prescription (home delivery)	Not applicable
Tier 3 - Typically Non-Preferred Brand	\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)	Not applicable
Specialty Medications (brand and generic)	\$50 copay per prescription	No coverage

Pharmacy Benefits

What your plan will cover

Your medication coverage

Your plan covers:

- Brand-name and generic drugs on your drug list.
- Certain preventive drugs at a more affordable or no extra cost to you.
- Most specialty drugs if you have an ongoing health matter or serious illness, such as cancer or hepatitis C.

Your drug list

Your plan includes various drug lists. You can check the lists for your medicines and the brand-name and generic drugs that are included. Typically, drugs on lower tiers cost less.

If your medication isn't on the list, you will see other options. Drug lists can change, so you may want to check it again when you have a new prescription.

To find the latest drug lists:

- Visit [fm.formularynavigator.com/FBO/143/National_3_Tier_ABCBS.pdf](https://www.formularynavigator.com/FBO/143/National_3_Tier_ABCBS.pdf) for the **National 3-tier** Drug List.
- Most specialty drugs are covered if you have an ongoing health issue or a serious illness.

Your pharmacy options

You have choices for filling your prescriptions, including local pharmacies in your plan's network and convenient home delivery.

- **Retail pharmacies:** Your costs may be lower if you use one of the pharmacies in your plan's network.
- **Home delivery:** If there are medications you take regularly, you can save time and money with our home-delivery service.
- **Specialty pharmacy:** If you have a health condition that requires specialty medicine, such as those you take by injection or infusion, or that needs special handling, you will need to order through CarelonRx Specialty Pharmacy.

How your pharmacy benefits work

Your plan includes a copay, which is a flat fee you pay for

medicine. Your copay is based on which tier the drug is on. See the Save money with Tier 1 drugs section for details.

Once you're a member, you can use the Price a Medication tool on [anthem.com](https://www.anthem.com) to compare costs and find generic equivalents.

Make the most of your pharmacy benefits

Understanding medicine coverage and costs

- **Search the drug list.** Find out if your medicines are covered and which tier they are in. Lower-cost, brand-name drugs and generics are usually in Tiers 1 and 2. You will save the most money if you use Tier 1 drugs.
- **Price a medication.** See how much a medicine costs before you get it. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery.
- **Check if there are generic options.** If you take a brand-name drug, you can find a list of generic options that are just as effective and cost less. Be sure to talk with your doctor to see if a generic option is right for you.
- **Save money on certain noncovered medicines.** If your prescription isn't covered by your plan, you may be able to receive a discount. Share your member ID card at the pharmacy, and the available discount will automatically be applied.
- **Most specialty drugs are covered, if you need them.** Specialty drugs are for people with long-term or serious health matters, such as cancer, rheumatoid arthritis, and hepatitis C. They are drugs taken by injection or infusion or that require special handling or need to be given by a doctor or nurse. If you have a health matter that requires a specialty drug, you will need to order it through the CarelonRx Specialty Pharmacy. In certain cases, you may also choose other specialty pharmacies in your plan's network.

For more information on specialty drugs, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) or call the Pharmacy Member Services number on your ID card.

Coverage requirements

Certain medications require you to take other steps before your plan covers them. Here are examples:

- **Preapproval, also known as prior authorization.** This means Anthem needs to approve a drug before the pharmacy fills it. If you already have preapproval, you or your doctor will need to fill out a new form at [anthem.com](https://www.anthem.com).

- **Step therapy.** You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits.** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization.** If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.
- **90-day supply.** If you take maintenance medication for ongoing conditions like asthma, diabetes, or high cholesterol, your plan may require that you set up 90-day supplies at a pharmacy, including CVS, or through home delivery.

You have pharmacy options

Choose a pharmacy that's in your plan. You have many retail pharmacies from which to choose. Use a pharmacy that is in your plan to avoid paying full price. To find a pharmacy in your plan, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html), and choose your network list.

Your plan uses the **Base Network** list of pharmacies.

The **Base Network** is our national pharmacy network and includes nearly 67,000 retail pharmacies across the country. To find a pharmacy, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) and choose the **Base Network** list.

Receive a 90-day refill at a retail pharmacy. Ninety-day supplies of covered medications are available at participating retail pharmacies. You can save time with fewer trips to the pharmacy by switching to a 90-day supply for medications you take on a regular basis. Depending on your plan, you may also save on copays. That's because a 90-day supply of certain drugs usually costs less than three 30-day refills.

Resources Outside of Insurance... to save out-of-pocket!



Levothyroxine generic Euthyrox, Levo-T, Levoxyl, Synthroid, Thyra-Tab, Tirosint, Unithroid

Used for Thyroid Cancer, Hypothyroidism, and Goiter



Customize this levothyroxine coupon

First, review the prescription details.

Prescription: 125mcg levothyroxine (90 tablets)

Then, choose a pharmacy near [Columbus, OH](#) to get your GoodRx price.

Pay as low as \$9.95 with GoodRx Gold. [Start free trial](#)



Show this free coupon to the pharmacist.

levothyroxine 125mcg
90 tablets at Meijer Pharmacy

LIMITED TIME OFFER

Save \$7.50 the first time you use this coupon

\$7.90

~~\$15.40~~

BIN: 015995

PCN: GDC

Group: DR33

Member ID: DCP414581

GoodRx Coupon • Valid until Mar 23

This is not insurance



Levothyroxine Sodium Coupons & Prices

Generic Synthroid

Save

Levothyroxine Sodium is a generic thyroid replacement drug that treats an underactive thyroid. The thyroid produces two hormones that are vital to all the body's functions, T3 (tri-iodothyronine) and T4 (thyroxine). Levothyroxine Sodium replaces one of those hormones, thyroxine, that is vital to the way the body uses energy. The retail price of Levothyroxine Sodium is \$2749 for 30, 50MCG Tablet of Levothyroxine Sodium, but with a SingleCare Levothyroxine Sodium coupon, the discounted price is \$0.35 for 30, 50mcg Tablet of generic Levothyroxine Sodium. SingleCare Levothyroxine Sodium coupons are accepted at many local pharmacies.

Generic

Tablet

125mcg

90 count

63054 - New Albany, OH

Price alert

meijer

\$8.12

Price with sign-up

Get free coupon

Kroger

\$9.13

Price with sign-up

Get free coupon

Walmart

\$10.00

Get free coupon

Walgreens

\$11.87

Price with sign-up

Get free coupon



Skip monthly trips to the pharmacy with our 90-day benefit

You can even save money!

Not one for going to the pharmacy every month and standing in line to refill your prescriptions? There's no need. With our 90-day benefit options, you'll have the convenience of getting the medicine you need with fewer trips to the drugstore. You can even have it delivered to your door!

Here's something else that's great: When you get a 90-day supply of your medication, you're more likely to stay on track with your therapy and avoid emergency room visits, hospital stays or tests that may be needed when you miss doses.*

Best of all? This benefit is offered at no extra cost to you.

90-day fill required after two courtesy fills (30 days)

Rx Maintenance 90: Save time, stress and money!

Refill your prescriptions for a 90-day supply of maintenance drugs through Rx Maintenance 90. Maintenance drugs treat long-term conditions like asthma, heartburn or diabetes. Depending on your plan, you may even save on the cost of your prescriptions compared to what it would cost for three 30-day supplies.

When you use your Rx Maintenance 90 benefit, you must fill prescriptions for maintenance drugs at a Rx Maintenance 90 pharmacy, or through home delivery. Whether you choose a Rx Maintenance 90 pharmacy or home delivery, you'll pay the same home delivery copay! It's easy and convenient.

