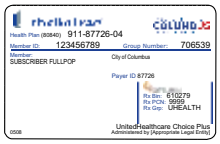
THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
HUMAN RESOURCES

New for 2020:

The **City of Columbus Medical & Pharmacy coverage will be through UnitedHealthcare starting February 1st, 2020**, you will no longer have a separate ID card for your Medical & Pharmacy benefit.



You will receive your **new Medical/Rx ID card** in January, please replace your old cards with the new one starting February 1st. **Watch for your new ID card!**

Get all your **Medical & Pharmacy plan information** in one place — myuhc.com — or by calling UnitedHealthcare Customer Care at 1-800-681-3849.

Use the **Health4Me app** to access your medical information — anywhere, anytime. Starting February 1, 2020, you can access your pharmacy information, too!

New for 2020 — City of Columbus employees will have access to a Nurse Liaison who will help members manage chronic conditions, learn about pharmacy cost and alternatives and provide individual, family and group coaching to help meet your health goals.

More information about your Benefits is available by calling 614-645-8624 or at **www.columbus.gov/hr/Employee-Benefits.**

Please see the back of this brochure for "next steps" including **rates, compensation reduction agreement, and enrollment form**!

UnitedHealthcare®

2020 Health Care and Pharmacy Benefits: FOP Members

	Network (Participating Providers)	Non-Network (Non-Participating Providers)
Annual Deductible		
Individual /Family	$300/$600	$800/$1,600
Out of Pocket Maximum	$700/$1,200	$1,600/$3,200
Co-Insurance	10%	40%
Physician Services		
Primary Care Office Visit	Deductible, then 10%	Deductible, then 40%
Specialist Office Visit	Deductible, then 10%	Deductible, then 40%
Emergency Care		
Emergency department	Deductible, then 10%	Deductible, then 10%
Urgent care	Deductible, then 10%	Deductible, then 40%
Hospital In-Patient Services		
	Deductible, then 10%	Deductible, then 40%
Ambulatory Services		
Diagnostic lab/x-ray	Deductible, then 10%	Deductible, then 40%
Ambulatory surgery center	Deductible, then 10%	Deductible, then 40%
Mental Health and Substance Abuse		
In-patient services	Deductible, then 10%	Deductible, then 40%
Out-patient mental/drug/alcohol	Deductible, then 10%	Deductible, then 40%
Preventive Care		
Physician office visit	0%	40%

	Retail	Mail Order
Pharmacy		
Tier 1	$5	$12.50
Tier 2	$15	$25
Tier 3	$30	$60

Your pharmacy plan includes a separate maximum out of pocket for medications. These amounts represent the maximum amount that you would pay for the year for prescriptions. If you reach the maximum out of pocket, your copays will be $0. These amounts are based on whether you have individual or family coverage.

	Individual OOP	Family OOP
Pharmacy Out-of-Pocket-Maximum		
	$2,000	$4,000

2020 PPO Health Care and Pharmacy Benefits: IAFF Members

	Network (Participating Providers)	Non-Network (Non-Participating Providers)
Annual Deductible		
Individual /Family	$300/$600	$800/$1,600
Out of Pocket Maximum	$700/$1,200	$1,600/$3,200
Co-Insurance	20%	40%
Physician Services		
Primary Care Office Visit	Deductible, then 20%	Deductible, then 40%
Specialist Office Visit	Deductible, then 20%	Deductible, then 40%
Emergency Care		
Emergency department	Deductible, then 20%	Deductible, then 20%
Urgent care	Deductible, then 20%	Deductible, then 40%
Hospital In-Patient Services		
	Deductible, then 20%	Deductible, then 40%
Ambulatory Services		
Diagnostic lab/x-ray	Deductible, then 20%	Deductible, then 40%
Ambulatory surgery center	Deductible, then 20%	Deductible, then 40%
Mental Health and Substance Abuse		
In-patient services	Deductible, then 20%	Deductible, then 40%
Out-patient mental/drug/alcohol	Deductible, then 20%	Deductible, then 40%
Preventive Care		
Physician office visit	0%	Deductible, then 40%

	Retail	Mail Order
Pharmacy		
Tier 1	$5	$12.50
Tier 2	$15	$25
Tier 3	$30	$60

Your pharmacy plan includes a separate maximum out of pocket for medications. These amounts represent the maximum amount that you would pay for the year for prescriptions. If you reach the maximum out of pocket, your copays will be $0. These amounts are based on whether you have individual or family coverage.

	Individual OOP	Family OOP
Pharmacy Out-of-Pocket-Maximum		
	$2,000	$4,000

2020 Health Care and Pharmacy Benefits: IAFF Members

Effective January 1, 2020, IAFF members had the opportunity to select a high deductible health plan paired with a health savings account (HSA).

The HSA plan will be available again in the Fall of 2020, for the 2021 plan year Open Enrollment.

Understanding Non-Network Expenses

We encourage you to take an active role in your health care and learn which doctors, health care professionals and facilities participate in the UnitedHealthcare network so you can better understand expenses that may come with using non-network (sometimes called "out-of-network") providers.

Did you know you will pay less for in-network providers?

Visit **myuhc.com** or call Customer Care at **1-800-681-3849** to find an in-network provider.

Understand the costs for care outside the UnitedHealthcare network

Doctors, facilities and laboratories that do not participate in the UnitedHealthcare network are free to set their prices for the care and services they provide. They do not offer services at a discounted rate because they do not participate in the UnitedHealthcare network. As a result, your cost sharing will be higher, and there may be other costs such as balance billing.

When you use non-network doctors, facilities and laboratories for anything other than emergency care, you will pay higher deductible and coinsurance amounts for similar services had you used a health care provider who participates in our network.

Reimbursement for non-network charges is based on 140% of the rates allowed by Medicare. This is called the Maximum Non-Network Reimbursement Program, or "MNRP."

Using in-network doctors and facilities

Doctors and facilities (including laboratories) who participate in the UnitedHealthcare network have agreed to provide services to you at a discount in exchange for obtaining access to provide you services. You have access to a large network of more than 720,000 doctors and health care specialists and more than 5,600 hospitals. When you use the UnitedHealthcare network, you are responsible for paying your in-network expenses such as deductibles and coinsurance rather than higher non-network deductibles and coinsurance.

What you should do

If you don't have a doctor, find a doctor now who participates in the UnitedHealthcare network. You will save yourself time when you aren't feeling your best and need to see a doctor. If you have a doctor already, make sure your doctor participates in the UnitedHealthcare network. To find out if your doctor or other health care professional participates in the UnitedHealthcare network, use the online directory on myuhc.com® or call the Customer Care number on the back of your medical ID card. It is your responsibility to confirm that the doctor, facility or laboratory participates in the UnitedHealthcare network in order to receive network benefits.

Understanding Non-Network Expenses, *continued*

The network delivers real value

The following examples show how your financial responsibility will be significantly lower when you seek care from a doctor in the UnitedHealthcare network rather than outside the network.

Physician's office visit and facility claims examples for the Maximum Non-Network Reimbursement Program (MNRP)

IAFF Example

Physician office visit claim

	Network	Non-Network
Billed charge amount	$270	$270
Eligible expense (amount UnitedHealthcare allows)	$120	$150 (MNRP pricing)
20% Network coinsurance/ (after deductible has been met)/40% non-network co-insurance (after deductible has been met)	$24	$60
Additional enrollee responsibility	$0	$120*
Member financial responsibility	**$24**	**$180**

*This amount does not apply to the out-of-pocket maximum.

