



columbusindiana
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2023 Benefit Guide

Open Enrollment Access Link:

<https://ess.columbus.in.gov/ess/employees/EmployeeSetup/benefits>



Questions?

Lisa Burns, Benefit Coordinator (812)376-2570

Humanresources@columbus.in.gov

Employee Benefits Website: www.columbus.in.gov/employee-benefits

Schedule an Appt for Assistance: https://calendly.com/columbus_indiana_human_resources/open-enrollment-assistance

Trouble Logging into ESS?

Email City of Columbus (Tyler Help Desk) help@cocmunis.on.spiceworks.com

Pick the best benefits for you and your family.

The City of Columbus is happy to continue to offer excellent, low-cost benefit options to our team members beginning January 1, 2023. The City of Columbus strives to provide you and your family members with comprehensive and valuable benefits. This year's benefits guide has been expanded to include a more complete view of what is available to you as a city team member.

The 2023 annual open enrollment election period will be available from October 24 to November 11, 2022. Please take the time to review all benefits and enroll in coverages that help you and your family.

Elections you make during your open enrollment period will become effective on January 1, 2023. New hire benefits effective dates may vary by benefit election. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to the Human Resources team.

Available Benefits

	City of Columbus Pays	You Pay
Medical	✓	✓
Prescription	Included with Medical Coverage	✓
Health Savings Account (HSA)	<p>The City of Columbus will contribute to eligible accounts annually: \$500 Employee Only / \$1,000 Family</p> <p>Available for members enrolled in the High Deductible Health Plan (HDHP) only.</p>	Optional; The City's minimum deduction for an HSA is \$5 per pay up to the max.
Flexible Spending Account (FSA)	Availability to City of Columbus team members varies.	✓
Preventive Care	✓	
Dental		✓
Vision		✓
Short-Term Disability (STD)	✓	
Long-Term Disability (LTD)	✓	
Life Insurance	✓	✓
Employee Assistance Program (EAP)	✓	

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Who Is Eligible?

If you're a full-time employee at City of Columbus, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week & **are classified as full time**.

Working Spouse Rule:

The purpose of the Working Spouse Rule is to share the costs of the medical with other plans or insurance carriers when the spouse of an Employee is eligible for medical where the spouse is employed.

1. If a spouse of an eligible Employee is employed with a company which offers medical insurance coverage & that spouse is eligible for that plan, that spouse will not be eligible for this Plan.
2. If the spouse is employed with a company that does not offer medical & is eligible to be enrolled, the spouse may be enrolled in this Plan as primary at the family rate which is currently in effect.

(A statement from the spouse's employer that verifies they have no coverage available with that employer will be required.)*

*Note: Medicare does not count as an employer-sponsored plan for the purposes of this rule.

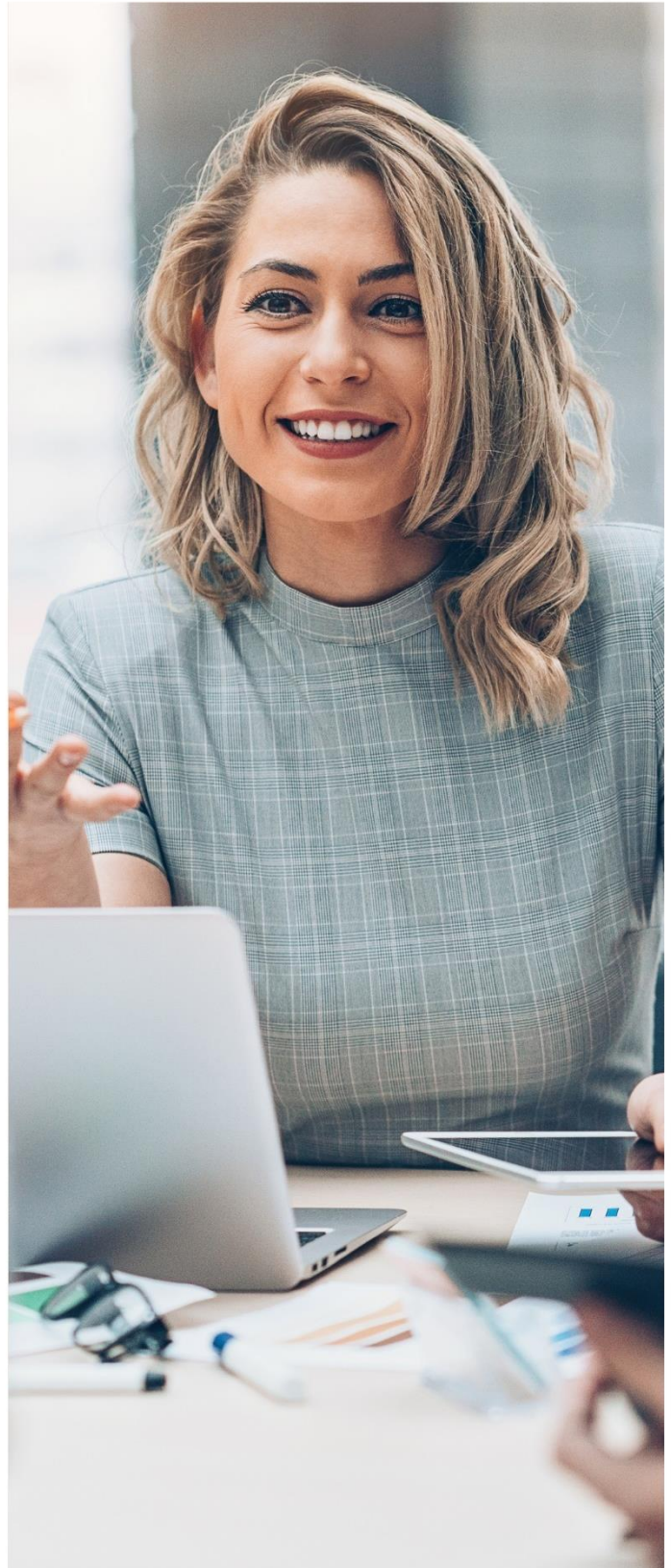
How to Enroll

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

How to Make Changes

It is important to make informed choices with your benefit selections at Open Enrollment. Changing coverage during the year is limited to Qualifying Life Events as defined by IRS code Section 125. The IRS rules do not allow for enrollment, additions, changes or cancellations to most plans without a Qualifying Life Event.

Qualifying Life Event changes must be submitted within **30 days** of the event. Changes to your health, dental, vision and/or FSA must be submitted through the Employee Self Services (ESS) online system. To make a mid-year change, you must certify your change in status or other event, as applicable, and provide eligibility documentation by requesting a Life Event in ESS. ESS can be found at <https://ess.columbus.in.gov/ess>





Qualifying Life Event

Common Qualifying Life Events are:

- Birth, adoption or the placement of a child for adoption
- Death of a covered dependent
- Marriage
- Divorce
- Issuance of a court order or decree requiring coverage for a dependent child
- Spouse loss of coverage

Please call or email Human Resources at (812)376-2570 or humanresources@columbus.in.gov if you have any questions about a Qualifying Event.

Coverage	Medical /Dental/ Vision	Flexible Spending Account	Dependent Care Account	Voluntary Life	Dependent Life	Health Savings Account	Document needed
Marriage	Drop or add coverage	Add/Increase /Decrease/ drop coverage (signature required)	Add / increase coverage	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Marriage License
Divorce/Legal Separation	Drop or add coverage	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Final Divorce Decree signed by Judge
Birth/Adoption/Legal Guardianship	Add dependents	Add/increase coverage	Add / increase coverage	No Change	Add/Increase /Decrease/ drop coverage (signature required)	Add/Increase /Decrease/ drop coverage (signature required)	Final legal document signed by Judge

Understanding Qualifying Life Events, Auto-Re-Enrollment, and Health Insurance

Automatic re-enrollment: Keeps you covered, but it's better to update & shop 2023 Insurance Options

The City's Health Insurance plan is moving to "auto-re-enrollment" in 2023. This year, when you enroll, if you fail to make choices at the end of 2023, you will be auto-enrolled in the same plan choice for 2024. It's always better to update and shop for your insurance. **Open enrollment for 2023 will begin on October 23rd, 2022 and end on November 10, 2022.** Be sure and renew, change, update or cancel your health insurance at the end of 2023, based on your needs! Automatic enrollment is a good fallback, just in case. But the best way to make sure you have a 2023 plan that works for you, with the savings you qualify for, is to log in, update your application, and view all your plan options for 2023.

Qualifying Life Events

There are times when life changes unexpectedly. And when it does, those changes may occur outside the yearly Open Enrollment Period. To accommodate the unexpected, Special Enrollment Periods ensure you always receive essential health insurance coverage during qualifying life events. To make sure you have the opportunity to purchase coverage during those times, a Special Enrollment Period allows you to enroll in essential health insurance coverage during qualifying life events.

