



# 2024 Benefit Guide

Your Health

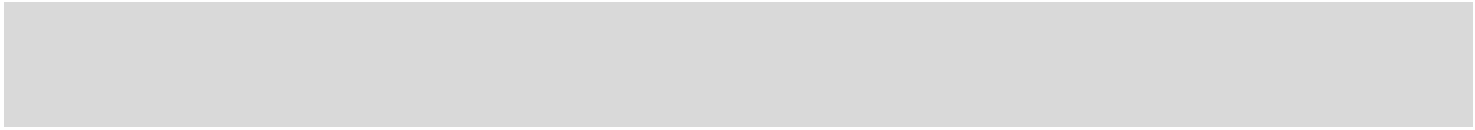
Your Family

Your Life



- ✓ Login to Paycor
- ✓ Click on Profile Summary
- ✓ Click on Benefits

Hamilton County Employee Benefits



# TABLE OF CONTENTS

## FIND IT FAST:

Click Icon

MEDICAL

Page 7



DENTAL

Page 10



VISION

Page 11



Long-Term Disability

Page 12



Basic Life &  
Supplemental Life

Pages 13-14



FSA Healthcare &  
Dependent Daycare

Pages 15-16



Critical Illness &  
Accident

Pages 17-18



## BENEFITS OVERVIEW

Eligibility	3
Effective Dates and Making Changes	4
How to Enroll	5
Vendor Contact Information	6

## MEDICAL, DENTAL, AND VISION

Medical Benefits	7
Marathon Health	8
HRA Plan Information	9
Dental Benefits	10
Vision Benefits	11

## LONG-TERM DISABILITY & LIFE INSURANCE

Long-Term Disability	12
Basic Life Insurance	13
Supplemental Life Insurance	14

## FLEXIBLE SPENDING ACCOUNTS

FSA Healthcare	15
FSA Dependent Care	16

## CRITICAL ILLNESS & ACCIDENT

Critical Illness	17
Accident Insurance	18

## TRANSPORTATION REIMBURSEMENT & EAP

Transportation Reimbursement Program & Employee Assistance Program	19
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# INSURANCE ELIGIBILITY

## Medical, Dental, Vision, Life Insurance, Long-Term Disability, Critical Illness, Accident

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

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

\* See Policy for details regarding lookback period.

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

- Spouse;
- The employee's child, stepchild, legally adopted child under the age of 26;
- The employee's child, stepchild, legally adopted child age 26 or older who is incapable of self-support because of a physical or mental handicap.
- **In addition to the above, for Supplemental Life Child coverage**—dependent child means: Your unmarried children, stepchildren, legally adopted children, children for whom You are the legal guardianship, foster children; or 2) any other children related to You by blood or marriage who: a) live with You in a regular parent-child relationship; and/or b) **You claimed as a dependent on Your last filed federal income tax return; provided such children are primarily dependent upon You for financial support and maintenance.** *Please see the policy document for official information and definitions.*

## Flexible Spending Account– Healthcare

## Flexible Spending Account– Dependent Daycare

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

## Employee Assistance Program

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

# INSURANCE EFFECTIVE DATES

## NEW HIRES

Coverage begins the first of the month following thirty (30) days of continuous County service. See Policy for details regarding Changes in Status, Rehires, Layoff and Reinstatement rules.

## OPEN ENROLLMENT


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


# MAKING BENEFIT ELECTION CHANGES

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

1. Annual Open Enrollment
2. During the Plan Year when a Qualifying Event Occurs including:
  - **Marriage**
  - **Divorce**
  - **Birth or Adoption**
  - **Court Order**
  - **Death**
  - **Change in Spouse Employment**
3. **Employees must complete the online Life Event process within 30 days of the Qualifying Event/ Life Event in order to make the change.**

 To start a Life Event, login to Paycor.com with your username and password. Click on Me. Click on Benefits. Then, Click on the Life Event on the left side of the screen to get started!

 All changes during the Plan Year must be consistent with the type of event.

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

# HOW DO I ENROLL?

- **Login to Paycor.Com**  
**Click on Profile Summary, then click on Benefits**

The system may run slowly at peak times.