FOP Example

Physician office visit claim

	Network	Non-Network
Billed charge amount	$270	$270
Eligible expense (amount UnitedHealthcare allows)	$120	$150 (MNRP pricing)
10% Network coinsurance/ (after deductible has been met)/40% non-network co-insurance (after deductible has been met)	$12	$60
Additional enrollee responsibility	$0	$120*
Member financial responsibility	**$12**	**$180**

*This amount does not apply to the out-of-pocket maximum.

What can I do to help keep my costs down?

Use network doctors and facilities.
If you don't have a network doctor, you can use myuhc.com® or call Customer Care to find network facilities and doctors near you.

Talk to your doctor.
Before you have a health care procedure, be sure to ask your doctor if the facility and all other doctors who may be involved participate in your plan network.

Use these tools.
myHealthcare Cost Estimator shows you the estimated cost for a treatment or procedure, and how that cost is impacted by your deductible, coinsurance and out-of-pocket maximum.

UnitedHealthcare Health4Me™ lets you easily access your health care information and gives you tools to help estimate costs, manage claims and find providers – anytime and anywhere. It's built to be your go-to health care resource when you're on the go.

Find care that fits your budget with help from **myuhc.com**

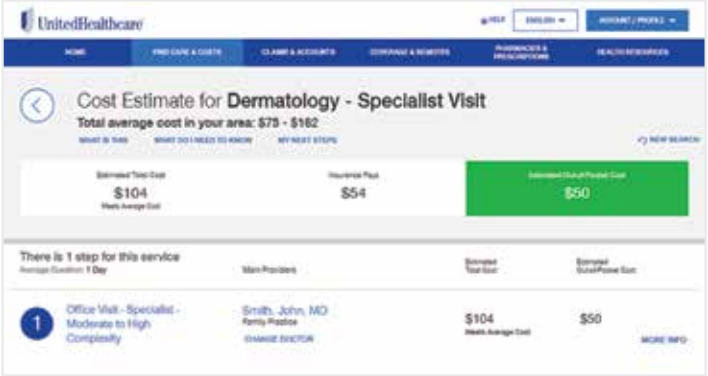
When you're deciding where to go for care, take a look at cost, as well as quality and convenience. Often you can get the care you need — and save money at the same time. Just go to **myuhc.com** *to:*

Find and compare costs.

Compare costs for providers and services in your network, including doctors, behavioral health resources, hospitals, office visits, labs, convenience and urgent care clinics and more. For minor health concerns, you can register for a Virtual Visit and pay $50 or less to talk to a doctor on your smartphone or computer.

Get personalized estimates.

Before your visit, you can generate an out-of-pocket estimate based on your specific health plan status.

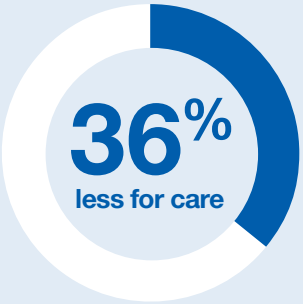


Manage your medications online.

After February 1, 2020, use myuhc.com to help manage your medications. You will be able to find a network pharmacy, check medication coverage, track home delivery orders and much more.

Did you know?

You could pay an average of 36 percent less for care by checking your costs on myuhc.com.



It's all in one easy-to-use search tool!

Your 2020 Prescription Drug Benefits

Effective February 1, 2020 your prescription coverage will be combined with your medical plan and administered by UnitedHealthcare. You will have one ID card, you will call one Customer Care phone number and you can use myuhc.com and the Health4Me app to access both your Medical and Pharmacy Benefits.

What if I am using Mail Order today with OptumRx, do I need to get a new prescription?

No, UnitedHealthcare will transfer any Mail Order prescriptions with open refills without you taking any action. When it's time to reorder your mail order medication, you can call 800-681-3849 or reorder using the Health4Me app or on myuhc.com.

Will my drug be in the same tier?

For most people their drugs will stay in the same Tier after moving from OptumRx to UnitedHealthcare pharmacy. Members will receive a letter if a drug they are taking will be in a higher Tier with the move to UHC Pharmacy.

Are my drug co-pays with UnitedHealthcare Pharmacy the same?

Yes, your pharmacy co-pay amounts don't change, however medications can change drug tiers periodically within the formulary. Your drug co-pays remain at:

Drug Tier	Retail	Mail
1	$5	$12.50
2	$15	$25
3	$30	$60

Your 2020 Prescription Drug Benefits, *continued*

Will I still have a separate Pharmacy Out-of-Pocket Maximum?

Yes, members will continue to have their pharmacy copays accumulate towards a separate "pharmacy only" Out-of-Pocket Maximum. You will get credit for any pharmacy co-pays you paid between January 1st through 31st while with OptumRx, plus your copays with UnitedHealthcare Pharmacy starting February 1st. The Out-of-Pocket Maximum amounts are based on whether you have individual or family coverage.

Individual OOP	Family OOP
$2,000	$4,000

What if I had a Prior Authorization for a medication with OptumRx?

UnitedHealthcare will get a report of all approved Prior Authorizations from OptumRx that will be transferred to your pharmacy plan, no action required by you.

What if I have already completed Step Therapy for a medication with OptumRx, do I have to start the process over with UHC?

No, members who have already completed the step-therapy process with OptumRx will have their approvals transferred to the new pharmacy plan, so you won't have to start the process over.

Your 2020 Prescription Drug Benefits, *continued*

What is a drug tier?

Drug tiers indicate the amount you pay for your prescription, which is determined by your plan. Drug tier 1 medications provide the highest overall value with the lowest out-of-pocket costs. Choosing medications in lower drug tiers may save you money.

2020 Drug Tiers

Your Cost	Drug Tier	What's Covered	Helpful Hints
$ Lowest	1	Medications that provide the highest overall value. Mostly generic drugs. Some brand drugs may also be included.	Use Drug tier 1 drugs for the lowest out-of-pocket costs.
$$ Mid-range	2	Medications that provide good overall value, formulary drugs.	Use Drug tier 2 drugs, instead of Drug tier 3 drugs.
$$$ Higher	3	Medications that provide the lowest overall value, non-formulary drugs.	Ask your doctor if a Drug tier 1 or Drug tier 2 drug can be used from your formulary list to reduce cost.

How do I explore my pharmacy benefits with UnitedHealthcare Pharmacy?

After February 1st, sign in to myuhc.com > Pharmacies & Prescriptions or use the UnitedHealthcare Health4Me app to:

- See your medication cost and coverage.
- Locate a network pharmacy.
- See if your medications have any requirements, like prior authorization, supply limits or step therapy, before filling them.
- Sign up for home delivery and order up to a 3-month supply of medications you take regularly. You can also call the Customer Care phone number on your ID card with questions.

Will I get a new ID card with the move to UnitedHealthcare Pharmacy?

Yes, members will receive a new ID card that can be provided to both Physicians and also when filling a prescription. Don't forget to tell your doctor that UnitedHealthcare Pharmacy will be your new pharmacy benefit administrator for refills and future prescriptions.

Step Therapy

Most medical conditions have multiple medication options. Although the options treat the same condition effectively, their prices can vary. Step therapy helps you get the treatment you need and may save you money.

Here's how it works:

You get a prescription. → **Try a Step 1 drug first.** → **Before a Step 2 drug is covered.**

Step therapy requires you to try Step 1 drugs before Step 2 drugs can be covered. Step 1 drugs usually cost less and can be used to treat the same conditions as Step 2 drugs. If you already tried a Step 1 drug and it didn't meet your needs, or your doctor wants you to keep taking your Step 2 drug(s), your doctor will need to ask for a prior authorization (PA). A prior authorization is an approval your doctor gets from us before you can get coverage for the drug.