How A Qualifying Life Event Works

Your health insurance provider gives you the chance to make changes to your health insurance plan typically up to **30 days** after a qualifying life event. These exceptions help you make necessary updates to your health insurance coverage due to special circumstances. **To determine your eligibility for a qualifying life event, notify your health insurance provider as soon as these circumstances happen.**

What Kind Of Documents Do I Need For A Qualifying Life Event?

Documentation often depends on the event and could include: Birth certificates, adoption records, and marriage licenses that show you have added family members and need to modify your health insurance coverage. For childbirth or adoption, please don't wait until you get the final paperwork. Please notify the Benefits Coordinator right away, when the child is born, or before the child is born, so that we can insure coverage for prescriptions, etc.

Divorce papers or death certificates that show family members who provided health insurance have left you without coverage.

These are just a few of the types of documents you may need. If you think you are experiencing a qualifying life event, speak to your health insurance provider to see what documents might be necessary for eligibility.

What If I Do Not Qualify For A Special Enrollment Period?

Some life-changing events are not considered a qualifying life event. But you have options if you do not qualify. For example, you may be able to: Apply for Medicaid. If you need health insurance and qualify, Medicaid accepts applications year-round.

Apply for alternative health insurance solutions. Some specialized health insurance plans are designed to provide coverage during changing life situations. The plans provide comprehensive coverage and are not restricted by enrollment periods.

You deserve to feel confident that your health is covered and protected when you have a life-changing event. Qualifying events for insurance are not always clearly defined. That's why the City's Benefits Coordinator and SIHO Member Services are here to help you understand if your life event changes your health insurance coverage and any options you have. We can help you review your best options for consistent health plan protection through all of life's changes.

TERMS & DEFINITIONS

We have included some common benefit terms and their definitions to assist you as you read through this benefit guide.

Amount Billed: The amount the Provider billed for your claim before adjustments, copays, deductible, or any ineligible amount.

Annual Deductible: The amount you are required to pay per calendar year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. This deductible starts over every January 1st.

Annual Out-of-Pocket Maximum: The most you pay in a calendar year for covered services that are subject to coinsurance/copays. The deductible is included in this amount. If you reach the annual out-of-pocket maximum, the plan pays 100% of covered in-network eligible expenses for the remainder of the plan year. Office visits and prescription copays are included in the annual out-of-pocket maximum for our medical plans. This maximum starts over every January 1st.

Balance Billing: When you are billed for the difference between the provider's actual charge & the amount reimbursed under the medical or dental plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply towards out-of-pocket maximum.

Coinsurance: The percentage you pay for covered expenses.

Copayments or Copays: The flat dollar amount you pay for certain in-network services.

Explanation of Benefits (EOB): Provides information about how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company & what portion is your responsibility.

FLEX (also called FSA): Pre-tax dollars taken from your wages, contributed to a group account administered by EBC (a flex administrator), from which you can pay for your healthcare premiums, certain medications, provider visits, over-the-counter medications, etc., including dependent care. The tax benefits of this account save you money, as you are using pre-tax dollars. The IRS requires that employees "use it or lose it" - they must use all Flex dollars in the year they are deducted, except for a \$570 carry-over, so plan accordingly, and know that when you retire/resign, you must submit your expenses from before the date of retirement/resignation (you can't take these dollars with you).

Health Savings Account (HSA): A special, tax-advantaged, interest-bearing account to help plan & pay for qualified health care expenses (including plan deductible) while covered by a qualified high deductible health plan (HDHP).

High Deductible Health Plan (HDHP): A health insurance plan with a sizable deductible for medical expenses but charges lower monthly premiums. Plans fully cover routine preventive care, which means that individuals aren't responsible for copays or coinsurance for what meets the legal definition of preventive care. Employees who choose HDHP are able to open a Health Savings Account (HSA) that employees can keep/take with them even if they leave city employment.

In-Network: A group of doctors, hospitals and other providers that contract with a plan vendor to provide quality services at favorable rates. The City of Columbus, Indiana offers INSPIRE coverage (lowest cost to members) and In-Network coverage.

Preferred Provider Organization (PPO): A healthcare arrangement designed to provide healthcare services at a discounted cost for members to use designated providers (the network), but which also provides coverage (at a lower level) for services received from providers that are not part of the network. The City of Columbus, Indiana offers INSPIRE coverage (lowest cost to members) & In-Network coverage.

Usual, Customary, And Reasonable (UCR) Charges: UCR charges are determined by your health plan vendor & are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, UCR charges don't apply. You're responsible for amounts over UCR for out-of-network care.

SUMMARY OF HEALTH CARE BENEFITS

OPTION 1 – PREFERRED PROVIDER PLAN

Your Plan Features	Option 1 – Preferred Provider Plan		
	<i>Inspire Providers</i>	<i>SIHO Providers</i>	<i>Out-of-Network Providers</i>
Annual Maximum	Unlimited		
Calendar Year Deductible	Embedded	Embedded	Embedded
Individual	\$750	\$1,500	\$1,500
Family	\$1,500	\$3,000	\$3,000
Calendar Year Coinsurance			
Individual	\$4,750	\$6,000	\$6,000
Family	\$9,500	\$12,000	\$12,000
Maximum Out-of-Pocket			
Individual	\$4,750	\$6,000	\$6,000
Family	\$9,500	\$12,000	\$12,000
	Tier 1 and Tier 2 deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket and do not apply to Tier 3 and vice versa		
Hospital Room, Services, Supplies, Inpatient Surgery, Outpatient surgery	80% after deductible	70% after deductible	60% after deductible
Emergency Room (\$150 copay applies if non-emergency)	80% after deductible	70% after deductible	60% after deductible
Urgent Care	80% after deductible	70% after deductible	60% after deductible
Office Visits	80% after deductible	70% after deductible	60% after deductible
2023 Wellness Benefit	The City of Columbus is adding a benefit for employees and all dependents 18 or older for the 2023 plan year. If you see your primary care provider from Oct. 1 st , 2022 to Oct. 1 st , 2023, you will receive a deductible credit of \$250 for the 2024 plan year (up to a maximum of \$500 per family). The City will work with SIHO to automatically apply the credit in their system so you will not need to complete any paperwork following your visit.		
Preventive Health Benefit	100% covered-subject to Preventive Health Benefit Guidelines		
Diagnostic X-Ray and Lab	80% after deductible	70% after deductible	60% after deductible
On PPO plan only, labs are covered at 100% at CRH and specified affiliated CRH providers for primary care office visits and outpatient labs.			
Mental Health and Substance Abuse	80% after deductible	70% after deductible	60% after deductible
Physical, Speech & Occ Therapy	80% after deductible	70% after deductible	60% after deductible
Chiropractic Services	80% after deductible	70% after deductible	60% after deductible
	Annual Maximum: 30 Visits		

Your Cost for Coverage

26 Pay Periods	Employee Premiums	City of Columbus Premiums
Employee Only	\$59.49	\$386.78
Employee + Spouse	\$118.36	\$826.95
Employee + Child(ren)	\$100.32	\$637.55
Family	\$136.43	\$1,170.63



SUMMARY OF HEALTH CARE BENEFITS

OPTION 2 – HIGH DEDUCTIBLE HEALTH PLAN

Your Plan Features	Option 2 - High Deductible Health Plan		
	<i>Inspire Providers</i>	<i>SIHO Providers</i>	<i>Out-of-Network Providers</i>
Annual Maximum	Unlimited		
Calendar Year Deductible	Non-Embedded	Non-Embedded	Non-Embedded
Individual	\$1,500	\$3,000	\$3,000
Family	\$3,000	\$6,000	\$6,000
Calendar Year Coinsurance			
Individual	\$4,750	\$6,000	\$6,000
Family	\$9,500	\$12,000	\$12,000
Maximum Out-of-Pocket			
Individual	\$4,750	\$6,000	\$6,000
Family	\$9,500	\$12,000	\$12,000
	Tier 1 and Tier 2 deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket and do not apply to Tier 3 and vice versa		
Hospital Room, Services, Supplies, Inpatient Surgery, Outpatient surgery	80% after deductible	70% after deductible	60% after deductible
Emergency Room (\$150 copay applies if non-emergency)	80% after deductible	70% after deductible	60% after deductible
Urgent Care	80% after deductible	70% after deductible	60% after deductible
Office Visits	80% after deductible	70% after deductible	60% after deductible
2023 Wellness Benefit	The City of Columbus is adding a benefit for employees and all dependents 18 or older for the 2023 plan year. If you see your primary care provider from Oct. 1 st , 2022 to Oct. 1 st , 2023, you will receive an HSA contribution of \$250 paid to the employee's HSA account in January 2024 (up to a maximum of \$500 per family). The City will work with SIHO to identify all members enrolled in the HDHP that completed the visit and the HSA contribution will happen automatically. You will not need to submit any paperwork to get the HSA contribution.		
Preventive Health Benefit	100% covered-subject to Preventive Health Benefit Guidelines		
Diagnostic X-Ray and Lab	80% after deductible	70% after deductible	60% after deductible
Outpatient Mental Health and Substance Abuse	80% after deductible	70% after deductible	60% after deductible
Physical, Speech & Occ Therapy	80% after deductible	70% after deductible	60% after deductible
Chiropractic Services	80% after deductible	70% after deductible	60% after deductible
	Annual Maximum: 30 Visits		

Your Cost for Coverage

26 Pay Periods	Employee Premiums	City of Columbus Premiums
Employee Only	\$41.29	\$394.34
Employee + Spouse	\$80.39	\$842.40
Employee + Child(ren)	\$65.85	\$654.44
Family	\$94.83	\$1,170.59



Preventive Health Benefit

These benefits are fully compliant with the Affordable Care Act (PPACA).