- Follow the on-screen instructions to make your benefit elections.
- Be sure to walk through all plans and **SUBMIT Your Elections before the established deadline.**
- You can locate detailed instructions in Benefits Advisor. Look at the Documents Section on the bottom right side of your home screen. Open the “How To Guide...”
- The system will alert you if you need to Upload Dependent documents when you add a dependent to coverage. You must upload the Verification Documents by the established deadline.
- The system will remind you if you need to provide an Evidence of Insurability form. This form is required when you increase Supplemental Life Insurance above certain thresholds. Submit these directly to Dearborn using the contact info on the form in the online enrollment.
- You can review and edit your election until the enrollment deadline. Just log back into your Benefits and click on Change My Elections and be sure to **SUBMIT Your Elections again.**

## ***Forgot Your Username?***

- Click on “Forgot your username” or, - Ask your dept HR/payroll rep

## ***Forgot Your Password?***

- Click on “forgot your password” or, - Contact your dept HR payroll rep if you still have issues.

## **OPEN ENROLLMENT ONLY:**

**OPEN ENROLLMENT is your only opportunity to make benefit changes unless you experience a life event. Employees experiencing a life event (i.e. Birth, Adoption, Marriage, Divorce, etc.) must complete the life event in Paycor within 31 days of the event. If you experience a Life Event during the Open Enrollment period, you must complete both a Life Event change in Paycor AND the Open Enrollment elections.**

Actively enrolling during open enrollment is not required, but it is important to note what happens with your benefits if you do not login and make elections. **All of your current elections will roll over from 2023 to 2024 unless otherwise indicated below.**





- FSA Healthcare – **Default to \$0 Annual Contribution.**
- FSA Dependent Care – **Default to \$0 Annual Contribution**
- Parking and Mass transit Account – **Default to \$0 Contribution.**
- Long Term Disability: Employees may see an increase in the current LTD rate if changing age brackets. If you are enrolled in this plan we recommend checking your enrollment to be sure you are comfortable with any applicable rate changes.
- Employee and Spouse Supplemental Life: Employees may see an increase in the current rates if changing age brackets. There is also a reduction of benefits paid at age 70. Employees enrolled are encouraged to check their enrollment to be sure you are comfortable with any applicable rate and coverage changes.
- Child Supplemental Life: **Check to see who you have covered!** The children covered on the plan must be financially dependent on the parent. If you have adult children you may wish to review the children covered on this plan.
- HRA Enrollment: Employees enrolled in the HRA will need to upload new documentation and complete a new enrollment form to support their premium reimbursement. **See HRA section.**

# VENDOR CONTACT INFORMATION

Plan Name	Plan Administrator	Website / Email	Phone
Medical Insurance	United Health Care	www.UHC.com	1-888-332-8885
HRA Plan	Navia	www.NaviaBenefits.com	1-888-677-8373
Dental Insurance	Delta Dental	www.deltadental.com	1-800-524-0149
Vision Insurance	Humana	www.Humana.com	1-877-398-2980
Long-Term Disability	Dearborn	Contact your dept. representative	
FSA-Healthcare	Chard-Snyder	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a>	1-800-982-7715
FSA-Dependent Care	Chard-Snyder	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a>	1-800-982-7715
Life Insurance	Dearborn	Kim.Pennekamp@hamilton-co.org	513-946-4705
Supplemental Life Insurance	Dearborn	Kim.Pennekamp@hamilton-co.org	513-946-4705
Transportation Reimbursement	Chard-Snyder	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a>	1-800-982-7715
Employee Assistance Program	TriHealth	www.trihealthep.com	1-800-642-9794
Critical Illness	The Hartford	Thehartford.com/employeebenefits	
Accident Insurance	The Hartford	Thehartford.com/employeebenefits	
COBRA	Chard-Snyder	<a href="http://www.chard-snyder.com">www.chard-snyder.com</a>	11-800-982-7715
Employee Clinic	Marathon Health	<a href="http://www.member.ourhealth.org">www.member.ourhealth.org</a>	1-513-964-0830