If the PA is approved, you may continue to fill your prescription(s) as usual. If the PA is not approved, you will have to pay the full cost of the drug(s). The amount you pay for the drug(s) will not count toward any out-of-pocket maximum you may have.

In some situations, coverage for your original medication may be extended if you need extra time to review your options with your doctor. We encourage you to discuss your treatment and medication options with your doctor.

What if I have already completed step therapy for a medication with OptumRx – do I have to start over with UnitedHealthcare?

No, members who have already completed step therapy with OptumRx will have their approvals transferred when moving to UnitedHealthcare with no action required by you.

To learn more, visit myuhc.com® or call the toll-free Customer Care phone number on the back of your health plan ID card.

Prior Authorization

What is a prior authorization?

Prior authorization (PA) requires your doctor to tell us why you are taking a medication to determine if it will be covered under your pharmacy benefit. Some medications must be reviewed because they may:

- Only be approved or effective for safely treating specific conditions, and/or
- Be used to treat the same or similar conditions, but with a lower drug tier.

How do we determine prior authorization programs?

With the UnitedHealthcare® Prior Authorization program, the member must meet specific clinical requirements before the medication is approved for coverage. This helps ensure that the coverage provided is for the right medication, the right dose and the right duration of therapy.

An expert team of clinical pharmacists develop and maintain our Prior Authorization program with oversight from the UnitedHealthcare National Pharmacy & Therapeutics Committee. This committee consists of expert physicians and pharmacists who specialize in various therapeutic areas. The Prior Authorization program is based on nationally recognized clinical practice guidelines, U.S. Food and Drug Administration (FDA)-approved product labeling, published clinical literature and input from active health care practitioners.

This rigorous, evidence-based review ensures that coverage is based on approved or proven use of medications and includes:

- Diagnosis.
- Dose and duration.
- Genetic testing as appropriate.
- Other clinical information.

How can I find out if my medication requires prior authorization?

At the pharmacy

When you fill a new prescription, your pharmacist will tell you if a PA is required.

Online

Look online to see if your medication needs a PA.

- Log into myuhc.com®.
- Select Manage my Prescriptions.
- Click on Drug Pricing & Alternatives.

On the phone

Call UnitedHealthcare at the toll-free Customer Care phone number on the back of your health plan ID card.

What do I do if my medication needs a prior authorization?

To begin the prior authorization process, you can:

- Let your doctor know that a prior authorization is required for your medication.
- Call the toll free Customer Care number on your ID card.

Prior Authorization, *continued*

How long does it take for a prior authorization to be approved or denied?

Once your PA has been submitted and received, it usually takes up to 24 hours to process. If your PA request needs additional review, it may take longer. If your doctor submits a PA request electronically, they may receive approval within minutes of submitting the request.

How do I know if my medication has been approved for coverage?

Once we review the information from your doctor, we will send a letter to you and your doctor letting you know if your medication coverage is approved or denied.

- Check the status of your PA by signing into your online account at myuhc.com.
- If your medication is approved, the PA is entered and coverage will be provided under your benefit. You can continue to fill your prescription at the pharmacy as usual during the approved prior authorization period.
- If your medication is denied, we'll send a letter telling you why and provide information about the appeal process.

Why is UnitedHealthcare questioning my doctor's choice of medication for me?

We want to make sure that coverage and the condition align with the effectiveness of the medication you have been prescribed. If your medication needs a PA, that means we need more information from your doctor before deciding if your plan should cover the medication. If we don't get this information from your doctor or your PA is not approved, we may not cover the medication.

What if I had a prior authorization for a medication with OptumRx?

UnitedHealthcare will get a report of all approved prior authorizations from OptumRx that will be transferred to your pharmacy plan, no action required by you at this time.

Supply Limits on Medications

What Is a Supply Limit?

Your pharmacy benefit plan's supply limits program specifies the largest supply of medication covered per copayment or in a defined period of time. Along with supporting safe and appropriate dosing, supply limits can also keep prescription drug cost lower.

How are Supply Limits set?

Supply limits are based on:

- Food and Drug Administration (FDA) approved dosage found on manufacturer's package labeling.
- Well-accepted or published clinical references, or the evaluation of usage patterns or utilization data.

What happens if my medication has a supply limit?

If a medication you are taking has a supply limit, a letter will be mailed to your home. This letter will let you know that your medication has a supply limit and what that limit is. **If you are already within that supply limit, there is nothing further for you to do.**

MyUHC.com®

Get all your health plan information in one place, with **myuhc.com**

Make informed decisions.

As a member, myuhc.com gives you personalized plan information, care choices, budgeting tools and wellness tips – all in one spot. Download the UnitedHealthcare Health4Me® mobile app for on-the-go access.

Find and price the care you need.

The find-and-price care tool makes it simple to find a doctor, clinic, hospital, or lab based on location, specialty, reputation, cost of services, availability or hours of operation. You can even see patient ratings and compare quality and costs before you choose services.

Know your health care costs.

Get a clear picture of spending. View a snapshot of account activity, benefits received and outstanding balances. You can track claims and easily see the status of your claims.

Get and stay healthy.

Discover wellness tools and advice. Tailored to help you live healthier, and get the most from your plan.

Achieve your health goals. Set goals and reach them with individualized recommendations on exercise, diet, therapy and more.

Join a healthy-living community. Connect with other members for support and to share ideas on how to live balanced, healthy and active lives.

It's easy to sign up for myuhc.com:

1. Go to myuhc.com.
2. Click on Register Now. You'll need your ID card or your Social Security number and date of birth.
3. Follow the step-by-step instructions.

Health4Me® App

Your medical and pharmacy information in the palm of your hand

The more you know about your health care, the better you can manage your health and money. The Health4Me® mobile app gives you access to all the information you need to manage health care for your family — just like on myuhc.com®.

With the free UnitedHealthcare Health4Me mobile app, access your benefits and coverage information, manage your accounts, and more:

- Get health care cost estimates for specific treatments and procedures
- Review hospital quality and safety data
- Receive real-time status on account balances, deductibles and out-of-pocket spending
- Find physicians and facilities nearby
- Track and manage claims
- Pay providers
- Find a lower cost medication
- Reorder/refill a prescription
- Submit a prescription to mail order

Don't delay. Know more today.

You can download the free Health4Me app through the Apple® App Store℠ or Google Play™ store for Android™ devices.

Get on-the-go access:

Health4Me puts your health plan at your fingertips. Download it for free today to use the myuhc.com features listed above. Plus, view your digital ID card, find nearby care and more.

Right Care. Right Place. Right Savings.

With many options for getting care, how do you choose? This chart can help you understand where to go for what – and how you can save money.

Quick Care Options	Needs or Symptoms		Average Cost
24/7 Nurse Line Call the number on your health plan ID card for expert advice.	• Choosing where to get medical care • Finding a doctor or hospital	• Health and wellness help • Answers to questions about medicines	$0
Virtual Visits Anywhere, anytime online doctor visits. Virtual visit physicians can write a prescription if needed.	• Cold • Flu • Fever	• Pinkeye • Sinus problems	$
Convenience Care Clinic Treatment that's nearby.	• Skin rash • Flu shot	• Minor injuries • Earache	$$
Urgent Care Center Quicker after-hours care.	• Low back pain • Respiratory (cough, pneumonia, asthma) • Stomach (pain, vomiting, diarrhea)	• Infections (skin, eye, ear/nose/throat, genital-urinary) • Minor injuries (burns, stitches, sprains, small fractures)	$$$
Emergency Room (ER) For serious immediate needs.	• Chest pain • Shortness of breath • Severe asthma attack	• Major burns • Severe injuries • Kidney stones	$$$$

Freestanding ERs

Many people have been surprised by their bill after visiting a freestanding emergency room (FSER). FSERs, sometimes referred to as urgency centers, bill at ER rates (or higher) and can be $1,500 more than an Urgent Care Center. Neither located in nor attached to a hospital, FSERs are able to treat similar conditions as an ER but do not have an ER's ability to admit patients.