There are more than 25,000 pharmacies to choose from. Here's how to find one near you:

- Log on to anthem.com and choose **Pharmacy**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code or city.



On the go? Use the Sydney app to find nearby pharmacies.

Just download the app and log in. Next, choose **Prescriptions** and then **Find a Pharmacy**.

Start using your 90-day prescription benefit today and spend less time at the pharmacy!

* Schwab P et al. A retrospective database study comparing diabetes-related medication adherence and health outcomes for mail-order versus community pharmacy. *J Manag Care Spec Pharm*. 2019 Mar;25(3):332-340.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/our-network/access. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoice® Managed Care, Inc. (RMC), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIF and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIF and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., cba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

CEBCO Diabetic Supply Benefit

Coverage for diabetic supplies and supplies for Durable Medical Equipment to control diabetes has created some confusion for our members. Some items are covered through prescription benefits and some items are covered through medical benefits.

To clarify; to access benefits for diabetic supplies, there must be a prescription.

The items listed in **GREEN** are covered with a prescription through your benefit with **Anthem Rx** (purchased through a pharmacy) with **no expense to you.**

Lancets
Test strips
Needles
Syringes
Ketone strips

The items listed in **BLUE** are covered with a prescription with **Anthem Rx** (purchased through a pharmacy) with some coinsurance responsibility.

Meters
Alcohol swabs
Freestyle Libre
Free style Libre 2
Dexcom G6
Omnipod
Omnipod Dash

The items listed below in **RED** are covered with a prescription/medical necessity order through your benefit with **Anthem Medical** and are **subject to deductible and coinsurance. These are considered supplies to equip Durable Medical Equipment**

Infusion Sets
Reservoirs
Insulin Pump
Tubing
Pump Supplies



National Drug List

Search www.anthem.com

1. Click on Individual & Family
2. Located Under Care click on “Search Medications”
3. Scroll down to National Drug List 3-Tier under the Formulary Drug List
4. Click National Drug List 3-Tier (Searchable)
5. Click on Prescribed Drug to view information/prior authorization form (if applicable)

OR

1. Click Individual & Family
2. Located Under Care click on “Search Medications”
3. Scroll to National Drug List 3-Tier under the Formulary Drug List
4. Click “Anthem Blue Cross and Blue Shield.pdf”, to get entire list

A search for alternatives can also be done on www.anthem.com

What does Garner cover?

Your free benefit covers a significant portion of your medical bills this year.

All medical services prescribed or ordered by a Garner-approved doctor and added to your account **before** the date of service will be covered. Your covered services include:

- ✓ **Office visits**
- ✓ **Prescriptions**
- ✓ **Imaging and lab work**
Includes X-rays and MRIs
- ✓ **Physical therapy**
The facility or therapist must be in network
- ✓ **Hospital bills**
Incurred during surgery or other procedure with a Garner doctor
- ✓ **Urgent care**
You must locate the facility on the Garner Health mobile app or with a Concierge

All services must be covered by your medical plan at in-network levels to be eligible for reimbursement by Garner. If you're not sure, you can ask your Concierge for help.

When you receive care from doctors that you don't have the ability to select (e.g., an anesthesiologist for a surgery, a pathologist or a radiologist for an X-ray or an MRI), these doctors' services will be covered if the treatment was ordered by a Garner-approved doctor and is covered by your health plan.

Remember, to be reimbursed by Garner, **before** you see a doctor you must:

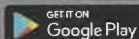
- Sign up for Garner
- Sign in to your account through the Garner website or Garner Health mobile app and find a doctor using the search function. Any doctors found via the search are automatically added to your account. Or, contact your Concierge to find a doctor or confirm that a doctor is linked to your account.

Garner has no financial relationships with doctors. Recommendations are based solely on independent analysis, not commissions or fees.



If you have questions about the process, message the Concierge through the Garner Health mobile app, call 866-761-9586 Mon. – Fri. from 8 a.m. to 8 p.m. ET or email concierge@getgarner.com.

Access Garner online at getgarner.com or download the Garner Health IOS or Android mobile app.



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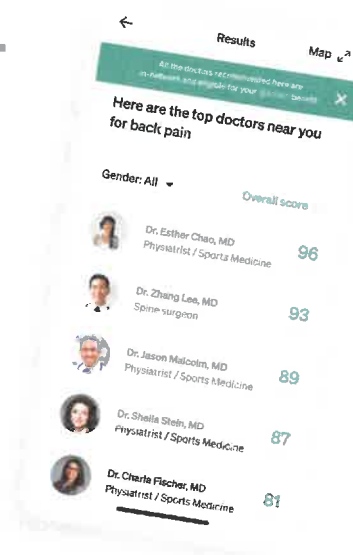


Get the very best doctors.
Get better outcomes.
Spend less money.

Get Garner. It's a win-win.

Garner is your free health benefit that helps you find top-performing doctors and pays a portion of your out-of-pocket medical bills. Get started now!

Sign up today using the QR code below.



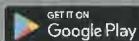
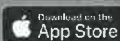
Garner has no financial relationships with doctors. Recommendations are based solely on independent analysis, not commissions or fees.



Scan to sign up

If you have questions about the process, message the Conciierge through the Garner Health mobile app, call **866-761-9586** Mon. – Fri. from 8 a.m. to 8 p.m. ET or email conciierge@getgarner.com.

Access Garner online at getgarner.com or download the Garner Health IOS or Android mobile app.



Dental

We offer a dental plan option through Delta Dental. This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in-network.

Key Dental Benefits	PPO	Premier	Non Participating
Deductible (per calendar year)			
Individual / Family	\$25 / \$75	\$25 / \$75	\$25 / \$75
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)			
Per Individual	\$1,500	\$1,500	\$1,500
Covered Services			
Preventive Services	0%	10%	10%
Basic Services	20%*	30%*	30%*
Major Services	50%*	60%*	60%*
Orthodontia (up to age 19)	50%	60%	60%
Orthodontia Lifetime Max	\$1,000	\$1,000	\$1,000



Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

Voluntary Vision

Our vision plan options with VSP gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Vision Service Provider (VSP)** network.

Key Vision Benefits

Exam (once every 12 months)	\$20 Copay
Lenses (once every 12 months)	
Single Vision	\$20 Copay
Bifocal	\$20 Copay
Trifocal	\$20 Copay
Frames (once every 24 months)	\$140 featured frame allowance \$120 frame allowance 20% off balance
Contact Lenses (once every 12 months; in lieu of glasses)	\$120 allowance for contacts and contact lens exam 15% off contact lens exam (fitting & evaluation)

Go to vsp.com/offers for discounts and savings on glasses, sunglasses and laser vision correction.





**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 9910-0301, 0303, 0399
County Employee Benefits Consortium of Ohio, Inc.
(Delaware County)**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Ohio

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	90%	90%
Emergency Palliative Treatment – to temporarily relieve pain	100%	90%	90%
Sealants – to prevent decay of permanent teeth	100%	90%	90%
Brush Biopsy – to detect oral cancer	100%	90%	90%
Radiographs – X-rays	100%	90%	90%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	70%	70%
Endodontic Services – root canals	80%	70%	70%
Periodontic Services – to treat gum disease	80%	70%	70%
Oral Surgery Services – extractions and dental surgery	80%	70%	70%
Other Basic Services – misc. services	80%	70%	70%
Relines and Repairs – to prosthetic appliances	80%	70%	70%
Major Services			
Major Restorative Services – crowns	50%	40%	40%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	40%	40%
Orthodontic Services			
Orthodontic Services – braces	50%	40%	40%
Orthodontic Age Limit –	through age 18 and under	through age 18 and under	through age 18 and under

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per Member total per Benefit Year on all services except orthodontic services. \$1,000 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental PPO™ Dentist - Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Delta Dental Premier® Dentist - Delta Dental will pay 40% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. Nonparticipating Dentist - Delta Dental will pay 40% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible – Delta Dental PPO™ Dentist - None.