# MEDICAL PLAN INFORMATION


Three medical plan options are available through United Health Care

Plan Name	UHC Choice Plus Blue \$3000	UHC Choice Plus Green \$1500	UHC Choice Plus Orange \$500
<b>Bi-Weekly Employee Payroll Contributions</b> <i>*system rounding may cause amounts to vary slightly.</i>	Single - \$30.66 Double - \$61.29 Family - \$96.27  *Spousal Surcharge Rules Apply \$46.15/BiWeekly	Single - \$45.42 Double - \$90.80 Family - \$142.64  *Spousal Surcharge Rules Apply \$46.15/Biweekly	Single - \$155.67 Double - \$311.21 Family - \$488.85  *Spousal Surcharge Rules Apply \$46.15/Biweekly
<b>Benefit Allowance</b> First \$500 expenses under the plan covered, before moving to deductible.	\$500 Per Member	\$500 Per Member	N/A
<b>Annual Deductible</b> (In-Network)	Single - \$3,000 Family - \$6,000	Single - \$1,500 Family - \$3,000	Single - \$500 Family - \$1,000
<b>Coinsurance after Deductible</b> (In-Network)	Plan Pays 100%	Plan Pays 80%	Plan Pays 90%
<b>Out of Pocket Maximum</b> (In-Network)	Individual: \$4,500 Family: \$9,000	Individual: \$3,000 Family: \$6,000	Individual: \$2,500 Family: \$5,000
			
<b>Office Visit</b> (PCP/Specialist)	\$25 / \$40	\$20 / \$35	\$30 / \$45
<b>Preventive Care Services</b>	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
<b>Inpatient and Outpatient Services</b>	Plan Pays 100% after deductible	Plan Pays 80% after deductible	Plan Pays 90% after deductible
<b>Prescription Drug Coverage</b> Tier I /Tier II / Tier III /Tier IV <i>*Certain Rx Available through Marathon Health for</i>	FREE @ <b>Marathon Health</b> Preventive List - \$5 Tier I - \$15 Tier II - \$30 Tier III - \$50 Tier IV – 25% Max \$250 Mail Order: 90 days for 2x Co-Pay	FREE @ <b>Marathon Health</b> Preventive List - \$5 Tier I - \$15 Tier II - \$30 Tier III - \$50 Tier IV – 25% Max \$250 Mail Order: 90 days for 2x Co-Pay	FREE @ <b>Marathon Health</b> Preventive List - \$5 Tier I - \$15 Tier II - \$30 Tier III - \$50 Tier IV – 25% Max \$250 Mail Order: 90 days for 2x Co-Pay
<b>Can I enroll in the Healthcare FSA?</b> <i>Administered by Chard-Snyder</i>	Yes. Max \$3050 Annually	Yes. Max \$3050 Annually	Yes. Max \$3050 Annually

## Get the most out of your benefits

Your personalized website, [myuhc.com](http://myuhc.com)®, features tools designed to help you:

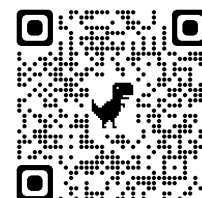
- **Find, price and save on care**—you can save with Virtual Visits® and other tools. You can save an average of 36%\* when you compare costs for providers and services
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7
- **Understand your benefits** and the financial impact of care decisions
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status
- **Access claim details**, plan balances and your health plan ID card quickly
- **Follow through on clinical recommendations** and access wellness programs
- **Order prescription refills**, get estimates and compare medication pricing\*\*
- **Check your plan balances**, access financial accounts and more



**Download the UnitedHealthcare® app**

It's perfect for on-the-go access, help finding a nearby doctor and more.

Once You're a Member:  
Scan This to Login to the  
UHC Member Portal:



# MEDICAL PLAN INFORMATION: FREE ACCESS TO MARATHON HEALTH

Employees enrolled in a United Health Care Plan also have access to services available at Marathon Health for Free!

## Marathon Health Overview & FAQ



### Who is Marathon Health?

We partner with your employer to provide you with high-quality care – the way you need it. We're lighting the way to better healthcare with onsite, near-site and virtual care. Our dedicated team of healthcare professionals is ready to prioritize your needs and work alongside you on your personal health journey.

So, here's what we're committed to:

- **No more strangers.** Your Marathon Health provider will know you as a person and not just the symptoms you came in for.
- **Proactive care.** We see health holistically; this means we slow things down to help get ahead of problems before they arise.
- **Unforgettable experiences.** With friendly teams, top providers, short wait times and invested follow ups, we guarantee this will be an experience like no other.
- **Working toward what matters to you.** We provide you with the knowledge and tools for you to work your way to better health, no matter what that looks like for you.
- **Kept promises.** It's that simple.