Ask before you enter:

- Is this an urgent care center or an ER?
- Is this facility a network provider?

See a doctor whenever, wherever – with Virtual Visits

When you're sick and need care quick, a Virtual Visit is a convenient way to start feeling better faster. With a Virtual Visit, you can see and talk to a doctor via smartphone or computer — 24/7. The doctor can give you a diagnosis and prescription, if needed.

To get started with a Virtual Visit, go to uhc.com/virtualvisits.

Get care in 20 minutes or less.

Use a Virtual Visit for these minor medical needs:

- Bladder infection/ Urinary tract infection
- Bronchitis
- Cold/ flu
- Fever
- Pinkeye
- Rash
- Sinus problems
- Sore throat
- Stomachache

Virtual Visits can save time and money. An estimated 25 percent of ER visits could be treated with a Virtual Visit.

Preventive Health Guidelines

Remember the old saying that "an ounce of prevention is worth a pound of cure." This can be especially true when it comes to preventive health care, and better health may help lower your health care cost. Maintaining or improving your health is important; and a focus on regular preventive care, along with following the advice of your doctor, may help you stay healthy. Routine checkups and screenings may help you avoid serious health problems, allowing you and your doctor to work as a team to manage your overall health.

At **www.uhcpreventivecare.com** you can identify your age and gender-specific preventive care recommendations which allow you to manage your health and reach your overall health goals. You can use this information to talk with your doctor to make health decisions that meet your lifestyle and daily habits and help you live a healthier life.

Sign up for e-mail reminders. You can print and email results. You will find additional preventive health resources and much more.

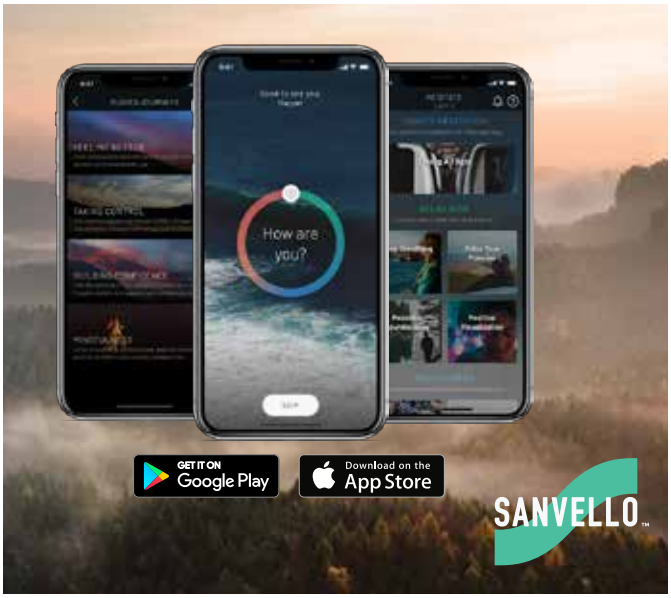
Say hello to Sanvello

On-demand help with stress, anxiety and depression.

Sanvello is an app that offers clinical techniques to help dial down the symptom of stress, anxiety and depression — anytime. Connect with powerful tools that are there for you right as symptoms come up. Stay engaged each day for benefits you can feel. Escape to Sanvello whenever you need to, track your progress and stay until you feel better.

Download the app today.

More information on **Sanvello.com**!



Daily Mood Tracking

Answer simple questions each day to capture your current mood, identify patterns and self-assess your progress.

Coping tools

Reach for just the right tool to relax, be in the moment or manage stressful situations, like test-taking, public speaking or morning dread.

Guided journeys

Designed by experts for a range of needs, journeys use clinical techniques to help you feel more in control and build long-term life skills.

Personalized progress

Through weekly check-ins, Sanvello creates a roadmap for improvement. Track where you are, set goals and make strides week by week.

Community support

Connect with one of the largest peer communities in the field and share advice, stories and insights — anonymously, anytime.

The Sanvello app is available to you at no extra cost as part of your plan's behavioral health benefits.

Message a dedicated therapist any time, anywhere with Talkspace

Something on your mind?

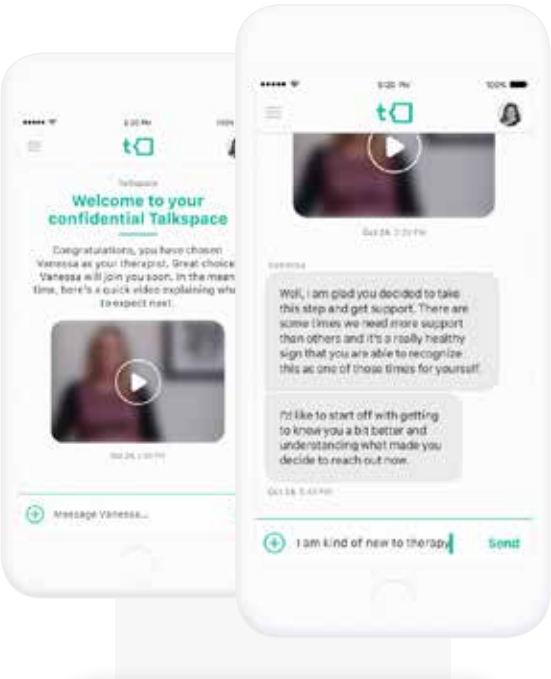
With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your smartphone or computer.

Make progress. No office visit required.

Here's how Talkspace can fit your life:

- With Talkspace, you can message a licensed therapist, 24/7.
- Find a therapist with an online matching tool.
- Start therapy within hours of choosing your therapist.
- Therapists respond daily, five days a week.
- Schedule live video sessions, when needed.
- Download the Talkspace app on your smartphone or computer.

Talkspace is your space. To use in your time. It's private, confidential and convenient. And it's covered under your Optum behavioral health benefits.*



iOS • ANDROID • DESKTOP
TEXT • VOICE • VIDEO • PHOTO

Talkspace is convenient, safe and secure.

Simply register (first visit only) and choose a provider at **www.talkspace.com/connect**. Then message any time, anywhere.

*Copayment may apply and will be charged weekly via credit card. You may use Talkspace as often as desired per week once copayment for that week has been paid.

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Optum does not recommend or endorse any treatment, medication, suggested approach, specific or otherwise. The information provided herein is for educational purposes only. For advice about specific treatments or medications, please consult your physician and/or mental health care provider. Certain conditions and restrictions may apply. Also, certain treatments may not be covered in some benefit plans. Check your health plan regarding your coverage of services. If you are experiencing thoughts of suicide or if this is urgent and an emergency, call 911 or 1-800-suicide (784-2433) or 1-800-273-TALK (8255).

NurseLine

Help from a registered nurse is a call, email or web chat away

When you have questions about your health, it helps to have an expert to turn to. With NurseLine, you can get advice from a registered nurse - anytime, 24/7. Call **1-800-681-3849** *to speak with a nurse.*

Right Care - Registered nurses help members determine the most appropriate plan of action for when and where to seek care for their symptoms.

Right Provider - Referrals to hospitals and providers, including specialists and premium providers.

Right Medication - Medication adherence coaching, education on drug interactions and medication alternatives.

Right Lifestyle - Preventive care guidance and health coaching.