Wellness/Preventive Health Exam:

Men - One per year

Women - One per year with family physician, one per year with OB/GYN, if needed

Childhood Immunizations																	
Vaccine	AGE>	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-15 years	16-18 years	
Diphtheria, Tetanus, Pertussis				DTap	DTap	DTap		DTap				DTap		Tdap			
Human Papillomavirus														HPV 3 Doses			
Meningococcal ACWY														1 dose		1 dose	
Influenza						Influenza (yearly)											
Pneumococcal				PCV	PCV	PCV	PCV		PCV	PCV	PCV or PPSV at risk						
Hepatitis A							Hep A 2 Doses				Hep A Series						
Hepatitis B		Hep B	Hep B			Hep B							Hep B Series				
Inactivated Poliovirus				IPV	IPV	IPV						IPV					
Measles, Mumps, Rubella							MMR					MMR					
Varicella							Varicella					Varicella					
Rotavirus				RV	RV	RV											
Haemophilus Influenzae Type B				HIB	HIB	HIB	HIB										
Meningococcal B																MenB 2 Doses	
Dengue– at risk, age 9-16																	

Services for Children			
<ul style="list-style-type: none"> Gonorrhea preventative medication for eyes Hearing Screening Hemoglobinopathies (sickle cell) Congenital Hypothyroidism Phenylketonuria (PKU) Bilirubin 	Newborns	Urinalysis	All Ages
Iron Screening and Supplementation	All Ages	Hematocrit or Hemoglobin Screening	All Ages
Visual Acuity Screening	Through age 5	Lead Screening	For children at risk of exposure
Oral Dental Screening	During PHB visit	Screening for latent tuberculosis infection	Children determined at risk
Fluoride Supplement	Beginning Age 6 months	Dyslipidemia Screening	All Ages
PCP Fluoride Application to primary teeth	Infant/children through Age 5	Depression Screening	Beginning Age 12
		COVID-19 Test See Adult Immunizations for vaccine	Per Clinician
<p>Children's preventive health visits to include screenings and counseling for: Medical History, BMI and Obesity, Education and Counseling for Prevention of Tobacco Use, Behavioral Assessment, and Skin Cancer prevention.</p>			

Services for Pregnant Women	
HIV Screening	1 per Pregnancy
Bacteriuria	Lab test
Hepatitis B	Lab test
Iron Deficiency Anemia Screening	Lab test
Gestational Diabetes Screening (any time after 24 weeks)	Lab test
Rh Incompatibility	Lab test
Syphilis, Chlamydia, & Gonorrhea Screening	Lab test
Group B Strep Screening	1 per pregnancy
Healthy Weight & Weight Gain during Pregnancy	Screening & Counseling
Breast Feeding Interventions	Counseling, Support & Supplies
Preeclampsia Screening	Blood Pressure monitoring throughout pregnancy
Folic Acid Supplement	Women capable of becoming pregnant
Referral to Counseling	For pregnant and postpartum at risk for perinatal depression
Tdap Vaccination	1 per pregnancy
Aspirin	At Risk
Group B Strep Screening	1 per pregnancy
Services for All Women	
Contraceptive Methods	Covered unless religious exemption applies
Age 21+, HPV DNA testing and/or cervical cytology	Every 3 years
Breast Cancer Chemoprevention	At Risk
BRCA Risk Assessment and Appropriate Genetic Counseling/Testing	
Screening for Urinary Incontinence	

Adult Immunizations		Adult Procedures/Services		Adult Labs		
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18	Bone Mineral Density Screening	Every 2 years age 65 or older or every 2 years less than 65 with risk factors (men and women)	Lipid Panel		Yearly
Human Papillomavirus	Women and Men to age 45			Total Serum Cholesterol		Yearly
Meningococcal	2 doses ages 19+	Comprehensive Metabolic Panel (CMP)	Yearly			
Influenza	Every year	PSA	Yearly Men over 50			
Pneumococcal	Age 19-64 at risk: 1 PCV 20 or 1 PCV 15 + 1 PPSV 23 at least 1 year later	Mammogram - including 3D	Baseline - women, once between ages 35-39	Highly Sensitive Fecal Occult Blood Testing Or FIT		Yearly after age 45
	Age 65+ 1 PCV 20 *or 1 PCV 15* + 1 PPSV 23 at least 1 year later	Mammogram - including 3D	Yearly for women over 40	sDNA-FIT		Every 1-3 years after age 45
	*No additional doses are indicated if PCV15 or PCV 20 received at younger age	Colorectal Cancer Screening beginning age 45	CT Colonography every 5 years	FBG (Fasting Blood Glucose)/ OGTT (Oral Glucose Tolerance Test)		Yearly
Hepatitis A	2 to 3 doses/lifetime		Flexible Sigmoidoscopy every 5 years OR every 10 years + FIT every year	Hgb A1C		2 per year
Hepatitis B	3 doses/lifetime		Colonoscopy Screening every 10 years	HIV Testing		Yearly age 15 to 65 Age range may deviate based on risk.
Shingles (Shringrix)	2 doses, age 50+ OR age 19-49 at risk	Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65-75	Syphilis Screening		At risk
	Measles, Mumps and Rubella	Low Dose Aspirin	At risk initiate treatment ages 50-59	Chlamydia Infection Screening	Yearly - All ages	
Varicella	2 doses	Lung Cancer Screening	At risk Ages 50-80	Gonorrhea Screening	Yearly - All ages	
Meningococcal B	2 doses, if not done between ages 16-18	Statin Preventative Medication	At risk Ages 40-75	Hepatitis B & Hepatitis C Screenings	Yearly	
COVID-19 Vaccine	Single or multi-dose age per manufacturer			Urinalysis	Yearly	
				Screening for latent tuberculosis infection	At risk	
				COVID-19 Test	Per Clinician	

All adolescent and adult preventive health visits to include screenings and counseling for:	
Healthy Diet and Physical Exercise— includes referral to behavioral health	Intimate Partner Violence for Men and Women
Obesity—includes intensive behavioral interventions for BMI > 30	Blood Pressure
Skin Cancer Prevention	Sexually Transmitted Infections
HIV infection Pre-exposure prophylaxis	Depression
Tobacco and/or Nicotine use and FDA Approved Medication (as indicated)	Developmental/Behavioral Assessment/Autism
Unhealthy drug use—medical and nonmedical	Risk for Falls
Unhealthy Alcohol Use	

The **Preventive Health Benefit Guidelines** are developed and periodically reviewed by our Quality Management Committee, a group of local physicians and health care providers. The QMC reviews routine care services from the American Academy of Family Practice Standards, American College of OB/ GYN Standards, Center for Disease Control Recommendations, American Cancer Society Recommendations, American Academy of Pediatric Standards and U.S. Preventive Services Task Force Recommendations.

These recommendations were combined with input from local physicians and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed every one to two years, and the benefits are updated as needed.

Please note that your physician may recommend additional tests or screenings not included in this benefit. If you receive routine screenings that are not listed in this brochure you may have financial responsibility for those charges.