### Services Overview:

#### Primary Care

- Ages 16+
- Acute & preventive services
- Routine physicals & wellness visits
- Care of colds/flu, minor injuries, wound care, etc.
- Specialist referral services

#### Pediatric Care\*

- Ages 3-15
- Minor illness & injuries: cuts, bumps, bruises, sprains
- Sports & camp physicals

#### Wellness Services

- Biometric screenings
- 1:1 health coaching
- Group wellness programming
- Chronic condition management

#### Medications & Lab Services

- 150+ cost-saving medications
- Free home delivery (for most medications)
- 3,000+ labs
- EKG & PFT diagnostic tests

#### Virtual Care

- Video- & telephone-based care
- Connect with your trusted Marathon Health provider

#### Marathon Health Portal

- Schedule an appointment online
- View services, locations & hours
- Access test & lab results
- Request medication refills

\*Marathon Health is not a pediatric practice and does not offer well checkups, routine physicals, chronic disease management or immunizations for children under 16.

### How is Marathon Health different from other healthcare providers?

Marathon Health offers a total wellness approach, focusing on preventive care. We're more than just the place to go when you're sick. We offer you convenient, patient-centered care that allows for longer appointment times, deeper conversations, and ongoing health coaching.

### What does this all mean for you?

- More time with your providers
- Say goodbye to long wait times
- Same-day & next-day appointments

### Who are the providers for Marathon Health?

All Marathon Health providers are nationally certified and state licensed.

### How do I schedule an appointment?

Before scheduling an appointment online, register your account on the Marathon Health Portal. Once logged in, click the "Appointments" tab on the left-hand side.

### How much does it cost?

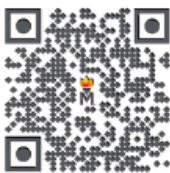
Here's the best part – all preventive Marathon Health services (such as annual physicals, chronic condition care and labs) are provided at no cost\* to eligible members. That's right – no co-pay, no bills and no fees!

### Can I get medications at Marathon Health?

- Marathon Health offers 150+ common medications dispensed onsite & most medications may be delivered to your home.
- Preventive medications are provided at no charge.
- Marathon Health does not provide any controlled substances such as narcotics.
- You can bring a prescription written by an outside provider to a Marathon Health provider.
- Marathon Health requires a consultation with a provider when filling a prescription in order to ensure oversight of your medical treatment.

### Can I bring in general labs ordered from an outside physician?

Marathon Health can perform 3,000+ onsite lab tests, including labs ordered by an outside provider or specialist. Marathon Health will not review or provide the results of labs ordered by outside providers. All results of labs ordered by an outside provider will be sent directly to the ordering provider.



Your First Step is to Register Your  
Marathon Health Portal:  
Scan the QR code to get started!





# HRA PLAN INFORMATION

## Health Reimbursement Arrangement (HRA)

Established by Hamilton County | Administered by Navia



Navia Benefit Solutions is proud to be the administrator of your HRA plan. This reimbursement plan has been established by Hamilton County to reimburse you and your family for out-of-pocket medical expenses. You are eligible for the HRA if you waive Hamilton County's group health insurance coverage for yourself and for your dependents and you **and** your dependents have coverage under another employer's group health insurance plan (i.e. through your spouse). Please note, you are ineligible for this benefit if you are covered by Medicare, Medicaid, TRICARE, or an individual health insurance policy. Your spouse is ineligible for HRA reimbursement if he or she is contributing or receiving contributions into an HSA.

### Benefit Summary

Plan Year: January 1, 2024 – December 31, 2024

Eligible Expenses: Out-of-pocket medical expenses (deductible, coinsurance, copay and prescription drug). In addition, the HRA will reimburse spouse's insurance premiums (plus any applicable spousal surcharge). Per IRS rules, the reimbursement for insurance premiums will be made on a post-tax basis as generally group premiums are already paid on a pre-tax basis. This means Hamilton County will withhold taxes from the second pay of each month for your first of the month disbursement. If your spouse's paystub was received after the initial deadline, you will be taxed on the previous and current month based on your reimbursement amount. If you are a dependent child on your parent's medical plan, you do not qualify for premium reimbursement through this plan. You can however submit medical claims for yourself. You may submit claims for eligible expenses that incurred during the plan year.