Condition Management Program

Get needed support for your ongoing medical condition

For help and support managing your ongoing health condition, connect one-on-one with a personal nurse. This program is included in your health benefits plan at no additional cost.

If you're dealing with an ongoing health condition like **diabetes, breast cancer, back pain, coronary artery disease, congestive heart failure, asthma** or **pregnancy**, get help from a personal nurse. Find out how small steps can lead to meaningful results by working with your nurse to:

- Develop a personalized action plan
- Control your risk factors
- Understand your treatment options
- Prepare for doctor visits
- Reduce health care expenses related to your condition

Your Dental Benefits for 2020

Covered Services

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Sealants – to prevent decay of permanent teeth	75%	75%	75%
Minor Restorative Services – fillings and crown repair	75%	75%	75%
Endodontic Services – root canals	75%	75%	75%
Periodontic Services – to treat gum disease	75%	75%	75%
Oral Surgery Services – extractions and dental surgery	75%	75%	75%
Major Restorative Services – crowns	75%	75%	75%
Other Basic Services – misc. services	75%	75%	75%
Relines and Repairs – to bridges, implants, and dentures	75%	75%	75%
Major Services			
Prosthodontic Services – bridges and dentures	75%	75%	75%
Implants – endosteal implants to replace missing teeth	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	75%	75%	75%
Orthodontic Age Limit – *PPO, Premier and Non-Participating combined*	treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached		
Maximum Payment per Benefit Year – (Does not include orthodontics) *PPO, Premier and Non-Participating combined*	$1,500		
Orthodontics per Lifetime *PPO, Premier and Non-Participating combined*	$1,850		

Frequency

Oral Exams (including evaluations by a specialist)	Twice in any 12 consecutive month period
Prophylaxes (cleanings)	Twice in any 12 consecutive month period – Benefits for periodontal maintenance procedures are unlimited
Fluoride Treatments – No age limit	Twice in any 12 consecutive month period
Space Maintainers – Up to age 19	Once per area per lifetime
Bitewing Xrays	Twice in any 12 consecutive month period
Full Mouth Xrays including Bitewings	Once in any 3 year period
Crowns over Implants	Once per tooth in any 5 year period
Sealants – Up to age 19	First and second permanent molars and bicuspids which are free from decay and restorations

Stay Informed About Your Dental Benefits with Consumer Toolkit®

DELTA DENTAL®

Consumer Toolkit is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

Once you have logged in to the Consumer Toolkit, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements. You will be able to view your EOBs online and print copies when necessary.

All users must first register to gain access to the Consumer Toolkit. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

1. Visit **www.consumertoolkit.com**.
2. Click the **Register Now** link.
3. Complete the required fields and follow the on-screen instructions to register as a new user.
   - NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.
4. Select your own username and password to access the site.

Additional help topics can be accessed through the Help menu or by clicking the question mark icon at any time within the Toolkit. If you need further assistance, contact Toolkit Support at **866-356-0301**.

Your Vision Benefits for 2020

Your Coverage with a VSP Provider

Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	$0	Every 12 months
PRESCRIPTION GLASSES			
Frame	▪ $135 allowance for a wide selection of frames ▪ $155 allowance for featured frame brands ▪ 20% savings on the amount over your allowance ▪ $75 Costco® frame allowance	$0	Every 24 months
Lenses	▪ Single vision, lined bifocal, and lined trifocal lenses ▪ Polycarbonate lenses for dependent children	$0	Every 12 months
Lens Enhancements	▪ Standard progressive lenses ▪ Premium progressive lenses ▪ Custom progressive lenses *Average savings of 20-25% on other lens enhancements*	$55 $95 - $105 $150 - $175	Every 12 months
Contacts (instead of exam and glasses)	▪ $150 member ($90 dependent) allowance for exam, contacts, contact lens exam (fitting and evaluation) ▪ 15% discount off WellVision Exam ▪ 15% savings on a contact lens exam (fitting and evaluation)	$0	Every 12 months
EXTRA SAVINGS	**Glasses and Sunglasses** ▪ Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. ▪ 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening ▪ No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.		
	Laser Vision Correction ▪ Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		

Check Out VSP.com

You have access to **vsp.com** with easy navigation and a personalized dashboard to get exactly what you need, when you need it!

Quick View of Your Benefit Information

Once logged in, My Dashboard is your homepage. You'll see personalized benefit information, including previous doctor visits, and more!

Intuitive Benefits Section

The My Benefits tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

Download the App

The redesigned VSP® app is available for free in the Apple App store or Google Play store. Updated with a streamlined login process, easier navigation, and a personalized member dashboard to mirror the look and feel of your dashboard on vsp.com!

Improved Find a Doctor Page

The search capabilities are endless on the Find a Doctor page! You can view a map and use the drop-pin functionality to find the right eye doctor for you in your region.

GET ACCESS TO SAVINGS
up to $3,000 with VSP Exclusive Member Extras when you log in to **vsp.com**.

Tools and support for healthier living

Healthy Columbus helps City employees and family members achieve and maintain their health and quality of life. The opportunities to be active are endless!

Real Appeal: The fast track weight loss program you've been waiting for!

Do you want to learn the secrets that have helped people lose 10, 20, or even 30 pounds or more?

The Real Appeal weight loss program is personalized just for you and fits into your schedule for lasting results, fast! You can get it all without turning your life upside down, without giving up the foods you love.

Real Appeal gives you the tools, the information and the support you need to make smarter choices, day in and day out, to truly transform yourself.

- **Right at your fingertips** - The Real Appeal app gives you access to digital tools any time, anywhere.
- **Ready-to-go coaches** - Meet someone who understands exactly where you're at, and keeps you moving toward your goals: your own personal coach.
- **Made-for-you tools** - Over time, our members have participated in creating a ton of options. Use one, or use them all to craft your own weight loss plan that works.
- **Your people await** - Each member joins a strong circle of friendship and support, connecting in group class as well as your favorite social spaces.

No two people are the same. You'll get personalized, individualized support and professional coaching for a full year, online and on your smart phone – at no cost to you.

Get fast, long lasting, transforming results by signing up today! You'll look better and you'll feel better.

For more information or to enroll in Real Appeal please visit **CityofColumbus.realappeal.com** or call **1-844-344-REAL (7325)**.

Tools and support for healthier living

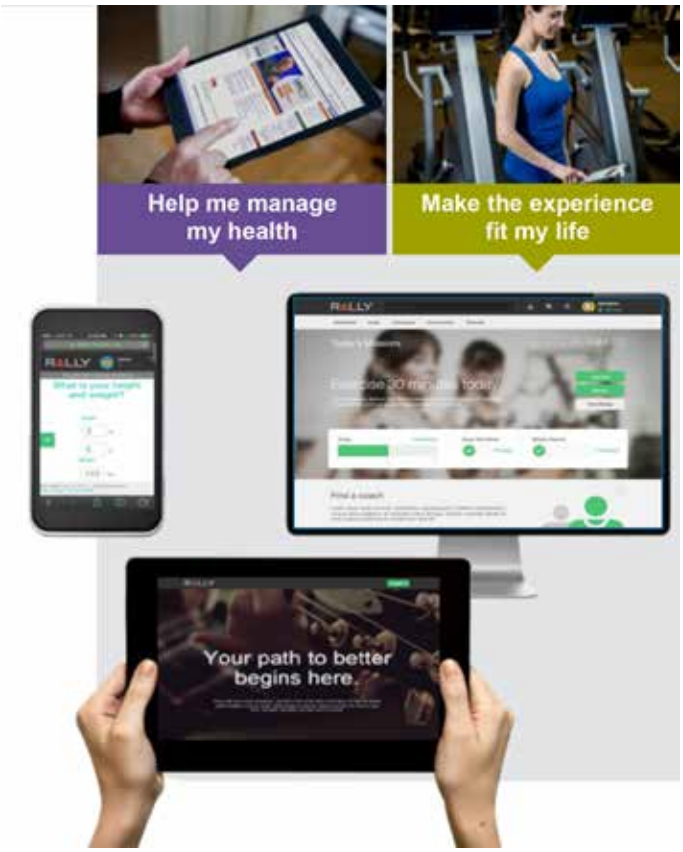
Rally: A new digital health and wellness experience.