Delta Dental Premier® Dentist or Nonparticipating Dentist - \$25 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

Waiting Period – Enrollees who are eligible for Benefits are covered on the first of the month following one full calendar month of employment.

Eligible People – All full-time employees of Delaware County: Delaware County - All (0301), Delaware County - Data (0303) working at least 30 hours per week and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0399).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which your employment is terminated.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)
<https://www.DeltaDentalOH.com>
Contract Start Date: January 1, 2023
Document Creation Date: October 18, 2022



CEBCO Annual Routine Preventive Eye Exam

Over the last few years the annual preventive eye exam benefit has created confusion for our members and for the provider community. With the implementation of benefits mandated by the ACA, there has been a misconception that the benefit provided under the CEBCO program is a chart exam. This is not accurate.

The intent of the benefit provided under the CEBCO Medical benefit is for each of our members to be eligible for an annual routine preventive eye exam that includes routine vision tests that not only test how well you can see, but also check you for vision problems and eye diseases.

To receive this benefit with zero member co-payment, ***the provider must be contracted with Anthem under the Blue Access Medical PPO program.***

.....
Detach the code chart below to take to your doctor's office
.....

Under the CEBCO Medical benefit, the annual preventive eye exam is available when billed with ***CPT Codes 92202-92014, 99201-99215*** and ***HCPC Codes S0620 and S0621*** when

Z01.00	Z01.01	
H52.01	H52.02	H52.03
H52.11	H52.12	H52.13
H52.201	H52.202	H52.203
H52.211	H52.212	H52.213
H52.221	H52.222	H52.223



A Look at Your VSP Vision Coverage

With VSP and COUNTY EMPLOYEE BENEFIT CONSORTIUM OF OHIO (DELAWARE COUNTY), your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

vsp

PREMIER
PROGRAM

Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.

eyeconic

Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

vsp
vision care

More Ways
to Save

Extra

\$20

to spend on
Featured Brands†

bebe CALVIN KLEIN
COLE HAAN DRAGON
FLEXON LACOSTE
and more

See all brands and offers
at vsp.com/offers.

+

Up to
40%

Savings on
lens enhancements‡

Create an account today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary
 COUNTY EMPLOYEE BENEFIT CONSORTIUM OF OHIO
 (DELAWARE COUNTY) and VSP provide you with an
 affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$20	
FRAME*	<ul style="list-style-type: none"> \$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

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Flexible Spending Accounts

We provide you with an opportunity to participate in a flexible spending account (FSA) administered through Ameriflex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2023, you may contribute up to \$2,850 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2023, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Life and AD&D

Life/AD&D Insurance

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Voya.

	Benefit Amount
Employee	1 times base annual earnings up to \$125,000

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will NOT be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses through March 15, 2024, and must file claims by March 31, 2024.





ameriflex

Flexible Spending Accounts

There's a reason why thousands of employers choose Ameriflex to help their employees save money on everyday health care expenses. We offer the utmost in convenience when it comes to implementing, administering, and supporting FSA programs, and with our industry-leading debit card platform, participants can access multiple accounts through a single card.

HOW IT WORKS

An FSA is set up as a tax-advantaged account, allowing employees to benefit from tax savings by setting aside pre-tax dollars for out-of-pocket health care expenses. Participants can experience a savings of up to 40 percent on thousands of eligible, everyday expenses, including co-pays, dental and vision expenses, prescription drugs, and more. Employers receive matching tax savings and can help their employees manage out-of-pocket health care expenses.

THE AMERIFLEX ADVANTAGE

For Employers:

- Dedicated Account Executive at no additional charge, regardless of group size
- Free real-time, divisional reporting capabilities and free online enrollment tool
- Electronic data transfer capabilities
- Ability to connect to your current HRIS system at no additional charge
- Support for multiple tax-advantaged accounts

For Employees:

- Free debit cards for members and qualified dependents
- Customizable member messaging options (including balance reminders)
- Email substantiation requests available
- Access to dedicated Member Services team via phone and live chat
- Online claims submission available 24/7 through member portal

Ameriflex provides the most comprehensive HR services in the industry (Readers' Choice Award) and is recognized for its commitment to superior service and product innovation.



Protect your plan against negative year end health FSA balances. Contact us to learn more.



Funding made easy with our Preferred Funding solution: convenient, automated, and NO upfront prefund required. Daily and weekly invoicing options available.

Add MyPlanConnect to offer the most competitive FSA around! MyPlanConnect allows employees to match their EOBs electronically to their Ameriflex FSA transactions. The result: fewer substantiation notices, happy employees, all while maintaining your plan's compliance.

Visit myameriflex.com to calculate your savings today!

AF_FSA_Flyer 10.2015

Proposal Requests: info@myameriflex.com
Call Toll-Free: 844.423.INFO (4636)

myameriflex.com



ameriflex

Dependent Care FSA

SAVE MONEY ON DEPENDENT CARE EXPENSES WITH AN AMERIFLEX DEPENDENT CARE FSA

HOW IT WORKS

A Dependent Care FSA is an account that can be used to pay for the care of an eligible child, adult, or elder dependent (as defined by the IRS). Dependent Care FSAs help you save money by allowing you to set aside pre-tax dollars to pay for eligible dependent care expenses.

WHAT IS COVERED

You can use the funds in your Dependent Care FSA to pay for:

- Day care
- Before-school or after-school care
- In-home babysitting—that enables you to be gainfully employed—by someone who is not your dependent (for tax purposes)
- Care for a dependent adult/elder, enabling you to be gainfully employed
- Nanny services, nursery school, or preschool
- Summer day camps

For a full list of eligible and in-eligible expenses, please visit myameriflex.com.

Ameriflex provides the most comprehensive HR services in the industry (Readers' Choice Award) and is recognized for its commitment to superior service and product innovation.



THE AMERIFLEX ADVANTAGE

- The MyAmeriflex Card automatically synchronizes all of your Ameriflex flexible benefit accounts, allowing you to access your funds with a single debit card
- If your provider doesn't accept debit cards, Ameriflex makes the manual claim process easy. Simply file one dependent care claim each year and Ameriflex will automatically reimburse you as more funds become available in your Dependent Care FSA.
- Submit claims and supporting documentation with our easy-to-use, online Claims Submission feature
- Dedicated Member Services team available via phone, email, and live chat

Proposal Requests: info@myameriflex.com
Call Toll-Free: 844.423.INFO (4636)

myameriflex.com

Voluntary Benefits

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at group pricing to you through Voya.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	On the 30th day of accident/sickness
Maximum Benefit Duration	22 weeks

Voluntary Long-Term Disability

Provided at group pricing to you through Voya.

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 180 days of disability
Maximum Benefit Duration	Social Security Retirement Age

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members through Voya.

	Benefit Option	Guaranteed Issue ¹
Employee	5 times base annual earnings up to \$500,000	\$200,000
Spouse	50% of employee amount to \$250,000	\$50,000
Child(ren)	\$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Voya and Colonial designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs – an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend – even if we do, we don't want to use it all on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance

When your loved one needs to be hospitalized, your family deserves to focus on their wellbeing—not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Cancer Indemnity

Cancer may not feel like a priority you need to worry about right now, but with almost 2 million new cases of cancer occurring in 2021⁴, it can (literally) pay to be prepared. The Cancer Indemnity Plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments, directly to you, for hospital confinement, medical imaging, radiation and chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

1) Why health insurance is important: Protection from high medical costs. HealthCare.gov
 2) Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
 3) MetLife Accident and Critical Illness Impact Study.
 4) Cancer Facts & Figures, 2021. American Cancer Society.