Premium Reimbursement: The HRA will reimburse you for your group health insurance premium (plus any applicable spousal surcharge). You are responsible for the first:

Employee Only: \$66.42 per month | Employee + One: \$132.79 per month | Employee + Family: \$208.58 per month

Benefit: The HRA will reimburse eligible expenses up to the amount indicated below. *Mid-year new hires will receive a prorated annual benefit amount.*

Employee Only: \$5,000 | Employee + One: \$7,500 | Employee + Family: \$10,000

How it Works: Once you've incurred an eligible expense and your patient responsibility has been determined, you may submit a claim to Navia for reimbursement. If your expense is covered by insurance, you must wait until your insurance carrier has applied your benefits before using the HRA to pay for any remaining patient responsibility. For premium expenses, you must include a copy of your spouse's paystub showing the premium deduction amount.


### Claim Submission

- 1) Complete a claim form, itemize your expenses and list the total amount you are claiming.
- 2) Attach an itemized statement that includes the date, type and cost of service. Ideal forms of documentation include an Explanation of Benefits (EOB) from your insurance carrier or an itemized statement from the provider.
- 3) Submit the claim form and supporting documentation to Navia. The most efficient way to submit a claim is by using the online claim submission tool or the MyNavia smartphone app for Android or iPhone. You may also submit claims via email, fax or mail. Please use only one method per submission. Allow 2 full business days for your claim to be reviewed and processed once it has been received.
- 4) Reimbursements are processed daily. Reimbursements will be directly deposited into your bank account or a check mailed to your home. Direct deposits may take 1-2 days to post to your bank account.
- 5) You will have 90 days to submit claims at the end of the plan year. If your employment is terminated, or you lose HRA coverage, you will have 90 days after the end of the plan year to submit claims for expenses incurred prior to your benefit termination date. You may have the ability to continue coverage under COBRA (see your employer for details).

# DENTAL INSURANCE

## Dental Bi-Weekly Contributions

	Single	Double	Family
<b>Premium Plan</b>	\$9.97	\$19.35	\$28.05
<b>Basic Plan</b>	\$4.16	\$8.10	\$11.73

 DELTA DENTAL®	Premium	Basic
<b>Description</b>	<ul style="list-style-type: none"> <li>Access to Providers in both the Delta Dental PPO and Delta Dental Premier Network.</li> <li>Allows out of network benefits</li> <li><b>Includes orthodontia coverage.</b></li> </ul>	<ul style="list-style-type: none"> <li>Access to Providers in both the Delta Dental PPO and Delta Dental Premier Network.</li> <li>Allows out of network benefits</li> <li><b>No orthodontia coverage.</b></li> </ul>
<b>Deductible</b>	None.	None.
<b>Preventative Services:</b> Examples: teeth cleaning, routine exams, x-rays, juvenile fluoride treatments	100%	100%
<b>Basic Services:</b> Examples: sealants, fillings and crown repair, simple extractions, etc	80%	Plan pays 50%
<b>Major Services:</b> Examples: root canals, treatment for gum disease, oral surgery, crowns, bridges, implants*, dentures	60%	Plan pays <b>50%</b> <b>*No Dental Implant coverage</b>
<b>Orthodontia:</b> For the employee and/or eligible dependent children under age 19.	<b>Plan pays 50%</b> Max \$2000 Lifetime/Person	<b>Not Covered.</b>
<b>Max Plan Benefit</b>	<b>\$2000</b> per year per member (excluding orthodontia)	<b>\$1000</b> per year per member

## Stay in Network and Save

As a Delta Dental PPO<sup>SM</sup> (Point-of-Service) member, you may see any dentist you like. However, you will likely save the most money and receive the highest level of coverage when you visit a Delta Dental PPO dentist.

<b>Delta Dental PPO dentists</b>	<ul style="list-style-type: none"> <li>No balance billing on covered services</li> <li>Most significant network discounts with more than 278,000 office locations nationwide*</li> <li>Dentists file claims for member</li> </ul>
<b>Delta Dental Premier* dentists</b>	<ul style="list-style-type: none"> <li>No balance billing on covered services</li> <li>Significant network discounts with the most office locations nationwide—341,000*</li> <li>Dentists file claims for member</li> </ul>
<b>Out-of-network dentists</b>	<ul style="list-style-type: none"> <li>Balance billing</li> <li>No network discounts</li> <li>May need to file own claims</li> </ul>

### How it works:

As shown below, your lowest out-of-pocket costs result from going to a Delta Dental PPO dentist.