Learning how to live healthy is easier when you've got some help to find your way. That's what Rally® is all about.

Rally is a website and mobile app that helps you learn simple ways to take care of yourself – from being more active to eating better. When you start making small changes and adding healthy habits to your everyday life, you start moving toward better health management, which helps you live a full, active life.

Rally gives you:

- **A user-friendly digital interface** to help engage through online tools via myuhc.com®
- **Personalized health goals**
- **Step-by-step support** making the experience fun and encouraging greater levels of engagement
- **Tracking of individual results**
- **Health Survey** – completing a health survey each year helps you track progress towards your goals.



Tools and support for healthier living

Quit For Life: Do you want to quit tobacco? We can help.

Tobacco use can be addictive, causing multiple chronic illnesses. Quit For Life® can help empower you to overcome tobacco and e-cigarette use through an easy-to-use, clinically proven program.

Get the support you need to quit your way:

The Quit Coach® Team

Having someone to talk to can really help you quit. Our Quit Coaches understand what you're going through. Best of all, they know what works. During a series of phone coaching sessions, they'll help you map out a quit plan and give you quit tips that really work.

Quit Smoking Medications

Nicotine cravings and the urge to smoke make quitting hard. That's why we talk with you about prescription and over-the-counter medications that can help reduce cravings and withdrawal symptoms. We'll help you decide which ones might be right for you. You may even qualify for free nicotine replacement therapy like patches or gum.

Quit Tools

With Quit For Life, you receive powerful print and online tools to help you live tobacco-free.

- Use the **Quit Guide workbook** to stay strong between coaching calls.
- Connect with other people trying to quit and track your progress on the members-only website.
- Get **Text2Quit℠ reminders and tips** sent right to your smartphone.

You can enroll in Quit for Life by calling **1-866-QUIT-4-LIFE** (1-866-784-8454) or online at **www.quitnow.net**.

Tools and support for healthier living

Healthy Back Program: Individualized health coaching for lower back pain.

Frustrated by low back pain? You're not alone. Eighty percent of adults experience low back pain at some point in their life.

Low back pain can be challenging, but you don't have to face it alone. The Healthy Back Program is here to help.

When you enroll in the Healthy Back Program, you'll be paired with a personal Health Coach who specializes in low back pain. Your coach will work with you to:

- Understand your treatment options
- Make sure you have access to the right care
- Provide tools on how to manage low back pain

You'll also have access to a website that has information on low back pain. It's all at no additional cost to you as a part of your benefits. Get the support you need, and call 1-800-681-3849 today.

Maternity Support Program: Get support throughout your pregnancy.

The Maternity Support Program is a personalized maternity wellness program. Throughout your pregnancy, you can receive additional support, education and answers to questions about pregnancy.

Enroll in the Maternity Support Program by calling **1-888-246-7389**, and get access to:

- Pregnancy education materials during pre-conception, pregnancy and post-partum
- 24-hour toll free support line
- Dedicated maternity nurses
- Post-delivery support

! Remember to add your new baby to your health coverage within 30 days after birth.

Tools and support for healthier living

Onsite Nurse Liaison: Coming soon in 2020!

The City of Columbus will have an onsite UnitedHealthcare Nurse Liaison joining the team in 2020.

The nurse will be able to assist you and your family with:

- Helping you and your family make better health care decisions
- Demonstrate how to navigate UnitedHealthcare tools and resources
- Provide coaching and support for individuals, families and groups
- Refer employees to appropriate wellness programs and services
- Perform blood pressure/weight/BMI screenings
- Provide health education to individuals and groups
- Provide support with chronic illnesses like diabetes, hypertension and asthma
- Weight management, nutrition and fitness

Watch your email inbox and the employee benefits webpage. More information coming soon!

Common Health Insurance Terms

When you're using your coverage through the City of Columbus, you'll run across terms and phrases that may be unfamiliar to you. Understanding these common health insurance terms can help you understand your coverage.

Coverage terms.

Here are some common terms to know about coverage:

Diagnostic Care	Care you receive to help diagnose symptoms or risk factors you already have.
Network	The health care providers (facilities, doctors, specialists and suppliers) your health insurer or plan has contracted with to provide health care services.
Out-of-network	The health care providers (facilities, doctors, specialists and suppliers) that are not contracted with your health insurer or plan to provide health care services.
Preauthorization	A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Your plan requires preauthorization for certain services before you receive them, except in an emergency.
Preventive Care	Routine health care, including screenings, check-ups and patient counseling to prevent or discover illness, disease or other health problems.
Primary Care Provider	A physician, including a medical doctor (M.D.), doctor of osteopathic medicine (D.O.), nurse practitioner, clinical nurse specialist or physician assistant who provides, coordinates or helps you access a range of health care services (as allowed under state law and the terms of the plan).
Specialist	A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has special training in a specific area of health care.

Cost terms.

You and your plan will share costs of your care. Knowing these cost terms will help you understand what costs you're responsible for and when:

Coinsurance	The amount shared by you and your plan for health costs, calculated as a percentage. For example, if the plan's allowed amount for diagnostic care is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The plan pays the rest of the allowed amount.
Copayment	The fixed amount you pay each time you fill a prescription on the PPO plan.

Common Health Insurance Terms

	Cost terms, *continued.*
Deductible	The amount of health costs you are responsible for before the plan starts sharing costs. For example, if your deductible is $300, your plan won't pay anything until you've met your $300 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.
Out-of-pocket limit (OOPL)	The total amount of health costs you are responsible for before your plan pays 100% of covered health costs for the rest of the year.
Premium	The amount you pay for health insurance that is deducted from your bi-weekly paycheck.

	Prescription drug coverage terms. Knowing these terms may help you understand how your medication coverage works:
Drug Tiers	A 3-level tiered system that determines how the plan covers different types of prescription drugs. Each tier is assigned a cost you will pay for drugs listed in that tier.
Formulary or Prescription Drug List (PDL)	A Prescription Drug List (PDL), also known as a formulary, is a list of plan-approved drugs that your insurance will help pay for as well as how cost sharing works in each tier of drugs.
Formulary brand name drugs (Tier 2)	FDA-approved brand name prescription drugs.
Generic drugs (Tier 1)	FDA-approved prescription drugs not associated with a brand name.
Non-formulary brand name drugs (Tier 3)	FDA-approved brand name prescription drugs.
Prior authorization	A requirement from your health plan that some medications have additional coverage requirements which require approval from the health plan before you receive the medication.
Step therapy	A requirement from your health plan to try a Step 1 drug before Step 2 drugs can be used.
Supply limit	Your pharmacy benefit's supply limit program specifies the largest supply of a medication covered per co-payment, or in a defined period of time.

2020 Annual Open Enrollment

Overview and Next Steps

Open Enrollment runs the month of February. Open Enrollment changes requested must be submitted no later than February 29, 2020.

Remember! Open Enrollment is your annual opportunity to make changes to your healthcare coverage election for the next plan year. Open Enrollment is voluntary for 2020. Your current benefit election will rollover to the next plan year if you do nothing.