A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age/ frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

Effective 1/1/2023

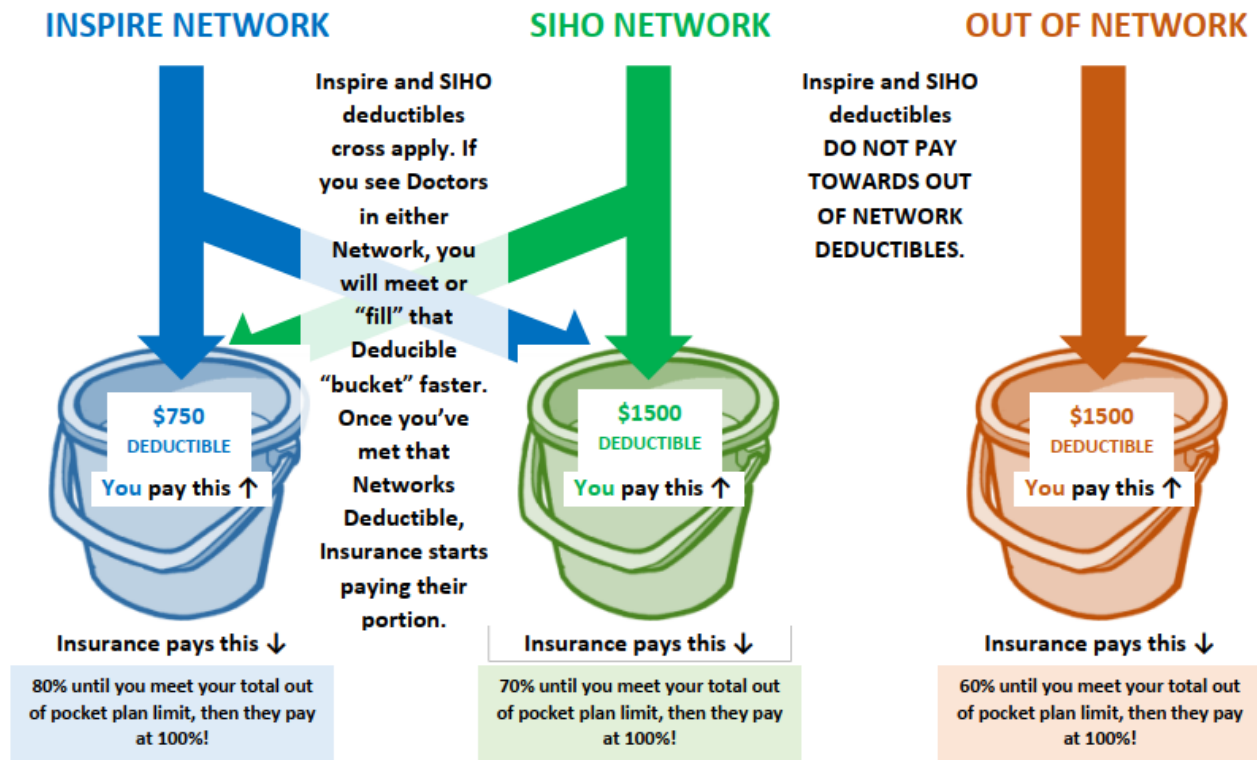


SIHO Insurance Services

Standard Pre-Certification List:

- Inpatient hospital admissions – medical and surgical
- Long Term Acute Care Hospital (LTACH) admissions
- Skilled Nursing Facility admissions
- Inpatient Rehab Facility admissions
- Inpatient Mental Health and/or Substance Abuse admissions – Hospital
- Residential Mental Health and/or Substance Abuse admissions
- Intensive Outpatient Therapy Programs
- Partial Hospitalization Therapy Programs
- Home Health care services – including nursing/PT/OT/infusion
- Hospice
- Oncology – Chemotherapy and Radiation
- Durable Medical Equipment – all rentals, any purchases greater than \$1000, includes prosthetics
- Specialty Medications
- Speech Therapy
- Applied Behavioral Analysis (ABA Therapy) – if a covered benefit
- Dialysis
- Genetic Testing – if a covered benefit
- Neurological implants and implanted nerve stimulator devices - including but not limited to spinal cord stimulators and vagal nerve stimulators (VNS)
- Services and treatments related to gender reassignment – if a covered benefit
- Transplant services

SIHO INSURANCE SERVICES
PPO INDIVIDUAL PLAN OPTION EXAMPLE



Embedded vs. Aggregate (Non-Embedded)

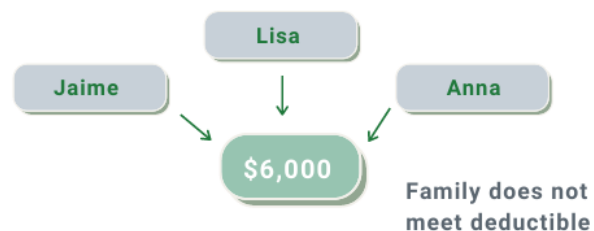


Gomez Family: \$6,000 Deductible

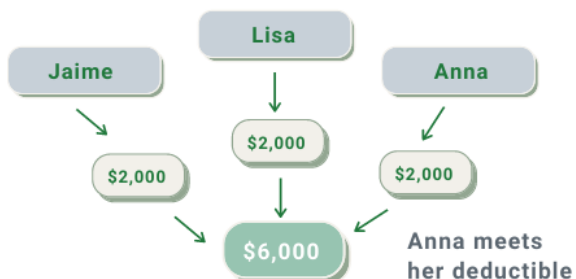
Medical Bills this year:

- Jaime \$500
- Lisa \$250
- Anna \$5,000

Non-Embedded (City's HDHP) (aggregate)



Embedded (City's PPO)



Summary of Prescription Drug Coverage

Your Plan Features*	Option 1 – Preferred Provider Plan		Option 2 – High Deductible Health Plan	
	Retail Service (30-day supply)	Mail Order Service (90-day supply)	Retail Service (30-day supply)	Mail Order Service (90-day supply)
Generic	\$10	\$25	20% after deductible	20% after deductible
Brand	\$30	\$60	20% after deductible	20% after deductible
Non-Formulary Brand	\$50	\$120	20% after deductible	20% after deductible

*Prescription Drugs listed on the High Deductible Health Plan Health Savings Account Preventive Therapy Drug list will be covered at the appropriate coinsurance and not subject to the annual deductible. This list is typically published in January.

An important part of any medical plan is prescription drug coverage. You receive coverage for both generic and brand name drugs, but you pay less for brand name drugs that are a part of the plan's formulary, or preferred drug list. The plan's formulary drugs are chosen by the plan based on their quality, safety, and cost-effectiveness.

You also have the option to take advantage of the Mail Order Service program. By using the mail order program, you can receive 90 days of medication for less than the cost of three 30-day prescription fills at a retail pharmacy. This saves you time and money.

For questions on your prescription coverage, please contact Optum at:
www.optumrx.com / Toll Free: 855-524-0381

Register now

To set up your online account:

1. Go to OptumRx.com or scan the QR code below
2. Select Register on the home page
3. Enter the information from your member ID card
4. Create a username and password
5. Complete your profile

If you already have an account, sign in using your username and password.



Scan here to go
to OptumRx.com



The OptumRx app makes the online pharmacy experience as simple as possible. You can easily:

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Access your ID card if your plan allows

Manage home delivery orders

- Transfer a prescription to home delivery
- Track your order
- Refill a prescription



ENROLL NOW to get all the benefits of medication home delivery.

OptumRx home delivery is safe and reliable.



Cost savings

You may pay less for your medication with a three-month supply through OptumRx.



Convenience

Get free standard shipping on medications delivered to your mailbox.



24/7 access and reminders

Speak to a pharmacist who can answer your questions any time, any day. You can also sign up for text message reminders, letting you know when to take or refill your medications.

Whether you have a new prescription or need to transfer an existing one, it's easy to get started with OptumRx.

Here's how:



ePrescribe

Ask your doctor to send an electronic prescription to OptumRx.



Online

Visit **optumrx.com** or use the OptumRx® app. From there, you can fill new prescriptions, transfer others to home delivery and more.



Phone

Call the toll-free number on your member ID card to speak to a customer service advocate.

Once OptumRx receives your complete order for a new prescription, your medication should arrive within seven business days. Completed refill orders should arrive in about four business days.

We look forward to serving you.

Need your medication right away?

Ask your doctor for a 1-month supply that can be immediately filled at a participating retail pharmacy.



***HSA only available for employees who choose HDHP, per federal statute.**

Health Savings Account (HSA) Contributions

For those employees choosing the High Deductible Health Plan (HDHP) with HSA option, active fulltime employees will receive an HSA contribution made by The City into the employee's account.

\$1,500 / \$3,000 Plan:

\$500 Single

\$1,000 Employee + Spouse

\$1,000 Employee + Children

\$1,000 Family

You may contribute to your HSA the maximum amount as determined by the IRS, regardless of your plan's deductible. The maximum for 2023 is \$3,850** for individuals and \$7,750 for families. If you have not been working at the City of Columbus long enough to receive a paycheck, you will not be eligible for the employer HSA contribution amount indicated above.

Individuals 55 and older may contribute an additional \$1,000 each year for self only or family level contributions.

The IRS only allows "embedded" deductibles for family, HSA plans whose individual deductibles satisfy the minimum family deductible as determined by the IRS (\$3,000). Since the \$1,500 HSA plan's family deductible is \$3,000, the \$3,000 must be met by either an individual or family combined before benefits will start.

Early retirees are eligible to enroll in the High Deductible Health Plan but are not eligible for the employer contribution to the Health Savings Account.

If you are enrolling in an HSA for the first time, shortly after you submit your enrollment form, you will receive instructions on how to setup your HSA Account.

The City of Columbus offers two options for your HSA account:

➤ **First Financial Bank**

➤ **Lively**



***HSA only available for employees who choose HDHP, per federal statute.**

Why Choose an HSA Plan?

An HSA is a bank account where tax-free deposits are made to pay for qualified medical expenses. Withdrawals from your HSA are also tax free as long as the funds are used for qualified medical expenses. There are many advantages to enrolling in a qualified High Deductible Health Plan and opening a HSA bank account.