Example savings for a crown by network	Submitted charge	Maximum allowed fee	Percentage paid by Delta Dental	Amount Delta Dental pays	Amount dentist can balance bill	Total amount you pay	Total network savings
<b>Delta Dental PPO</b>	\$950	\$675	50%	\$337.50	\$0	\$337.50	\$275 ✓
<b>Delta Dental Premier</b>	\$950	\$898	50%	\$449	\$0	\$449	\$52
<b>Out-of-network</b>	\$950	\$744	50%	\$372	\$206	\$578	\$0

**Scan Here To Search For a Provider.**  
Use the Delta Dental Premier or Delta Dental PPO Network



# VISION INSURANCE

Vision Bi-Weekly Contributions			
	Single	Double	Family
<b>Vision Plan</b>	\$2.00	\$3.99	\$5.22

## Humana

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
<b>Exam with dilation as necessary</b> • Retinal imaging <sup>1</sup>	\$10 Up to \$39	Up to \$30 Not covered
<b>Contact lens exam options<sup>2</sup></b> • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$40 10% off retail	Not covered Not covered
<b>Frames<sup>3</sup></b>	\$130 allowance 20% off balance over \$100	\$65 allowance
<b>Standard plastic lenses<sup>4</sup></b> • Single vision • Bifocal • Trifocal • Lenticular	\$25 \$25 \$25 \$25	Up to \$25 Up to \$40 Up to \$60 Up to \$100
<b>Covered lens options<sup>4</sup></b> • UV coating • Tint (solid and gradient) • Standard scratch-resistance - adults • Standard scratch-resistance • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$0 \$0 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$25 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Up to \$5 Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
<b>Contact lenses<sup>5</sup></b> (applies to materials only)		
• Conventional	\$110 allowance, 15% off balance over \$100	\$104 allowance
• Disposable	\$110 allowance	\$104 allowance
• Medically necessary	\$0	\$200 allowance
<b>Frequency</b> • Examination • Lenses or contact lenses • Frame	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months

# LONG-TERM DISABILITY



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

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

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

## When would I be Eligible for Benefits?

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

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

## What About Pre-Existing Conditions?

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

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

# BASIC LIFE INSURANCE



*Please ensure you have designated a Beneficiary in Paycor and/or confirm that your current Beneficiary is accurate and up to date*

## Benefit Highlights

### Hamilton County, Ohio

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

#### Important Details

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

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

# SUPPLEMENTAL LIFE INSURANCE



Please ensure you have designated a Beneficiary in Paycor and/or confirm that your current Beneficiary is accurate and up to date

## Benefit Highlights

### Hamilton County, Ohio

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

# FLEXIBLE SPENDING ACCOUNT—HEALTHCARE

## How do These Plans Work?

Depending on which accounts you enrolled in, you will pay for specific expenses with tax-free money. You may pay for eligible expenses for you, your spouse, your children up to age 26 and your tax dependents.

With tax-free dollars, \$100 put into either account is \$100 you can spend. Without the FSA, you pay for expenses with what's left after taxes have been deducted from your pay. Instead of the \$100 you earned, you only have the spending power of \$60 to \$75.

## Maximum Annual Amount for the Plan

The Maximum amount you can contribute in the 2024 plan year is \$3,050. If there are unused funds in the account at the end of the year, up to \$550 will roll over to the next plan year.

Use your Healthcare FSA to pay for expenses not covered by your medical, dental and vision insurance plan such as deductibles, co-payment amounts and eligible services and merchandise for which you have no coverage.

## Use Your Account for Big Expenses

The tax-free money withheld from your check helps you pay for big expenses painlessly. Your entire healthcare account balance is available on the first day of your plan. You may use your plan like an interest-free loan for expenses such as glasses, contact lenses, dentures, orthodontia, oral surgery, or LASIK surgery.

## Healthcare Expenses That are Not Eligible

The IRS does not allow us to pay claims for doctor's retainer fees (VIP fees), medical services before they are provided (such as your expected costs as shown on dental estimates) or cosmetic merchandise or procedures such as tummy-tucks or teeth-whitening.

## Over-the-Counter Medications

Over-the-counter drugs and medicines such as ibuprofen, acetaminophen or cough syrup are eligible expenses *without* a prescription from your doctor. The CARES Act, signed on March 27, 2020, eliminated the requirement of a prescription for over-the-counter medications and added menstrual care products as eligible.