Next Steps:

- ALL employees must verify that their address, email and telephone number(s) are recorded correctly with your division's HR representative.
- If you are making a change to your healthcare election, please complete the Enrollment Change Form in the back of your home mailer 2020 Open Enrollment Booklet.
- Remember, all enrollment and change request must be submitted no later than February 29, 2020.
- Changes made in February 2020 become effective on March 1, 2020.
- If you currently have post-tax healthcare contributions taken from your salary to pay for your healthcare election, you can change to the default pre-tax status. Please review the Compensation Reduction Agreement form enclosed in the Open Enrollment Booklet. If you agree and wish to change your healthcare election to the pre-tax status, please contact your division's HR representative.
- Review your dependents – All dependents need to have a date of birth and social security number on file.
- Uniform rates will be available online or from your division's HR representative.

Why do I need to make sure my address, email and telephone number(s) are correct?

From time to time, the Benefits and Wellness Office or the companies that administer our programs may need to get in touch with you. In order to do that, the City needs your up-to-date contact information. All employees are encouraged to verify this information.

How do I find out if my healthcare contributions are post-tax?

The Benefits and Wellness Office or your division's HR representative can confirm your healthcare contribution status. You can also review your current paystub on CEPAS to determine if the contribution is post-tax.

Why do I need to make sure my dependent(s) are reviewed?

The Benefits and Wellness Office or the companies that administer our programs may need to coordinate benefits and/or produce notifications to our plan members related to plan provisions and services. Our office needs the current information for all dependent(s) enrolled in the Plan.

What if I need more information or have questions about open enrollment?

Go to **http://columbus.gov/HR/Employee-Benefits** for additional 2020 Open Enrollment information and Plan materials. You may also contact the Benefits and Wellness Office at 614-645-8624, 8am-5pm, Monday through Friday.

NICHOLE M. BRANDON
Director

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF HUMAN RESOURCES

CITY OF COLUMBUS
COMPENSATION REDUCTION AGREEMENT
FOR GROUP BENEFIT PROGRAM

This section to be completed by the employee. Please type or print legibly (illegible forms will be returned)

Employee Name: _____SSN: _____
Date of Hire: _____
Job Class: _____
Bargaining Unit: _____
Department: _____
Division: _____

Purpose of the form:

Section 125 is part of the IRS Code that allows employees to convert a taxable cash benefit (salary) into non-taxable benefits. Under a Section 125 program you may choose to pay for qualified benefit premiums before any taxes are deducted from your paychecks. This form is to inform you of the items you need to understand and agree to under the pre-tax Section 125 program. If you do not choose the default pre-tax Section 125 program you will need to complete this form sign and date page 2.

Items you need to understand and agree to:

- You have been provided material on the City's Health Benefit program, (defined as Medical, Prescription Drug, Dental, Vision, and Group life) and hereby certify that you have reviewed and understand the information.
- You have reviewed the personal information and coverage levels for yourself and your dependents (if any), and hereby certify the accuracy. You declare that any dependent for whom you are requesting Medical, Prescription Drug, Dental, and Vision coverage meets the definition and eligibility requirements. You understand and agree that false certification may result in disciplinary action.
- You understand that contributions from your paycheck will be made on the 1st and 2nd paychecks of the month – twenty four (24) times annually, although the City issues paychecks twenty six (26) times annually.
- You understand payroll deductions under this Agreement will continue for each pay period until this Agreement is revoked, amended or otherwise terminated.
- You understand that your compensation reported for tax purposes will be reduced in an amount equal to the rate of contribution for Group Health Program as set by the City's Benefits Wellness Programs or collective bargaining agreement.
- You understand if you have self-identified as a tobacco user, you will be charged an extra $25 the 1st paychecks of the month for the Group Health Program. If you successfully complete the tobacco cessation program (or the reasonable alternative) the surcharge will be removed from your contributions the first of the month after Human Resources and Payroll have been notified.
- You understand that the reduction amount will be automatically adjusted in the event of a change in the contribution rate and that your elections are irrevocable unless you experience a qualifying life event change. Human Resources must receive notification of such change within 30 days.
- You understand the value of the City's Group Health Program coverage for a domestic partner and their dependent children (if any) is considered post-tax contribution on the 1st and 2nd paychecks of the month and that the value of the healthcare cost is imputed income and will be included as taxable wages on form W-2.

NICHOLE M. BRANDON
Director

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF HUMAN RESOURCES

Selections you need to make, if opting out of default pre-tax option. Choose only one.

Post-tax option for full benefit package

☐ I elect to participate in the full benefit package for my employment class. I am eligible for Medical, Prescription Drugs, Dental, Vision, and Group life. By checking this box, I understand that **my future salary will be reduced to pay for my premiums on a post-tax basis** for the Medical, Prescription Drugs, Dental, Vision coverages. Under this option the City pays for my Group Life coverage.

Post-tax option for Domestic Partner (with Children, if applicable) benefit package

☐ I elect to participate in the full benefit package for my employment class. I am eligible for Medical, Prescription Drugs, Dental, Vision, and Group life. By checking this box, I understand that **my future salary will be reduced to pay for my employee premiums on a pre-tax basis, my domestic partner and domestic partner child(ren) if applicable will reduce my salary on a post-tax basis** for the Medical, Prescription Drugs, Dental, Vision coverages. Under this option the City pays for my Group Life coverage.

Waive all coverages except Group Life Insurance

☐ I elect to waive the Medical, Prescription Drug, Dental, and Vision programs but elect to have my Group Life insurance. I understand I will pay $5.50 per month on a post-tax basis to have the Group Life insurance.

Waive all coverages

☐ I do not want to participate in any of the Group Benefit Programs. By checking this box, I understand I will not be enrolled in any group benefit programs, and will not have any contributions deducted from my paycheck.

Signature: _____ Date: _____

Enrollment Application/Change/Cancellation Request

Ohio

UnitedHealthcare®

Coverage Provided by "UnitedHealthcare and Affiliates":
Medical coverage provided by ☐ UnitedHealthcare Insurance Company, ☐ UnitedHealthcare Life Insurance Company or ☐ UnitedHealthcare of Ohio, Inc.
Dental coverage provided by ☐ UnitedHealthcare Insurance Company or ☐ UnitedHealthcare of Ohio, Inc.
Life Insurance coverage provided by ☐ UnitedHealthcare Insurance Company
Vision coverage provided by ☐ UnitedHealthcare Insurance Company

☐ **Enroll**
☐ **Cancel**
☐ **Change**

☐ **HSA**
☐ **Traditional PPO**

☐ **Address Change**
☐ **Name Change**
Date of Change____ /___ /____

To Be Completed By Employer

ATTENTION EMPLOYER REPRESENTATIVE: To ensure accurate processing of application, 1) please review all sections and confirm the employee completed the appropriate information, 2) complete the information in this section and 3) provide your signature and today's date. If the employee is waiving coverage, do not submit the application but retain it for your records.