You are eligible to enroll in one of the City of Columbus Employee HSA Plans if you meet the following requirements:

- Have no other first-dollar medical coverage. This means you cannot be covered as secondary under a plan that is not a qualified High Deductible Plan.
- Are not enrolled in Medicare. Medicare eligible persons who do not enroll in Medicare may have an HSA if they are covered by a qualified High Deductible Health Plan.
- Cannot be claimed as a dependent on someone else's tax return

What are the benefits of an HSA?

- Your high deductible insurance and HSA protect you against high or unexpected medical bills
- Your health insurance premiums are lower
- SIHO pays 100% of covered preventive care services received in-network. You do not need to meet the deductible for covered preventive care services.
- You can use the funds in your account to pay for the following:
 - Medical Expenses including expenses that are not covered under the SIHO Medical Plan (See IRS Publication 502)
 - All options under IRS Publication 502
 - Long-Term Care Insurance
 - Dental and Vision expenses
 - Medical expenses after retirement (before Medicare)
 - Out-of-pocket expenses when covered by Medicare
- You can save the money in your account for future medical expenses and grow your account through investment earnings. HSA earnings grow tax-free.
- Your HSA is completely portable. Funds in your HSA belong to you and are always 100% vested. There are no "use it or lose" rules for HSAs.
- Unlike contributions into an HSA, an individual need not be covered by an HDHP to make withdrawals from the HSA. For example, an employee that is qualified to contribute to an HSA can use the funds to pay for medical expenses for a qualified dependent even if the dependent is not covered under an HDHP.


Paying for medical expenses:

Here are a few simple tips to keep in mind:

- When you receive services from a physician or hospital, present your SIHO Identification Card just as you would with a traditional plan. Use of the ID Card ensured that the claims will be submitted to SIHO and that a provider network discount will be taken. This saves money for you! Most providers will not require payment from you at the time of service; they will bill SIHO and wait for payment determination from SIHO before billing you.
- Qualified healthcare expenses may be paid with your HSA money, or you may pay out-of-pocket and continue to save in your HSA.
- Your HSA works like a checking account with withdrawals limited only by the account balance.
- After you open your HSA, you have the option to receive a First Financial Debit Card. This card can be used to pay for qualified expenses anywhere it is accepted. You may also setup bill-payer and pay your medical bills online with First Financial.
- Receipts of where you spend your HSA funds are required by the IRS. You do not need to submit a receipt to the bank to receive reimbursement.
- However, you need to keep the receipt for 7 years with your other tax reporting paperwork.

Health Savings Account Example

HSA Savings compared to PPO with no HSA

 INSURANCE SERVICES	PPO Plan (\$1,500 Family Deductible)	HSA (\$3,000 family Deductible)
Annual Premium	\$3,163.16	\$2,198.82
Employee HSA Deposit	\$0	\$750
City of Columbus HSA Match	\$0	\$1,000
*Assumed Annual Medical – 750 expenses not covered by insurance	\$750 (paid out of pocket)	\$750 (paid from HSA Account)
Total Employee Cost	\$3,913.16	\$2,948.82
HSA Account Balance at end of year	\$0	\$1,000 \$750 EE & \$1,000 City of Columbus Deposit minus \$750 Expenses = \$1,000)

Top 5 Reasons to Choose an HSA

Is a Health Savings Account right for you?

A Health Savings Account (HSA) is the most tax-advantaged account in America. And a Lively HSA is the perfect complement to your HSA-qualified health plan. In fact, HSAs are designed to help you pay less for out-of-pocket expenses.

Here are five reasons why you should open an HSA during open enrollment.



01 | Save up to 35% on health care expenses

Pay for a broad range of today's health care expenses with tax-free dollars. This helps you save up to 35%¹ on every out-of-pocket cost. That's like having \$100 to spend rather than \$65. Qualified expenses include your health plan deductible (doctors, labs, prescriptions, hospitalization). Plus vision, dental, chiropractic, and mental health services.



02 | Take advantage of lower premiums

The monthly premium for an HSA-qualified health plan is usually lower than other plan choices. Deposit the difference into your HSA with every pay period and watch your savings grow.



03 | Enjoy immediate tax savings with no hassle

Funds are securely deposited into your HSA from your paycheck, pre-tax. And are available to spend with your Lively HSA Visa debit card.



04 | Funds never expire

It's your choice. Spend your HSA money today. Or save it for tomorrow with confidence. Either way, the money is always available to spend—even if you change health plans or employers.



05 | Like a 401(k), for healthcare

Grow your nest egg and peace of mind by saving for future or unexpected healthcare expenses. With the option to invest² your savings, just like you can with a 401(k). But with the flexibility to spend the funds anytime, from today through retirement.

[1] Talk to a tax advisor about your savings potential; your savings may vary. The 35% example includes 24% federal tax savings, 7.65% payroll tax savings, and 3.35% state tax savings. Payroll tax savings are only available on deposits made through your employer's payroll. State tax savings are not available in states without income taxes or in California or New Jersey.

[2] Investments are not guaranteed, not insured, and may lose value.



Reminder: You must re-enroll in the FSA each year as this will not roll over in a passive enrollment.

Taking Advantage of Your Flex (Also called FSA)

A great way to save on your health care and dependent care expenses is by taking advantage of the Flexible Spending Accounts (FSAs), including the:

- Health Care FSA and
- Dependent Care FSA

Health Care FSA*

The Health Care FSA gives you a smart way to save on eligible expenses not covered by the new program by allowing you to set aside money on a pre-tax basis to pay for these expenses. Some examples of eligible expenses include:

- Deductibles for medical and dental plans
- Physician's fees
- Laboratory fees
- Prescription glasses or contacts
- Prescription drug co-pays
- Some types of medical equipment or supplies
- Surgical or diagnostic services

An FSA allows you to set aside up to \$3,050** on a pre-tax basis that can be used for non-reimbursed health care expenses for you and your qualified dependents throughout the year. Here's how it works:

First, decide how much you want to contribute. A regular amount will be automatically deducted from each paycheck for the entire year. Your elected funds will be available at the beginning of the plan year and funds are reimbursed to you as expenses are submitted up to the amount elected for the year.

Then, when you or a qualified dependent have eligible expenses not covered by the benefits program OR any or all health benefits are exhausted, your FSA administrator reimburses you from your flexible spending account. Your expenses are reimbursed from your account and you avoid the taxes you would otherwise pay on that money.

*** If you are participating in the HSA Qualified Plan, you are only eligible to participate in a *limited purpose* Health Care FSA. This means that you will only be able to submit Dental and Vision expenses.**

Dependent Care FSA

The Dependent Care FSA works similar to the Health Care FSA. It allows you to set aside up to \$5,000 each year on a pre-tax basis for reimbursable day care expenses, such as fees for a licensed day care center or adult day care, for eligible dependents (\$5,000 maximum for the head of household or a joint tax return and \$2,500 maximum for married, separately filed tax returns). For this account, funds must be contributed first in order to be eligible to be claimed.

**The FSA Amount is subject to change per Federal Guidelines. Please refer to the IRS website for further information.

Important FSA Facts:

There are restrictions imposed by the federal government that you need to keep in mind before participating in an FSA:

- You cannot stop, start, or change the amount of money you contribute during the year unless you experience a Qualified Life Event change. If this occurs, then your change must be consistent with your qualified life event change. Under the Dependent Care FSA, a Cost of Coverage change is eligible for contribution adjustments.
- You may use the money in your account to pay for expenses you or your dependents incur only during the same calendar year. Any money remaining in your account, after you have applied for reimbursement for the year, is forfeited and cannot be returned for any reason. For FSA, the Internal Revenue Service will allow participants to roll over a maximum of \$550 from your healthcare or limited FSA to the next plan year.
- Your Health Care and Dependent Care FSAs are separate. You cannot transfer money between the two accounts.
- When submitting claims, you must attach an itemized receipt (cancelled checks do not qualify as a valid receipt). An EOB, or Explanation of Benefits, can be submitted for reimbursement.
- You must re-enroll in the FSA each year.

FSA/Flex Continued...

Premium and Flexible Spending Accounts Illustration:			
Pre-Tax With FSA		After Tax Without FSA	
\$1,000	Your pay check	\$1,000	Your pay check (taxable amount)
- 150	Dependent Care FSA	- 250	amount taxed on your income*
- 20	Medical FSA	\$ 750	
\$ 830	Taxable Amount	- 150	Dependent Care**
- 207	Amount taxed on your income	* 20	Medical Expenses (if eligible)**
\$ 623 Spendable Income		\$ 580 Spendable Income	
Per Payroll Savings \$43.00		Annual Savings \$1,118.00	
*Based on a 25% tax bracket. Your actual tax savings could vary.			
** If you would incur these expenses.			

FSA Debit Card

The FSA debit card allows a participant to use the card at the point of purchase to pay for qualified expenses instead of using their personal funds and waiting for reimbursement.