## Eligible Healthcare Account Expenses

**Example** eligible healthcare expenses are listed in the column to the right.

For more information on healthcare FSA eligible expenses:

1. Go to [www.chard-snyder.com](http://www.chard-snyder.com)
2. Click on *Benefits* at the top of the home page
3. Choose *Flexible Spending Accounts*
4. Click on *Healthcare Eligible Expenses* in the menu on the left side
5. Search for items you normally buy under *What Can I Buy with My FSA?*

A **Full List of eligible items** is available when you are logged into your Chard Snyder account:

1. Click on *Tools & Support*
2. Under Quick Links chose *EBIA Health Care Expense Table*



## Eligible Healthcare Expenses



Acupuncture  
Alcoholism / drug addiction treatment  
Artificial limbs  
Artificial teeth  
Braille books / magazines  
Childbirth classes  
Chiropractors  
Co-insurance / co-pays  
Contact lenses / solution  
Crutches  
Deductibles  
Dental treatment  
Denture adhesives  
Eye exams / eyeglasses  
Fitness classes (prescribed)  
Fluoridation treatments  
Guide dog  
Hearing aid / batteries  
Hospital services  
Insulin  
Laboratory fees  
LASIK surgery  
Learning disability  
Medical monitoring devices  
Medical services  
Menstrual care products  
Operations / surgery  
Optometrist  
Orthodontia  
Osteopath  
Over-the-counter medications  
Physical exams  
Physical therapy  
Prescriptions  
Private hospital room  
Psychiatric care (prescribed)  
Reading glasses  
Sales tax (on eligible expenses)  
Smoking cessation (prescribed)  
Speech training  
Transplants  
Vaccines  
Weight-loss (prescribed)  
Wheelchair  
X-rays

# FSA– DEPENDENT DAYCARE ACCOUNT

Use your dependent daycare FSA to pay for daycare, preschool or senior care needed while you and your spouse work, go to school full time, or look for work.

## Daycare for Children and Elders

The dependent daycare FSA can be used to pay for the care of your natural, adopted and foster children who have not reached their 13th birthday (12 years and under) and family members who cannot physically or mentally care for themselves. All dependents must live with you for more than half the year.

The IRS defines persons as physically or mentally not able to care for themselves if they cannot dress, clean, or feed themselves because of physical or mental problems. Also, persons who must have constant attention to prevent injuring themselves or others are considered not able to care for themselves.

If a dependent is over the age of 12, Chard Snyder will ask you to provide a letter of medical necessity describing the condition from which they suffer.

## When Services May be Provided

Services must be provided while you and your spouse are at work, looking for work or attending classes as a full-time student. Services must be provided during the current plan year.

## What Services May be Provided

Under the dependent daycare flexible spending account, payments made for care to your tax dependent under the age of 19, or your spouse, are not eligible expenses. The following are examples of eligible services.

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

Dependent daycare dollars do not cover education for kindergarten or Montessori expenses. But, pre and post Montessori hours are eligible.

Remember, you must provide either your provider's business identification number or social security number for tax purposes. If services are provided in your home, see IRS Publication 503 for information about paying employment taxes as a household employer.

## Maximum Annual Amount for the Plan

The maximum a household or single head of household may set aside is \$5,000. Married couples filing singly may each set aside up to \$2,500.

## Contact Your Tax Advisor

You should contact your tax advisor to discuss how you might use this benefit with the child care tax credit.

## Savings



### Dependent Care Savings Examples

Annual Tax-free Contribution	\$3,000 (\$250 Monthly)	\$5,000 (\$416.33 Monthly)
Total Annual Savings	\$979.50	\$1,632.50

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

Email Questions to  
[AskPenny@chard-snyder.com](mailto:AskPenny@chard-snyder.com)



# CRITICAL ILLNESS



65% of American cancer survivors did not have sufficient income to cover out-of-pocket expenses for cancer treatment and other incurred debts related to the illness.<sup>1</sup>

## Hamilton County, Ohio

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about critical illness insurance, visit [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)



## COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

COVERAGE AMOUNTS	
Employee Coverage Amount	\$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$30,000; \$35,000; \$40,000; \$45,000 or \$50,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	\$5,000
COVERED ILLNESSES	
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
VASCULAR CONDITIONS	
Heart Attack*; Heart Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
ADDITIONAL BENEFITS	
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	50% of your coverage amount
Health Screening Benefit	\$150 one time
Occupational HIV or Occupational Hepatitis	100% of coverage amount
FEATURES	
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
HealthChampion <sup>SM2</sup> – Administrative and clinical support following serious illness or injury	

This is just a summary. See Full Plan Highlights Within Your Online Enrollment

# ACCIDENT INSURANCE

## COVERAGE INFORMATION

\*\*\*This is just a summary. See Full Plan Brochure within Your Online Enrollment.