Contact Information

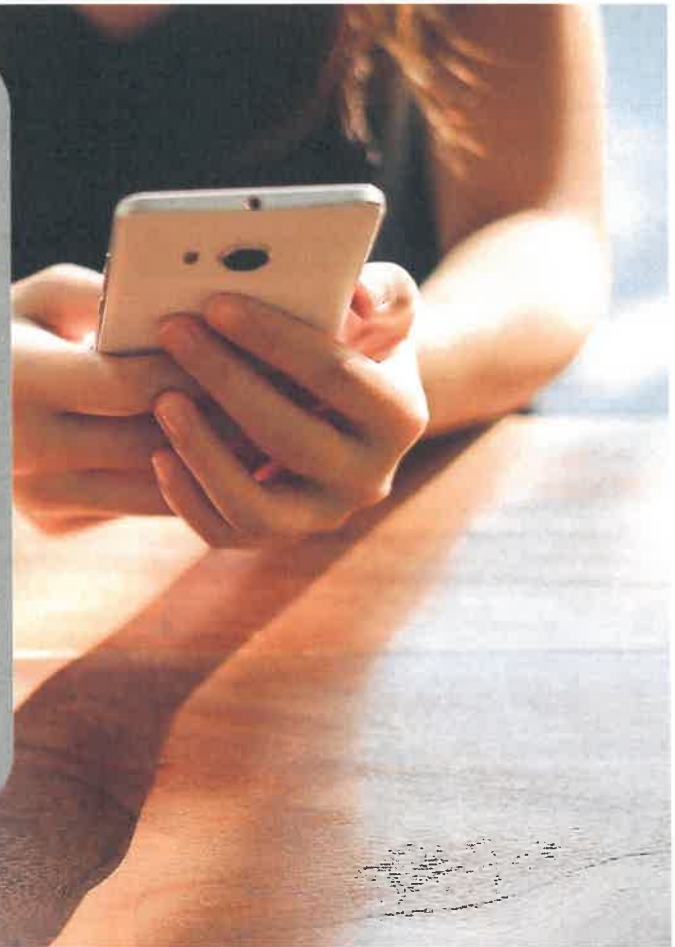
Coverage	Carrier	Phone #	Website/Email
Medical	Anthem/CEBCO	(855) 603-7982	www.anthem.com
Dental	Delta Dental	(800) 524-0149	www.deltadentaloh.com
Vision	VSP	(800) 877-7195	www.vsp.com
FSA / DCFSA	Ameriflex	(844) 423-4636	www.myameriflex.com
Life / AD&D	Voya	(877) 236-7564	claimscenter.voya.com
Voluntary Benefits	Voya	(877) 236-7564	claimscenter.voya.com
Employee Assistance Program	ComPsych GuidanceResources	(877) 327-4452	guidanceresources.com

Questions?

If you have additional questions, you may also contact:

Seth Allen, SR. Account Manager
Hub International
(800) 558-5658 x2685
seth.allen@hubinternational.com

Molly Kelley, Claims Advocate
Hub International
(800) 558-5658 x2674
molly.kelley@hubinternational.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



Short Term Disability Income Insurance

Explore Your Benefits & Costs



Group Name: Delaware County
Group Number: 724742

Life doesn't stop when you're unable to work. If a maternity leave, planned surgery, or unexpected illness or injury affect your income, **Short Term Disability Income Insurance** can help. This document includes cost and coverage information about Short Term Disability Income Insurance As you explore, keep in mind:



No medical questions or tests are required for coverage



Group pricing makes coverage more cost-effective



One dedicated claim analyst guides you throughout your leave

More than half (60%) of US households have less than \$6,275 in liquid cash. That's what it would take for a family of four to replace income at the poverty level for three months.¹ Help keep a portion of your income protected with the Short Term Disability Income Insurance that's available to you through your employer.

¹ "The State of Disability Coverage in America," Council for Disability Awareness, 2019.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN | INVEST | PROTECT

VOYA
FINANCIAL



Choose coverage to fit your needs

Your employer is giving you the option to enroll in Short Term Disability Income Insurance, which means that if a disabling illness or injury prevents you from working, you'll still be able to replace a portion of your income.

When you become disabled, you must complete a waiting period before benefits are payable. (Learn more in the "Before benefit payments begin" section below). When they begin, here's how much you'll receive:

Coverage Amount
60%
of your weekly earnings

Coverage Amount	
Coverage Minimum	\$15 per week
Coverage Maximum	\$1,500 per week

 Waiting period	Waiting period <ul style="list-style-type: none">▪ The benefit waiting period for a disability caused by an accidental injury* is 30 days▪ The benefit waiting period for a disability caused by a sickness is 30 days
 How long benefit payments last	Short Term Disability Income Insurance is intended to replace income for a disability that lasts just a few weeks. The maximum amount of time that you're able to receive Short Term Disability benefit payments is 22 weeks.

Evidence of Insurability (health questions)

You do not need to provide evidence of insurability to be covered.

How much does it cost?

Rates shown are guaranteed until: 01/01/2024. Your premiums are deducted on a post-tax basis.

Use the chart below to find your monthly cost, based on the amount of coverage you'd like to elect. You can elect 60% of your basic weekly earnings. (Your "basic weekly earnings" are the weekly salary or wage you receive from your employer, not including commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than your Employer).

Short Term Disability rates	
Age*	Monthly rate per \$10 of weekly benefit
Under 25	\$0.57
25-29	\$0.65
30-34	\$0.62
35-39	\$0.47
40-44	\$0.37
45-49	\$0.41
50-54	\$0.49
55-59	\$0.67
60-64	\$0.80
65-69	\$0.94
70+	\$1.03

*Age at the start of the plan's current policy year.



To calculate your cost:

1. Enter your basic annual earnings	\$	Your <u>basic annual earnings</u> are the salary or wage you receive from your employer.
2. Divide your basic annual earnings by 52. This is your basic weekly earnings.	\$	
3. Enter your benefit percentage (60%).	%	It does not include:
4. Multiply your basic weekly earnings by your elected benefit percentage.	\$	▪ Bonuses
		▪ Commissions
		▪ Overtime pay
5. Enter the lesser of the amount in Step 4 or \$1,500.	\$	
6. Divide the amount in Step 5 by 10.	\$	
7. Enter your Short Term Disability rate from the table above.	\$	
8. Multiply the result in Step 6 by the rate in Step 7. This is your monthly premium .	\$	
9. Multiply your total monthly premium by 12 for your annual premium amount. Then, divide by your number of paychecks per year for your payroll deduction amount.	\$	

Exclusions and limitations

We won't pay benefits if your disability is caused by, contributed to by, or results from any of the following:

- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, commission or attempt to commit a felony or illegal activity.
- Engaging in any illegal occupation, work or employment.
- Operating a motorized vehicle while under the influence of alcohol as evidenced by a blood alcohol level at or in excess of the state legal intoxication limit as defined by the state law where the disability occurs.
- Intentionally self-inflicted harm.
- Attempted suicide, regardless of mental capacity.
- Participation in a war, declared or undeclared, or any act of war. An act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by you, or civil war or community faction.
- Active duty as a member of the armed forces of any nation. However, we will refund, upon written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion.
- Active participation in a riot, insurrection or terrorist activity, but not including civil commotion, disorder, injury as an innocent bystander, or injury because of self-defense.
- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, voluntary intake of any narcotic or other controlled substance, unless the narcotic or controlled substance is taken under the direction of and as directed by a doctor.
- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident.
- Cosmetic surgery except when required for your appropriate care as a result of your injury or sickness; cosmetic surgery shall not include (1) reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, (2) reconstructive surgery because of congenital disease or anomaly resulting in a functional defect and (3) surgery necessitated by gender dysphoria.
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

- Traveling in any aircraft (or device) used for testing or an experimental purpose, used by or for any military authority, or used for travel beyond the earth's atmosphere.
- Hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.
- Participation in recreational motor sports events, racing, speed or endurance contest (auto, truck, cycle or boat), rock or mountain climbing, skin or scuba diving, or bungee jumping.
- Participation in any sport for wage, compensation or profit.