Advantages:

- Significant reduction in number of claims to submit for reimbursement
- Convenient access to your plan dollars at the point of purchase

The Pre-Tax Advantage

Don't forget that the money you contribute toward your medical and dental coverage is paid on a pre-tax basis (except for non-qualified domestic partners). This means that:

- The costs for your benefits are deducted from your paycheck before you pay any federal income or Social Security taxes (except for non-qualified domestic partners).
- This deduction reduces your taxable income – the amount on which you pay taxes.
- Reduced income tax means you have more take-home pay.



Quick Reference Guide

Log-in Screen

First Time Use/Log-in Screen

When you launch the app, you log in here.

- A. Create new account
- B. Sends your User ID to you
- C. Create a new password
- D. User ID/Password entry
- E. Remember User ID/Password

Account Balances Screen

View your account balance information

- A. Account or Plan Design Name
- B. Current Plan Year
- C. FSA Account Balance
- D. HRA Benefit Remaining
- E. File A Claim
- F. Benefits Card Transactions
- G. View Payment History
- H. Settings

Account Balances Screen

File a Claim Screen

Enter the following information on the form, attach a documentation image and click "Submit" to file a claim instantly.

1. Enter the Date of Service/Service Start Date
2. Choose a Plan Type
3. Enter your Claim Amount
4. Choose or type your Provider
5. Choose an FSA Expense Type
6. Assign an HRA Dependent

Attach documentation and submit:

7. Click on "Attach Image"
8. Choose "From Photo Library", or "Take a New Photo" (attach one file per claim)
9. Check the box to agree to the Terms (click "Signature Requirements" to view Terms)
10. Submit - Confirmation email is sent to your address on file; second email is sent once the claim is processed.

File A Claim Screen



Login Instructions

Account Login

1. Go to www.ebcflex.com.
2. Click "Log In" **A** at the top of the page and choose "Participants."
3. Log in with your Username and Password.

Create an Account

If you do not have a Username and Password, you will first need to register.

1. Click on the "Register" button **B**.
2. Fill out the short form and follow the on-screen instructions.

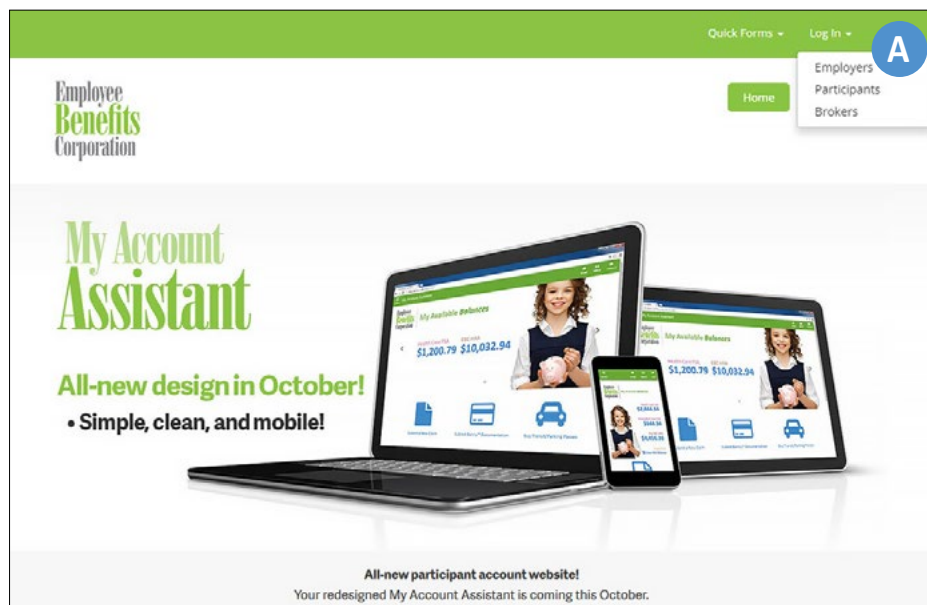
Forgot your Username or Password?

To retrieve your login credentials:

1. At the log-in screen, click on "Forgot Username?" or "Reset Password?"
2. Enter your email address and click "Retrieve Username" or "Reset Password."
3. An email will be sent to you shortly with a link to your Security Question.
4. Provide the answer to your Security Question.
5. An email will be sent to you shortly with your Username included or instructions on how to reset your Password.

Change your Username and Password

Once you log in, you may change your Username, Password, and Security Question. Simply open the menu and choose "My Security Settings" under "Change."



Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email participantservices@ebcflex.com.

Member Portal

As a feature of your health care benefits, SIHO provides **secure** internet access to give you information you need anytime you need it. Some of these features include:

Claims

SIHO provides quick access to your claims status and eligibility information. You can track your medical claims as they move through the SIHO claims processing system.

Utilization

View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage.

Provider Lookup

Search for healthcare providers in your network by Specialty, Name or Location.

Plan Documents

Verify benefits related to your current plan.

Home

SIHO INSURANCE SERVICES

Login

Welcome to the improved web portal for members, employers, and providers. If this is your first time visiting this page, you will need to create a new account. Follow the "Click here to create a new user..." link, to create your account. If you have any questions or issues creating an account, feel free to contact us.

Login:

User Name

Password

☐ I'm not a robot

reCAPTCHA

Login

[Click here to create a new user...](#)

[Forgot Password](#)

Visit <https://my.siho.org/> to access the Member Access Portal.

Select Login. If you are a new user, select "[Click here to create a new user id](#)" and follow the on-screen instructions.

You may be directed to select a specific health plan when creating your account. If you are unsure which plan you should select, please contact
SIHO Member Services:
812.378.7070

GET YOUR HEALTH INFO, WHEREVER YOU GO!

When you're out and about, the app puts your health plan at your fingertips.

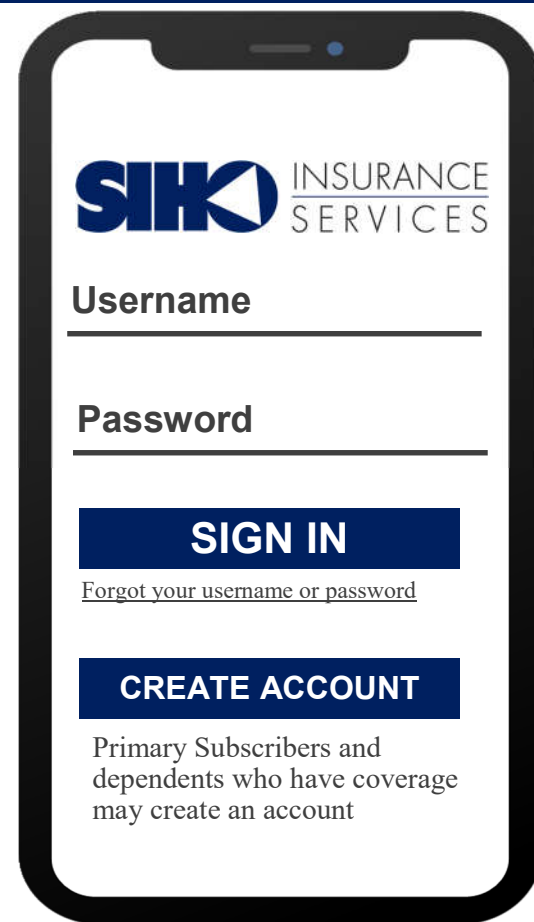
Download it today to get instant access to your health plan details.

 Search "SIHO Insurance Services" on Apple devices.
Search "SIHO" on Android devices.

If you have questions, give us a call at 812-378-7070.
Hours: Monday - Friday | 8 AM - 6PM ET

FEATURES:

- **View Eligibility:** Shows active coverage and accumulator information such as total amount, paid amount, deductible identifiers, In-Network vs. Out-of-Network, and Individual vs. Family.
- **View Claims:** Configurable view of claim detail, claim status, date, provider, and patient responsibility.
- **Manage user accounts:** Multiple options for members to manage their user account, including options for dependents.
- **Receive Push Notifications:** When a secure message has been sent a push notification as well as a badge notification will be sent to your mobile device.
- **Send Secure Messages:** Send questions to customer service about claims, eligibility, primary care physician changes, address changes, and request a new ID card.
- **View ID Card:** Support for PDF or image types with the ability to send via email.
- **Access Provider Directory:** Search between provider and facilities using current location or a location entered as well as the ability to switch between list and map results.