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		LOW PLAN	HIGH PLAN
Coverage Type		Off-job only	Off-job only
BENEFITS		LOW PLAN	HIGH PLAN
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident	\$75	\$100
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25	\$50
Ambulance – Air	Once per accident	\$1,000	\$1,200
Blood/Plasma/Platelets	Once per accident	\$200	\$300
Child Care	Up to 30 days per accident while insured is confined	\$25	\$30
Daily Hospital Confinement	Up to 365 days per lifetime	\$200	\$300
Daily ICU Confinement	Up to 30 days per accident	\$400	\$600
Diagnostic Exam	Once per accident	\$200	\$300
Emergency Dental	Once per accident	Up to \$300	Up to \$450
Emergency Room	Once per accident	\$150	\$200
Hospital Admission	Once per accident	\$1,000	2000
Initial Physician Office Visit	Once per accident	\$75	\$100
Lodging	Up to 30 nights per lifetime	\$125	\$150
Medical Appliance	Once per accident	\$100	\$150
Rehabilitation Facility	Up to 15 days per lifetime	\$100	\$150
Transportation	Up to 3 trips per accident	\$300	\$500
Urgent Care	Once per accident	\$75	\$100
X-ray	Once per accident	\$50	\$75
SPECIFIED INJURY & SURGERY		LOW PLAN	HIGH PLAN
Abdominal/Thoracic Surgery	Once per accident	\$1,500	\$2,000
Arthroscopic Surgery	Once per accident	\$300	\$400
Burn	Once per accident	Up to \$10,000	Up to \$15,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit	25% of burn benefit
Concussion	Up to 3 per year	\$150	\$200
Dislocation	Once per joint per lifetime	Up to \$4,000	Up to \$8,000
Eye Injury	Once per accident	\$200	\$300
Fracture	Once per bone per accident	Up to \$6,000	Up to \$9,000
Hernia Repair	Once per accident	\$150	\$200
Joint Replacement	Once per accident	\$2,000	\$3,000
Knee Cartilage	Once per accident	Up to \$750	Up to \$1,000
Laceration	Once per accident	Up to \$600	Up to \$600
Ruptured Disc	Once per accident	\$750	\$1,000
Tendon/Ligament/Rotator Cuff	Up to 2 per accident	Up to \$1,000	Up to \$1,500
CATASTROPHIC		LOW PLAN	HIGH PLAN
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	10,000	\$20,000
Common Carrier Death	Within 90 days	3 times death benefit	3 times death benefit
Coma	Once per accident	Up to \$10,000	20,000
Dismemberment	Once per accident	Up to \$10,000	Up to \$20,000
Home Health Care	Up to 30 days per accident	\$50	\$50
Paralysis	Once per accident	Up to \$10,000	Up to \$15,000
Prosthesis	Up to 2 per accident	Up to \$1,500	Up to \$2,000
FEATURES		LOW PLAN	HIGH PLAN
Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion <sup>SM2</sup> – Administrative & clinical support following serious illness or injury		Included	Included

# TRANSPORTATION REIMBURSEMENT

Transit and Parking plans are designed to save you money on the costs of commuting to and from work...whether you use mass transit or drive and park your vehicle.



## How Do These Plans Work?

You will save 25-40% on your commuting expenses because you will pay for mass transit and parking expenses with tax-free money. Your tax-free money may be used to pay for eligible expenses incurred while you are going to and from work or parking your vehicle while at work.

With tax-free dollars, \$100 put into a Transit or Parking Plan is \$100 of spending power. Without the plan, you pay for expenses with what's left after taxes have been deducted from your pay. Instead of the \$100 you earned, you only have the spending power of \$60 to \$75.

## Mass Transit Plan

Your Transit Plan will help you pay for the cost of passes, tokens, fare cards, vouchers or similar items that allow you to use a mass transit system such as a bus line, ferry, trolley or commuter train.

If you are a member of a qualifying vanpool, you may use your plan to pay for the service.

## Parking Plan

The Parking Plan may be used to pay the cost of parking your vehicle while you are at work.

\*Please note, at least \$5 per pay must be contributed to be considered an Active Participant

# EMPLOYEE ASSISTANCE PROGRAM

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

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



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

1-800-642-9794