If your employer's plan covers only non-occupational injuries, then the following exclusion also applies:

- Occupational sickness or injury

We will not pay a benefit for any period of Disability during which you are incarcerated.


Pre-existing conditions: We won't pay benefits if your disability is due to a pre-existing condition, and you became disabled during the first 12 months** following the effective date of your coverage. A pre-existing condition is any condition for which you have done any of the following at any time during the 12** months just prior to your effective date of coverage, whether or not that condition is diagnosed, undiagnosed or misdiagnosed:

- Received medical treatment or consultation.
- Taken or were prescribed drugs or medicine.
- Received care or services, including diagnostic measures.

Your benefits may be reduced by other income you are eligible to receive while disabled.

*Limitations and exclusions will vary by state and by your employer's benefit plan.

**The length of the pre-existing condition "limitation" period and "look-back" period may vary for your employer's plan. Contact your employer for details.


Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call Voya Employee Benefits Customer Service at 877-236-7564

or go to <https://presents.voya.com/EBRC/DelawareCounty>

This is a summary of benefits only. A complete description of benefits limitations exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents the policy documents will govern. To keep coverage in force premiums are payable up to the date of coverage termination. Short Term Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis MN) a member of the Voya® family of companies. Policy form HP08GP and/or HP13GP (may vary by state).

GRP-STD

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Date Prepared: 10/20/2021

212687-09012020

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Group Term Life Insurance

Explore Your Benefits & Costs



Group Name: Delaware County
Group Number: 724742

You're committed to caring for your loved ones for a lifetime. If the future doesn't go the way you planned, Group Term Life Insurance can help. After a death, it provides a benefit payment that can be used for funeral expenses, co-signed loan debt, future education, or whatever your beneficiaries would like.

This document includes expanded information about Group Term Life Insurance, such as how much it will cost, details about what's covered and what's excluded, and more. As you explore, keep in mind:



No medical questions or tests are required for basic coverage*



Accidental Death & Dismemberment coverage is also included



Keep your coverage even if you leave your employer

It's difficult to think about loss, but important to be prepared for the unexpected. The Group Term Life Insurance available through your employer is a simple way to stay covered in the coming year.

*If you choose coverage beyond the basic amount, you may need to answer questions about current and past health conditions and receive approval from the insurer. Learn more in the "Guaranteed Issue/Evidence of Insurability" section that follows.

ReliaStar Life Insurance Company
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Get basic coverage at no cost

Your employer is providing basic Group Term Life Insurance to you at no cost to you. This means that if you pass away during the “term” (your employer’s benefit year), beneficiaries will receive a benefit payment. Your coverage also includes Accidental Death & Dismemberment Insurance, which provides a benefit payment if you or a covered person pass away or are severely injured in a covered accident.

The coverage being offered to you is:

	Coverage Amount
 For you	1 times your annual salary to a maximum of \$125,000



Add supplemental coverage based on your needs

In addition to the basic coverage that’s being provided at no cost to you, you have the opportunity to elect additional coverage when you enroll. You may also add supplemental Accidental Death & Dismemberment Insurance, which provides the insured person or their beneficiary a payment separate from the life insurance benefit if the insured person dies or is severely injured in a covered accident.



Not sure how much you need? Try the Life Insurance Calculator at go.voya.com/lifecalc to learn more.

When you enroll, you’ll have the opportunity to choose up to the following amount(s):

	Coverage Amount	Guaranteed Issue Limit
 For you	\$10,000 to \$500,000 in \$10,000 increments, not to exceed 5 times your annual salary	\$200,000, not to exceed 3 times your annual salary
 Your spouse*	\$5,000 to \$250,000 in \$5,000 increments, not to exceed 50% of the employee’s Supplemental Life election	\$50,000
 Your child(ren)*	\$10,000	\$10,000

* Children up to age 26. If your spouse or child are eligible for coverage as an employee, they are not eligible for additional coverage as a spouse or child.

Guaranteed-Issue Limit and Evidence of Insurability (EOI)

The guaranteed-issue limit is the amount that’s available without providing evidence of insurability (EOI). To get coverage beyond this limit, you’ll need to complete the EOI for the excess amount.

During this 2022 enrollment period only, you may elect new coverage or increase your existing coverage on yourself, spouse and children up to the guarantee issue limits noted above without Evidence of Insurability. Any amount in excess of the guarantee issue limits,

At next annual enrollment, you may increase your existing coverage by 2 plan increments (or \$20,000) without Evidence of Insurability, not to exceed the guarantee issue maximum. If your spouse has current coverage, you may increase coverage by 2 plan increments (or \$10,000) without EOI, not to exceed the guarantee issue maximum for spouse coverage. Anyone who previously waived coverage, the EOI form is required for any elected amounts. This form includes questions about current and past health conditions. The insurer may request additional information before approving or denying coverage. When EOI is required, the insurance company will need to approve it before coverage becomes effective.

Age reductions

Benefit amount reduces to 65% of original coverage when the employee reaches age 65; 55% at age 70; 30% at age 75; 20% at age 80; 15% at age 85; and 10% at age 90. Premium amounts are also reduced accordingly, and automatically adjusted for the new benefit amount(s).

How much does it cost?

The cost of Group Term Life and Accidental Death & Dismemberment Insurance varies depending on the coverage amount you select. Use table below to calculate monthly premium amounts. "Age" refers to the employee age as of January 1st.

Rates shown are guaranteed until January 1, 2025

Employee and Spouse Supplemental Life Insurance Rates	
Employee Age	Monthly rate per \$1,000 of coverage
Under 25	\$0.05
25-29	\$0.05
30-34	\$0.06
35-39	\$0.09
40-44	\$0.14
45-49	\$0.23
50-54	\$0.44
55-59	\$0.66
60-64	\$0.75
65-69	\$1.36
70-74	\$2.73
75 +	\$7.16

The rates are per individual.

Children Life Insurance Rates	
Monthly cost for all eligible children	
Monthly rate per \$1,000 of coverage	
	\$0.199

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates	
Coverage type	Monthly rate per \$1,000 of coverage
Employee Supplemental AD&D	\$0.03
Spouse Supplemental AD&D	\$0.03

**Supplemental Accidental Death and
Dismemberment (AD&D) Insurance Rates**

Coverage type	Monthly rate per \$1,000 of coverage
Children Supplemental AD&D	\$0.03



To calculate your total monthly cost:

Employee

Spouse

Child(ren)

1. Enter the amount of coverage you'd like for you, your spouse, and your child(ren).
2. Divide each amount by 1,000.
3. Using the rate tables above, find the appropriate rate per \$1,000 of coverage for each person.
4. Multiply each answer from Step 2 by the appropriate rate.
5. Add your answers from Step 4 together to find your total monthly cost.