ID Card

Click on ID Card icon and email to recipient

OR

- Click on ID Card Icon and save for future access without logging into the mobile app in the future.
- Click on Confirm and logout of the mobile app
- For future access, simply click on the **View ID Card** button at the bottom of the mobile app
- Pinch, zoom and adjust your ID Card to display as needed

Types of Savings Accounts for Healthcare

	Type of coverage	Uses	Minimum Employee Contribution	Maximum Employee Contribution	Employer amount (annual)
FSA (Flexible Spending Account) Healthcare reimbursement	PPO or No City Coverage	You can use funds in your FSA to pay for certain medical and dental expenses for you, your spouse if you're married, and your dependents.	\$5 per pay (\$130 annual)	\$105.76 per pay (\$2,749.76 annual)	N/A
FSA (Flexible Spending Account) Dependent Care	PPO or No City Coverage	A Dependent Care FSA is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare.	\$5 per pay (\$130 annual)	\$192.30 per pay if individual/ married filing jointly (\$4999.80) \$96.15 per pay if married filing separately (\$2499.90)	N/A
Limited Dental / Vision	HIDHP	This pre-tax benefit account helps you save on eligible out-of-pocket dental and vision care expenses.	\$5 per pay (\$130 annual)	\$105.76 per pay (\$2,749.76 annual)	N/A
HSA (Health Savings Account)	HIDHP	A HSA is a tax-advantaged account designed to allow people with certain types of health insurance plans to save for medical expenses.	\$5 per pay (\$130 annual)	<i>Employee only</i> - \$119.23 per pay <i>Employee plus</i> - \$238.46 per pay	<i>Employee only</i> - \$250 in January / \$250 in July (\$500 annual) <i>Employee Plus</i> - \$500 January / \$500 July (\$1,000 annual)



SIHO Customer Service

The SIHO Customer Service staff includes:

Member Services – Representatives who will help you understand your health care benefits and walk you through the claims process.

Medical Management – Nurses are available on site to answer any medical questions you might have or to work with your physician to ensure you receive the highest quality health care.

Account Management – These individuals work with your employer to help them understand how the benefit program is working and to troubleshoot any concerns.

Though City of Columbus cannot avoid the impact of rising health care costs, we believe this health care plan will provide many advantages while living within the city's budget demands.

Advantages of the City of Columbus Plan:

- Two health plans – offering a choice in health care coverage
- Preventive health care coverage, with required educational meetings
- Extensive network of in-network providers
- On the PPO Plan Only, ALL labs are covered at 100% at CRH and affiliated providers

Customer Service:

SIHO has customer service representatives available to answer your questions relating to eligibility, benefits and claim status. You can also log on to their website and click on *Contact Us* to reach a customer service representative.

Phone: Local: 812.373.9703 Toll Free: 844.425.4281

Website: www.siho.org

Address: 417 Washington Street

P.O. Box 1787

Columbus, IN 47202-1787

To find out if your provider is part of the Inspire Network or to find a provider in the Inspire Network, call SIHO Customer Service or log on to the website to do a search: www.siho.org

Peace of Mind When Traveling

Travel assistance

Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance and transportation services

Pre-trip plan to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

24-hour nurse help line to provide clinical assessment, education and general health information.

Replacement of prescriptions and eyeglasses that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

Medical, behavioral or mental health, dental and pharmacy referrals to assist in finding care providers and medical facilities.

Coordination of benefits by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

Emergency medical evacuation to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

Medical repatriation to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

Return of remains to arrange the transportation of a participant's remains to their home in the event of their death while traveling.



24-hour travel assistance

Travel Assistance is made available through

OneAmerica® by an agreement with On Call International®

1-866-816-2103 (US/Canada)

1-603-328-1754 (call collect from other locations)

Email: mail@oncallinternational.com



ONEAMERICA® is the marketing name for the companies of OneAmerica | OneAmerica.com

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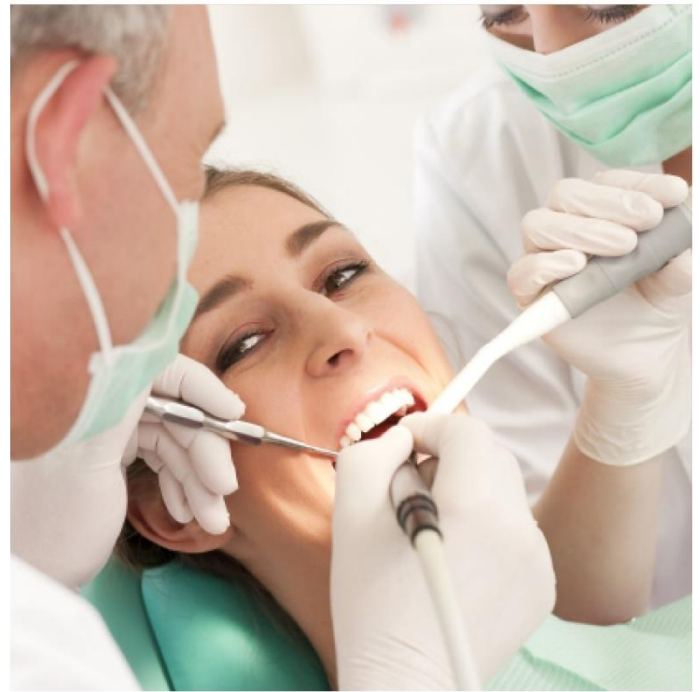
G-33508 01/08/20

Dental Insurance

Guardian

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The following chart outlines the Tier 1 dental benefits we offer for 2023.



Type of Service	Amount You Pay	
	Option 1	Option 2
Preventive Services	Exams, cleanings, X-rays— \$0	Exams, cleanings, X-rays— \$0
Deductible	Applies to basic and major services only— \$50 Deductible	Applies to basic and major services only— \$50 Deductible
Basic Services	Fillings, simple extractions— 40% Coinsurance	Fillings, simple extractions— 20% Coinsurance
Major Services	Oral surgery, root canal, crowns— 60% Coinsurance	Oral surgery, root canal, crowns— 50% Coinsurance
Annual Maximum	\$1,000	\$1,500
Biweekly Payroll Deductions	Employee only— \$16.03 Employee + 1 — \$31.28 Family— \$47.95	Employee only— \$20.47 Employee + 1 — \$39.87 Family— \$61.35

Vision Insurance

Guardian



Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

City of Columbus's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. The following chart outlines the In-Network vision benefits we offer for 2023.

Type of Service	Amount You Pay	
	VSP Network	Davis Network
Exam Copay Frequency	\$10 Once per Calendar Year	\$10 Once per Calendar Year
Base Lenses Single Bifocal Trifocal Frequency	100% Covered 100% Covered 100% Covered Once per Calendar Year	100% Covered 100% Covered 100% Covered Once per Calendar Year
Contact Lenses (Elective) Frequency	\$130 Once per Calendar Year	\$130 Once per Calendar Year
Frame Retail Frequency	\$130 Every Other Calendar Year	\$130 Every Other Calendar Year
Biweekly Payroll Deduction	Employee only—\$5.36 Employee + 1 —\$8.13 Family—\$14.31	Employee only—\$4.41 Employee + 1 —\$6.69 Family—\$11.75





Disability Income Benefits

Short Term Disability / Long Term Disability

City of Columbus provides full-time employees with long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At City of Columbus, we want to do everything we can to protect you and your family. That's why City of Columbus pays for the full cost of long-term disability insurance—meaning that you owe nothing out of pocket.

	Short-term Disability	Long-term Disability
		
Benefits Begin	Injury: Day 1 Illness: Day 8 Maximum length of STD is 91 days.	Injury: 91 st Day Sickness: 91 st Day
Pre-Existing Condition Period	N/A	3 months / 12 months
Percentage of Income Replaced	60% of weekly salary up to a maximum of \$600.00 per week	60% of your monthly pre-disability earnings, up to a maximum monthly benefit of \$5,000
Employee Premiums	Coverage is provided at no cost to you. The City of Columbus pays 100% of the total premium.	Coverage is provided at no cost to you. The City of Columbus pays 100% of the total premium.

Basic Life Insurance

One America



Life insurance can help provide for your loved ones if something were to happen to you. City of Columbus provides full-time employees with \$20,000 in group life and accidental death and dismemberment (AD&D) insurance. City of Columbus pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Voluntary Life Insurance

One America

While City of Columbus offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through biweekly payroll deductions. The maximum life insurance you can purchase for yourself is \$500,000 or up to 5x your annual salary. You can purchase coverage for your spouse in increments of \$5,000, up to \$20,000 maximum.

The chart below outlines the monthly costs of purchasing additional coverage.