What else is included?



receive a portion of the benefit early

Accelerated Death Benefit

If you have a medical condition that requires permanent continuous confinement in an institution or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living. Receipt of the accelerated benefit may be taxable, or may adversely affect your eligibility for Medicaid or other government benefits. You should consult your personal tax advisor to assess the impact of this benefit.



continue coverage at no cost

Waiver of Premium benefit

If you aren't working because you are totally disabled, Waiver of Premium allows you to keep your Group Term Life Basic and Supplemental coverage for a period of time without paying premiums.



keep coverage if employment ends

Continue or convert coverage

If your employment ends or you no longer meet your employer's eligibility criteria, you may have the option to continue coverage by paying premiums directly to the insurance company. You may also have the option to convert coverage into an individual Whole Life Insurance policy. Coverage for your spouse or children is also available.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

The following non-insurance services are also provided:

Ease the burden during funeral planning

Funeral Planning and Concierge Services

Planning a funeral can be time-consuming and emotionally draining. Funeral Planning and Concierge Services connect employees with professionals who can help with funeral planning for themselves and eligible family members. These services help you navigate all aspects of a funeral; which will help ease the burden on you and your family.

Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.

Customize essential documents including Wills and more.

Will Preparation

Will Preparation is included as part of Funeral Planning and Concierge Services. A Will is an important piece of planning a secure financial future for your loved ones. Will Prep is an online tool that helps individuals create a basic Will and other essential legal documents such as a Power of Attorney, Health Care Directive, Elder Care Agreement, HIPPA Authorization, and more. The tool asks a series of questions, each with helpful explanations and examples to guide you through the process. Based on your responses, the system drafts and tailors the required clauses to create a document suitable for your unique circumstances.

Will Prep services are provided by Everest Funeral Package, LLC, Houston TX

Get resources for counseling, legal support, and much more.

Employee Assistance Program

Sometimes life gives us a bit more than we can handle. Employee Assistance Program resources are available to support you and your family with counseling, legal support and financial guidance. These resources can help improve your emotional well-being, and address personal, family and life issues.

Employee Assistance Program services are provided by ComPsych® Corporation, Chicago, IL.

Access extra support the next time you travel.

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents four types of services when traveling more than 100 miles from home, including: pre-trip information, emergency personal services, medical assistance services and emergency transportation services. This provides peace of mind, allowing you to relax and enjoy your trip.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.



Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call Voya Employee Benefits Customer Service at (877) 236-7564

or go to <https://presents.voya.com/EBRC/DelawareCounty>

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

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Date Prepared: 10/20/2021

212572-02152021



Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: Delaware County
Group Number: 724742

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. This document includes expanded cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:



No medical questions or tests are required for coverage.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



Benefit payments go directly to you. Use them however you'd like!

Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Critical Illness Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

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How much coverage is available?

You have the option to enroll in coverage in the amounts below.

	Coverage Amount
For you	Choice of \$10,000, \$20,000 or \$30,000
Your spouse	Choice of \$5,000, \$10,000 or \$15,000, not to exceed 50% of the employee's benefit
Your children*	Choice of \$5,000, \$10,000 or \$15,000, not to exceed 50% of the employee's benefit

*Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered medical conditions and diagnoses shown below. The most common conditions we pay claims for include:



Sample benefit amounts

If one of these common events happens on or after your coverage effective date, and your claim is approved, benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you'd like:

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Kidney failure**	100%
Coronary artery bypass	25%

* A sudden cardiac arrest is not in itself considered a heart attack.

** Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

How much does Critical Illness Insurance cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

Employee Coverage							
Monthly Rates							
Includes Wellness Benefit Rider							
Non-Tobacco User				Tobacco User			
Attained Age	\$10,000	\$20,000	\$30,000	Attained Age	\$10,000	\$20,000	\$30,000
Under 30	\$3.37	\$5.87	\$8.37	Under 30	\$4.77	\$8.67	\$12.57
30-39	\$5.47	\$10.07	\$14.67	30-39	\$7.07	\$13.27	\$19.47
40-49	\$9.37	\$17.87	\$26.37	40-49	\$12.37	\$23.87	\$35.37
50-59	\$15.17	\$29.47	\$43.77	50-59	\$25.87	\$50.87	\$75.87
60-64	\$25.87	\$50.87	\$75.87	60-64	\$42.77	\$84.67	\$126.57
65-69	\$25.87	\$50.87	\$75.87	65-69	\$42.77	\$84.67	\$126.57
70+	\$41.17	\$81.47	\$121.77	70+	\$68.57	\$136.27	\$203.97

Spouse Coverage							
Monthly Rates							
Includes Wellness Benefit Rider							
Non-Tobacco User				Tobacco User			
Attained Age	\$5,000	\$10,000	\$15,000	Attained Age	\$5,000	\$10,000	\$15,000
Under 30	\$2.12	\$3.37	\$4.62	Under 30	\$2.82	\$4.77	\$6.72
30-39	\$3.17	\$5.47	\$7.77	30-39	\$3.97	\$7.07	\$10.17
40-49	\$5.12	\$9.37	\$13.62	40-49	\$6.62	\$12.37	\$18.12
50-59	\$8.02	\$15.17	\$22.32	50-59	\$13.37	\$25.87	\$38.37
60-64	\$13.37	\$25.87	\$38.37	60-64	\$21.82	\$42.77	\$63.72
65-69	\$13.37	\$25.87	\$38.37	65-69	\$21.82	\$42.77	\$63.72
70+	\$21.02	\$41.17	\$61.32	70+	\$34.72	\$68.57	\$102.42

Children Coverage *	
Monthly Rates	
Includes Wellness Benefit Rider	
Coverage Amount	Rate
\$5,000	\$0.90
\$10,000	\$1.80
\$15,000	\$2.70

*Children birth to age 26; no limit to the number of children per family.

Schedule of Benefits

The table below outlines a more detailed list of what's covered. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Major organ transplant**	100%
Coronary artery bypass	25%
Carcinoma in situ	25%
Type 1 Diabetes	100%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	25%
Severe burns	100%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	25%
Permanent paralysis	100%
Loss of sight, hearing or speech	100%
Coma	100%
Multiple sclerosis	100%
Infectious disease (hospitalization requirement)***	25%

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

*** Diagnosis of a severe infectious disease by a Doctor, including COVID-19, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital for 5 or more consecutive days, or in a transitional facility for 14 or more consecutive days.

Multiple benefit payments

You may receive a benefit payment up to 100% of the Critical Illness benefit amount for each different diagnosis, up to the total maximum benefit. (A definition of "different diagnosis" is provided in the certificate of coverage).

Total maximum benefit. The total maximum benefit amount is 2 times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition.

What else is included?

The Critical Illness Insurance available through your employer includes the following additional benefits:



Receive **\$50** to use however you'd like

Wellness Benefit

Complete an eligible health screening test, and we'll send you a benefit payment to use however you'd like.

- Employees receive an annual benefit payment of \$50.
- Spouses receive an annual benefit payment of \$50.
- Children receive 50% of your benefit amount per child, with an annual maximum of \$100 for all children.

Exclusions and limitations

Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.



Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call Voya Employee Benefits Customer Service at (877) 236-7564

or go to <https://presents.voya.com/EBRC/DelawareCounty>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT-16; Spouse Critical Illness Rider form #RL-CI4-SPR-16; Children's Critical Illness Rider form #RL-CI4-CHR-16; Wellness Benefit Rider form #RL-CI4-WELL-16. Form numbers, provisions and availability may vary by state and employer's plan.

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CI 2.0 Only

Date Prepared: 10/20/2021

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Accident Insurance

Explore Your Benefits & Costs



Group Name: Delaware County
Group Number: 724742

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. This document includes expanded cost and benefit information for Accident Insurance. As you explore, keep in mind:



No medical questions or tests are required for Accident coverage.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Accident Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$5.02	\$10.04	\$10.64	\$15.66

Your spouse will be covered for the same Accident benefits as you.

If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. Some of the most common treatments and conditions we pay benefits for include:



Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Benefit
Emergency room treatment	\$200
X-ray	\$60
Physical or occupational therapy (up to six per accident)	\$40
Stitches (for lacerations, up to 2")	\$50
Follow-up doctor treatment	\$75
Hospital admission	\$1,125
Hospital confinement (per day, up to 365 days)	\$250

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

What else is included?

The Accident Insurance available through your employer also features the following:



**\$50 to use
however
you'd like**

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- Your annual benefit amount is \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 for all children.

For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Additional non-insurance service(s)

Access **extra
support** next time
you travel

Voya Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

- ✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Benefit	Event	Benefit
Accident hospital care		Critical care unit confinement per day, up to 15 days	\$400
Surgery open abdominal, thoracic	\$1,000	Rehabilitation facility confinement per day, up to 90 days	\$150
Surgery exploratory or without repair	\$140	Coma duration of 14 or more days	\$14,500
Blood, plasma, platelets	\$500	Transportation per trip, up to three per accident	\$650
Hospital admission	\$1,125		
Hospital confinement per day, up to 365 days	\$250		

Event	Benefit
Lodging per day, up to 30 days	\$150

Accident care

Initial doctor visit	\$75
Urgent care facility treatment	\$200
Emergency room treatment	\$200
Ground ambulance	\$300
Air ambulance	\$1,250
Follow-up doctor treatment	\$75
Chiropractic treatment up to six per accident	\$40
Medical equipment	\$125
Physical or occupational therapy up to six per accident	\$40
Speech therapy up to 6 per accident	\$40
Prosthetic device (one)	\$625
Prosthetic device (two or more)	\$1,000
Major diagnostic exam	\$200
Outpatient surgery (one per accident)	\$200
X-ray	\$60

Common injuries

Burns second degree, at least 36% of the body	\$1,125
Burns third degree, at least nine but less than 35 square inches of the body	\$6,000
Burns third degree, 35 or more square inches of the body	\$12,500
Skin grafts	50% of the burn benefit
Emergency dental work: crown	\$300
Extraction	\$75
Eye injury removal of foreign object	\$80
Eye injury surgery	\$275

Event	Benefit
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$175
Torn knee cartilage surgical repair	\$650
Laceration ¹ treated no sutures	\$25
Laceration ¹ sutures up to 2"	\$50
Laceration ¹ sutures 2" – 6"	\$200
Laceration ¹ sutures over 6"	\$400
Ruptured disk surgical repair	\$650
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$350
Tendon/ligament/rotator cuff one, surgical repair	\$675
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,000
Concussion	\$175
Paralysis - paraplegia	\$13,500
Paralysis - quadriplegia	\$20,000

Dislocations Non-surgical/ surgical repair²

Hip joint	\$3,200/\$6,400
Knee	\$2,000/\$4,000
Ankle or foot bone(s) other than toes	\$1,200/\$2,400
Shoulder	\$1,500/\$3,000
Elbow	\$900/\$1,800
Wrist	\$900/\$1,800
Finger/toe	\$250/\$500
Hand bone(s) other than fingers	\$900/\$1,800
Lower jaw	\$900/\$1,800
Collarbone	\$900/\$1,800
Partial dislocations	25% of the non-surgical repair amount

Fractures Non-surgical/ surgical repair³

Hip	\$2,500/\$5,000
Leg	\$1,800/\$3,600
Ankle	\$1,500/\$3,000
Kneecap	\$1,500/\$3,000

Event	Benefit	Event	Benefit
Foot excluding toes, heel	\$1,500/\$3,000	Upper jaw	\$1,250/\$2,500
Upper arm	\$1,750/\$3,500	Lower jaw	\$1,200/\$2,400
Forearm, hand, wrist except fingers	\$1,500/\$3,000	Collarbone	\$1,200/\$2,400
Finger, toe	\$200/\$400	Rib or ribs	\$350/\$700
Vertebral body	\$2,800/\$5,600	Skull – simple except bones of face	\$1,250/\$2,500
Vertebral processes	\$1,200/\$2,400	Skull – depressed except bones of face	\$2,500/\$5,000
Pelvis except coccyx	\$2,750/\$5,500	Sternum	\$300/\$600
Coccyx	\$300/\$600	Shoulder blade	\$1,500/\$3,000
Bones of face except nose	\$1,000/\$2,000	Chip fractures	25% of the closed reduction amount
Nose	\$500/\$1,000		

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

*Definition and limitations/exclusions may vary by state.



Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call Voya Employee Benefits Customer Service at (877) 236-7564

or go to <https://presents.voya.com/EBRC/DelawareCounty>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16, Wellness Benefit Rider Form #RL-ACC3-WELL-16. Form numbers, provisions and availability may vary by state and employer's plan.

1222304

ACC2 Only

Date Prepared: 10/20/2021

212309-08152020



Hospital Indemnity Insurance

Explore Your Benefits & Costs



Group Name: Delaware County
Group Number: 724742

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, **Hospital Indemnity Insurance can help.** This document includes expanded cost and benefit information for Hospital Indemnity Insurance. As you explore, keep in mind:



No medical questions or tests are required for coverage.



Simplified claims process has limited paperwork and can be submitted/tracked online.



Benefit payments go directly to you. Use them however you'd like!

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company.
a member of the Voya® family of companies

PLAN | INVEST | PROTECT



How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Hospital Confinement Indemnity	
Coverage Type	Monthly Rate
Employee	\$15.56
Employee + Spouse	\$31.28
Employee + Children	\$23.48
Employee + Family	\$39.20

*Child(ren) birth to age 26; no limit to the number of children per family.

How does it work?

With Hospital Indemnity Insurance, you'll receive a fixed daily benefit if you have a covered stay in hospital, intensive care unit*, or rehabilitation facility on or after your coverage effective date. Benefit amounts are listed below. For a list of standard exclusions and limitations, go to the end of this document.

When your stay begins

When you are confined for at least 20 consecutive hours, you become eligible for an admission benefit. This benefit is payable once per year for each covered person, up to a maximum of 4 admissions per year for each family.

	Benefit Amount
Initial Confinement Benefit	\$1,000

As your stay continues

For each day that you stay in the facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Type of Facility	Daily Benefit
Hospital (30 day maximum per confinement)	\$100
Intensive Care Unit* (15 day maximum per confinement)	\$200
Rehabilitation Facility (30 day maximum per confinement)	\$50

*An Intensive Care Unit may be referred to as a "Critical Care Unit" in your certificate of coverage. An ICU Transitional Care Unit may be referred to as a "CCU Step-Down Unit" in your policy documentation. Refer to your policy documentation for complete definitions and descriptions of each facility type.

Exclusions and limitations

The standard exclusions are listed below. (These may vary by state and/or your employer's plan.)

Hospital Indemnity and Initial Confinement benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.

The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. "Critical care unit" and "rehabilitation facility" are also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions and limitations.



Questions?

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or go to <https://presents.voya.com/EBRC/DelawareCounty>

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1293347

HI1 Only

Date Prepared: 10/20/2021

212571-09152020

Choose the benefits that are right for you



DELAWARE COUNTY is pleased to have Colonial Life benefit counselors assist with enrollments.

What is being offered?