**Payroll Deduction Illustration: Bi-Weekly
Employee Options**

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$20,000	\$.60	\$.60	\$.60	\$.68	\$.94	\$1.53	\$2.64	\$4.51	\$8.94	\$11.76	\$19.68	\$19.68	\$19.68
\$25,000	\$.75	\$.75	\$.75	\$.85	\$1.17	\$1.91	\$3.30	\$5.64	\$11.18	\$14.70	\$24.60	\$24.60	\$24.60
\$30,000	\$.90	\$.90	\$.90	\$1.02	\$1.41	\$2.29	\$3.96	\$6.77	\$13.41	\$17.64	\$29.52	\$29.52	\$29.52
\$40,000	\$1.20	\$1.20	\$1.20	\$1.37	\$1.89	\$3.07	\$5.28	\$9.03	\$17.89	\$23.52	\$39.36	\$39.36	\$39.36
\$50,000	\$1.50	\$1.50	\$1.50	\$1.71	\$2.36	\$3.83	\$6.60	\$11.29	\$22.36	\$29.40	\$49.20	\$49.20	\$49.20
\$60,000	\$1.80	\$1.80	\$1.80	\$2.05	\$2.83	\$4.60	\$7.92	\$13.54	\$26.83	\$35.28	\$59.04	\$59.04	\$59.04
\$70,000	\$2.10	\$2.10	\$2.10	\$2.39	\$3.29	\$5.36	\$9.24	\$15.80	\$31.31	\$41.16	\$68.88	\$68.88	\$68.88
\$80,000	\$2.40	\$2.40	\$2.40	\$2.73	\$3.76	\$6.13	\$10.56	\$18.05	\$35.78	\$47.04	\$78.72	\$78.72	\$78.72
\$90,000	\$2.70	\$2.70	\$2.70	\$3.07	\$4.23	\$6.89	\$11.88	\$20.31	\$40.25	\$52.92	\$88.56	\$88.56	\$88.56
\$100,000	\$3.01	\$3.01	\$3.01	\$3.42	\$4.71	\$7.67	\$13.21	\$22.57	\$44.73	\$58.81	\$98.41	\$98.41	\$98.41

Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$.15	\$.15	\$.15	\$.17	\$.23	\$.38	\$.66	\$1.13	\$2.24	\$2.94	\$4.92	\$4.92	\$4.92
\$10,000	\$.30	\$.30	\$.30	\$.34	\$.47	\$.76	\$1.32	\$2.26	\$4.47	\$5.88	\$9.84	\$9.84	\$9.84
\$15,000	\$.45	\$.45	\$.45	\$.51	\$.70	\$1.15	\$1.98	\$3.38	\$6.71	\$8.82	\$14.76	\$14.76	\$14.76
\$20,000	\$.60	\$.60	\$.60	\$.68	\$.94	\$1.53	\$2.64	\$4.51	\$8.94	\$11.76	\$19.68	\$19.68	\$19.68

Child Options

Life & AD&D	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$2,500	\$1,000	\$0.23
Option 2:	\$5,000	\$1,000	\$0.46
Option 3:	\$7,500	\$1,000	\$0.69
Option 4:	\$10,000	\$1,000	\$0.92

Life comes with challenges.

Your Assistance Program is here to help.

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions (Six Sessions)

Manage stress, anxiety, and depression, resolve conflict, improve relationships, overcome substance abuse, and address any personal issues.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

Legal Consultation

Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Medical Advocacy

Get help navigating insurance, obtaining doctor referrals, securing medical equipment or transportation, and planning for transitional care and discharge.

Member Portal and App

These digital tools enable you to access your benefits 24/7/365 with online requests and chat options. They also provide easy access to thousands of articles, webinars, podcasts, and tools covering total well-being.



Contact LifeServices EAP
Call: 800-822-4847
Visit: lifeserviceseap.com
Code: LS0313

LIFESERVICES EAP
An AllOne Health Company



Introducing Your Member Portal and App

Browse benefits. Request services.
Enjoy 24/7/365 access.

Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your member portal and app.

Video, Chat and Telephonic Access

24/7/365 access to request mental health sessions and life management referrals

Thousands of Self-Care Articles and Resources

Explore videos, provider resource locators, personal assessments, calculators and tools

Events Calendar and Free Webinars

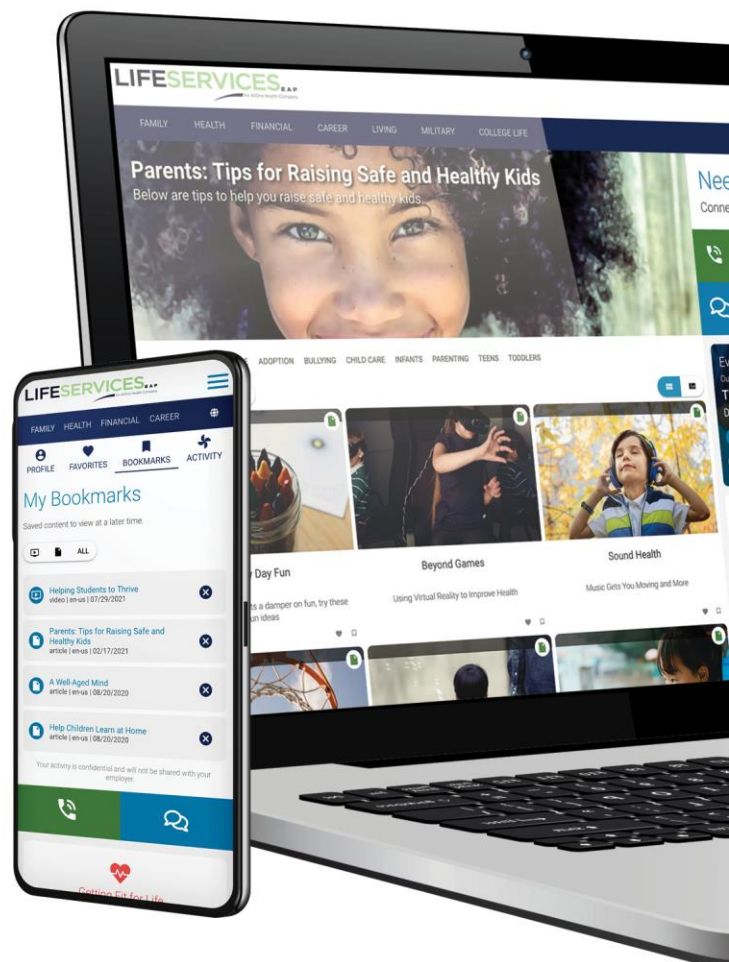
Sign up for the latest webinars and online training sessions

Exclusive Discounts

Save money on entertainment, gifts, travel and consumer goods

Getting Started Is Easy

1. Visit your landing page, LifeServicesEAP.com and click on "Select Portal & App" in the top menu
2. Register to create a new account using your company code: **LSO313**
3. A confirmation email will be sent to complete the process



Contact LifeServices EAP
Call: 800-822-4847
 Visit: LifeServicesEAP.com
 Code: LSO313

LIFESERVICES EAP
 An AllOne Health Company

Benefit Contacts for 2023

Health Insurance Administrator:

Phone: (812)378-7070

Email: memberservices@siho.org

Website: <https://www.siho.org/>

Find a provider: [Find a SIHO Provider](#)



Dental & Vision Insurance:

Phone: 1-888-482-7342

Website: <https://www.guardianlife.com/>

Find a provider: [Find a Dentist \(guardiananytime.com\)](#)

Find a provider: [Find a Vision Provider \(guardiananytime.com\)](#)



Health Savings Accounts (HSA):

First Financial Bank

Phone: 812-376-1848

Lively

Phone: 1-888-576-4837

Email: hello@livelyme.com

Website: <https://livelyme.com>



Flexible Spending Accounts (FSA):

Employee Benefits Corporation (EBC)

Phone: 1-800-346-2126

Email: participantservices@ebcflex.com

Website: <https://www.ebcflex.com/participants/>



Life Insurance & Long-term Disability:

One America

Phone: 1-800-553-3522

Email: LifeClaims.employeebenefits@oneamerica.com



Benefit Contacts for 2023

Employee Assistance Program (EAP):

Lifeservices (AllOne Health)

Phone: 1-800-822-4847

Website: <https://allonehealthmemberportal.mylifeexpert.com/login>

Company Code: LS0313



Pharmacy Plan:

Optum

Phone: 1-800-356-3477

Optum Specialty Pharmacy

Phone: 877-656-9604

Website: www.optumrx.com/



Aflac:

Curt Carter

Phone: 317-412-5176



Travel Assistance:

Made Available through OneAmerica

Phone: 1-866-816-2103 (US/Canada)

Phone: 1-603-328-1754 (Call collect from other locations)

Email: mail@oncallinternational.com

Deferred Compensation

Lisa Duke (Edward Jones)

Phone: 812-378-3012

Healthcare Navigator

Phone: 812-343-9840

Important Information

Newborns' & Mothers' Health Protection Act

Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Plans may not require providers to obtain authorization from the plan for prescribing the stay. In addition, plans may not deny a stay within the 48-hour (or 96-hour) period because the plan's utilization reviewer does not think such a stay is medically necessary.

The plan must eliminate this preauthorization requirement with respect to hospital stays in connection with childbirth for the first 48 hours (or 96 hours in the case of a cesarean section). The plan may impose such an authorization requirement for hospital stays beyond this period. In addition, the plan may impose a requirement on the mother to give notice of a pregnancy in order to obtain a certain level of cost-sharing or to use certain medical facilities. However, the type of preauthorization required by this plan (within the 48/96 hour period and based on medical necessity) must be eliminated.

Women's Health & Cancer Rights Act of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, SIHO Insurance Services' covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetric appearance.
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

Premium Assistance Under Medicaid & the Children's Health Insurance Program

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid: Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100

MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565