- **Disability insurance** can replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.
- **Accident insurance** helps offset unexpected medical expenses that can result from a covered accidental injury.
- **Whole life insurance** provides long-term protection that can build cash value.
- **Cancer insurance** helps offset covered out-of-pocket expenses related to cancer.
- **Critical illness insurance** can supplement your major medical coverage by providing a lump-sum benefit that you can use to pay costs related to a covered critical illness.

With most of our benefits:

- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any insurance you have with other companies.
- Coverage is available for your spouse and dependent children.

Colonial offers voluntary plans through Delaware County.

Contact Nick Wisda, 419-563-5281 during your initial enrollment period or at Annual Enrollment in December.

Colonial Life
and availability of services may subject to change. Services may not be available in all states.
onialLife.com

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details.

Insurance products are underwritten by Colonial Life & Accident Insurance Company. ©2019 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



99% of employees agree it's important to have a benefits counseling session annually

Source: Statistic is an average from 63,055 Colonial Life Benefits Counselor Surveys, June 2008-December 2017.

NS-15156



What is the Employee Assistance Program?

The Employee Assistance Program is provided by ComPsych® GuidanceResources and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.

Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

Here when you need us.

Call: 877.327.4452

TDD: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: EAPCEB

What happens when I call?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

2022-2023 WELLNESS PROGRAM

NEW THIS YEAR

SIMPLIFIED PROGRAM!

HOW TO COMPLETE

- Log into your account at <https://www.cincyhealthworks.com/> (User name is your email address). For first time users, follow the instructions on the portal.
- Go to the Health Activity Tracker (HAT) under the “My Wellness” tab.

ELIGIBILITY

- All employees and spouses with active County insurance coverage are eligible and encouraged to participate in Delaware County’s voluntary wellness program.

INCENTIVES

- Your (and spouse, if applicable) completion of the 2022-2023 Wellness Program makes you eligible to pay less for your health insurance in 2024.

The difference of completing the wellness program vs. not completing the wellness program is \$708 annually for a single or single with children plan, and \$1404 annually for a single with spouse or family plan.

PROGRAM COMPLETION REQUIREMENTS

CORE REQUIREMENTS:

- Annual bloodwork. This can be completed at your physician, at any LabCorp location or at any of the County sponsored on-site events (no cost through the health insurance).
- Health Risk Assessment. This is a health questionnaire online on the Healthworks portal.
- Annual Routine Physical. Make an appointment with your primary care physician and have a routine physical completed (no cost through the health insurance) between 08/13/2022 and 08/10/2023.
- Attend/view a “Maximizing your Health Benefits” session (dates/times to be announced).

IMPORTANT DATES

- Activities count from 8-13-22 to 8-10-23
- Schedule your annual physical now to be sure you can be seen by 8-10-23!

PORTAL OR LOG IN QUESTIONS?

- Contact HealthWorks via email at CEBCOwellness@cincyhealthworks.com or by phone at 513-751-1288. Please leave a message for a returned call.

**Delaware County Spousal Surcharge Policy
Disclosure/Waiver Form
2023**

Effective January 1, 2023, employees may continue to elect health insurance coverage for their spouse, but any employee whose spouse is eligible for health insurance coverage through the spouse's employer, whether enrolled in that coverage or not and regardless of whether the spouse is employed full-time or part-time, shall be charged a \$75.00 per month surcharge for continuing to cover their spouse on the Delaware County Health Insurance Plan. This surcharge is in addition to any coverage tier rate established for the 2023 plan year. This surcharge will be deducted from the employee's pay check pre-tax with the medical coverage premium. Please note that this fee is subject to change on an annual basis and / or if an IRS Section 125 eligibility status change occurs during the coverage year.

If an employee elects health insurance coverage in 2023 for their spouse, Delaware County will automatically apply the spousal surcharge, in the amount of \$75.00 per month, unless the employee completes this form and the spouse qualifies for a waiver of the surcharge under one of the following conditions (check one):

- Spouse is unemployed or officially retired through an established retirement system;
- Spouse's employer does not provide health insurance coverage or the spouse does not qualify for the employer's coverage; or
- Spouse is employed by Delaware County.

I hereby certify and attest that I have enrolled my spouse as a covered dependent in the Delaware County health insurance plan, that my spouse qualifies for the surcharge waiver, and that the information I provided in this form is true and accurate to the best of my knowledge as of this date. I agree to notify Human Resources within 30 days if I meet an IRS Section 125 eligibility status change (e.g., divorce, marriage, death) or if my spouse no longer meets one of the conditions for a surcharge waiver.

I further attest that I understand that Delaware County reserves the right to independently verify the information provided in this form and that, if this information is later found to be inaccurate or if I fail to timely notify Delaware County of a status change, my spouse may be terminated from the plan, and I will be subject to disciplinary action up to and including termination of employment. I understand that my signature on this form means I have read and understand the information included herein and that any misrepresentation will be considered an intentional misrepresentation of a material fact constituting cause for coverage under the Delaware County Health Insurance Plan and for reimbursement to Delaware County for any claims paid by the plan. I also acknowledge that any misrepresentation may result in the termination of employment, potential loss of coverage under COBRA, and possible criminal prosecution.

Employee Name

Employee Signature

Date

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.327.4452

TDD: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: EAPCEB

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information



Contact Your GuidanceResources® Program

Call: 877.327.4452

TDD: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: EAPCEB



Get the **Support** You Need!

PROGRAM	RESOURCE	ELIGIBLE	CONTACT
Anthem Member Services	Medical	Members enrolled in medical plan.	855-603-7982
Anthem Rx	Prescription Drug	Members enrolled in prescription drug plan.	833-930-1772
Anthem Rx Mail Order	Prescription Drug Mail Order	Members wishing to participate in the mail order program.	833-236-6196
Anthem Rx Specialty	Prescription Drug Specialty Drug	Members enrolled in the prescription drug program and are prescribed a specialty medication.	833-255-0645
Sydney Health	Smart Phone App	Members enrolled in medical plan age 18+; provides access to all CEBCO benefits and programs.	Download the app to use; 866-755-2680
SmartShopper	Save Money on Healthcare Procedures	Members enrolled in medical plan.	Smartshopper.com 866-488-5441
LiveHealth Online Medical	Telephonic/Video Doctor Visit	Members enrolled in the medical plan who are not feeling well can talk with a doctor by going to www.livehealthonline.com	888-548-3432
LiveHealth Online Psychology	Telephonic/Video Counseling	Members enrolled in the medical plan who are having a tough time can talk with a counselor by going to www.livehealthonline.com	888-548-3432
ComPsych	EAP	Employees and their household members; access to a behavioral health professional, 5 face to face counseling sessions per issue, and unlimited phone support for financial, legal, and lifestyle issues; no charge.	877-327-4452
HealthWorks	Wellness Program	Employees and their spouses enrolled in the medical plan may complete this voluntary program annually; participation is free of charge. Incentives vary by county/employer.	513-751-1288
Nurse Line Anthem	24/7 Nurse Assist	Members enrolled in medical plan can speak with a nurse at any time with medical questions; no charge.	888-249-3820
ConditionCare Anthem	Disease Management	Members enrolled in medical plan with Asthma, COPD, Coronary Artery Disease, Diabetes, or Heart Failure; no charge.	888-249-3820
Future Moms Anthem	Prenatal	Members enrolled in medical plan who are expecting; no charge.	888-249-3820
Tobacco Cessation	Quit Line	Members enrolled in medical plan age 18 or older; one on one phone coaching plus 8 weeks of nicotine replacement therapy; no charge.	800-QUIT-NOW