Company Name	Group #	Department #

Plan Variation	**Reporting Code**	**Benefit Level/Class Code, if applicable**
Medical _____ Vision _____	Medical _____ Vision _____	Life/AD&D _____ Suppl. Life _____
Dental _____ Life _____	Dental _____ Life _____	Spouse Life _____ Suppl. AD&D _____

☐ **New Enrollment/Additions: (Check one)**
Date of Hire ___ /___ /___ Requested Date of Coverage ___ /___ /___
☐ New Hire ☐ Status Change (PT to FT)
☐ Return from Leave/Layoff
☐ Birth ☐ Marriage ☐ Adoption
☐ Court ordered dependent
☐ Other (describe) _____
☐ COBRA/State Continuation start date _____ stop date_____
☐ **Annual Open Enrollment** Requested Effective Date of Enrollment ___ /__ /___

☐ **Cancellations:** Last Date of Employment ___ /___ /___
Requested Effective Date of Cancellation ___ /___ /___
☐ Cancel all coverage
☐ Cancel all listed below – Section B
Reason: (check one)
☐ Death ☐ Employee Terminated ☐ Divorce
☐ Moved out of service area
☐ Dependent reached dependent max age
☐ Other (describe)_____

Employee Type	☐ Union ☐ Non-union	☐ Salaried ☐ Hourly	☐ Active ☐ COBRA/State Cont. ☐ Retire Date _____	#Hours worked per week _____

Signature _____ Date _____

Employer Position_____ Phone Number_____

A. Employee Information

Last Name	First Name	MI	Social Security Number
			– –

Address	Apt #	City	State	Zip Code	Home/Cell Phone

Date of Birth	Sex	Marital Status	Work Phone
/ /	☐ M ☐ F	☐ Single ☐ Divorced ☐ Married ☐ Widowed	

Email Address

Language Preference, if not English

Race – Check all that apply (Optional) [2]
☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White
☐ Other–Please specify _____

Primary Physician [1]
Physician First & Last Name _____
ID # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ - ___ ___ ___ ___

Primary Dentist [1]
Dentist First & Last Name _____
ID# _____

[1]IMPORTANT: Please see employer representative as some plans require a Primary Physician (Primary Care) and/or a Primary Care Dentist (PCD) selection.

[2]Data collected will be used only to help communicate with enrollees and inform them of specific programs to enhance their well-being and not for eligibility or claim payment determination.

B. Family Information

List All Enrolling/Changing/Cancelling (Attach sheet if necessary)

Check appropriate box	Relationship[2]	Last Name	First Name	MI	Sex	Date of Birth
☐ Enroll ☐ Cancel ☐ Change	Spouse /Domestic Partner				☐ M ☐ F	_____ /_____ /_____
		Social Security Number — —	Primary Physician[1] Name:_____ ID# __ __ __ __ __ __ __ __ __ __ - __ __ __ __			
Race – Check all that apply (Optional)[3]	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____		Primary Care Dentist[1] Name:_____ ID#_____			

Check appropriate box	Relationship[2]	Last Name	First Name	MI	Sex	Date of Birth
☐ Enroll ☐ Cancel ☐ Change	Dependent				☐ M ☐ F	_____ /_____ /_____
		Social Security Number — —	Primary Physician[1] Name:_____ ID# __ __ __ __ __ __ __ __ __ __ - __ __ __ __			
Race – Check all that apply (Optional)[3]	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____		Primary Care Dentist[1] Name:_____ ID#_____			

Check appropriate box	Relationship[2]	Last Name	First Name	MI	Sex	Date of Birth
☐ Enroll ☐ Cancel ☐ Change	Dependent				☐ M ☐ F	_____ /_____ /_____
		Social Security Number — —	Primary Physician[1] Name:_____ ID# __ __ __ __ __ __ __ __ __ __ - __ __ __ __			
Race – Check all that apply (Optional)[3]	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____		Primary Care Dentist[1] Name:_____ ID#_____			

Check appropriate box	Relationship[2]	Last Name	First Name	MI	Sex	Date of Birth
☐ Enroll ☐ Cancel ☐ Change	Dependent				☐ M ☐ F	_____ /_____ /_____
		Social Security Number — —	Primary Physician[1] Name:_____ ID# __ __ __ __ __ __ __ __ __ __ - __ __ __ __			
Race – Check all that apply (Optional)[3]	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____		Primary Care Dentist[1] Name:_____ ID#_____			

[1]IMPORTANT: Please see employer representative as some plans require a Primary Physician (Primary Care) and/or a Primary Care Dentist (PCD) selection.
[2]For some cases, such as Qualified Medical Child Support, additional documentation may be required. Please see employer representative for more information.
[3]Data collected will be used only to help communicate with enrollees and inform them of specific programs to enhance their well-being and not for eligibility or claim payment determination.

C. Product Selection

Please check the box for each coverage in which you or your dependents are enrolling.
If your employer offers a choice of plans, indicate which plan you are selecting. Indicate the dollar amount selected for the Life and Accidental Death & Dismemberment (AD&D), Supplemental Life, Short-Term Disability (STD), and Long-Term Disability (LTD) plans. Benefit offerings are dependent upon employer selection.

Person	Medical	Dental	Vision	Basic Life/AD&D	Supp Life/AD&D	Voluntary AD&D
Employee	☐ _____	☐ _____	☐	☐ $_____	☐ $_____	☐ $_____
Spouse [Domestic Partner]	☐	☐	☐	☐ $_____	☐ $_____	☐ $_____
Dependent	☐	☐	☐	☐ $_____	☐ $_____	☐ $_____

Person	STD	LTD	STD Buy Up	LTD Buy Up	Salary $ _____ Required only if Life, STD, or LTD based on salary
Employee	☐	☐	☐	☐	

Life Insurance Beneficiary Full Name and Address (if applying for Life Insurance with UnitedHealthcare)		Relationship
Primary		
Secondary		

D. Other Medical Coverage Information

This section must be completed. (Attach sheet if necessary.)

On the day this coverage begins, will you, your spouse or any of your dependents be covered under any other medical health plan or policy, including another UnitedHealthcare plan or Medicare? ☐ YES (continue completing this section) ☐ NO (skip the rest of this section)

Name of other carrier _____

Other Group Medical Coverage Information (only list those covered by other plan)	Type (B/S/F)*	Effective Date	End Date	Name and date of birth of policyholder for other coverage
Spouse Name:				
Dependent Name:				
Dependent Name:				
Dependent Name:				

*B. Enter 'B' when this dependent is covered under both you and your spouse's insurance plan (married)
S. Enter 'S' if you are the parent awarded custody of this dependent and no other individual is required to pay for this dependent's medical expenses.
F. Enter 'F' if this dependent is covered by another individual (not a member of your household) required to pay for this dependent's medical expenses.

Medicare – Employee Information: If enrolled in Medicare, please attach a copy of your Medicare ID card.

☐ Enrolled in Part A: Effective Date _____ ☐ Ineligible for Part A* ☐ Not Enrolled in Part A (chose not to enroll)
☐ Enrolled in Part B: Effective Date _____ ☐ Ineligible for Part B* ☐ Not Enrolled in Part B (chose not to enroll)
☐ Enrolled in Part D: Effective Date _____ ☐ Ineligible for Part D* ☐ Not Enrolled in Part D (chose not to enroll)
Reason for Medicare eligibility: ☐ Over 65 ☐ Kidney Disease ☐ Disabled ☐ Disabled but actively at work

Medicare – Spouse/Dependent Name: _____

☐ Enrolled in Part A: Effective Date _____ ☐ Ineligible for Part A* ☐ Not Enrolled in Part A (chose not to enroll)
☐ Enrolled in Part B: Effective Date _____ ☐ Ineligible for Part B* ☐ Not Enrolled in Part B (chose not to enroll)
☐ Enrolled in Part D: Effective Date _____ ☐ Ineligible for Part D* ☐ Not Enrolled in Part D (chose not to enroll)
Reason for Medicare eligibility: ☐ Over 65 ☐ Kidney Disease ☐ Disabled ☐ Disabled but actively at work

*Only check "Ineligible" if you have received documentation from your Social Security benefits that indicate that you are not eligible for Medicare.

E. Waiver of Coverage

I decline coverage for:
☐ Myself
☐ Spouse
☐ Dependent Children
☐ Myself and all dependents

Declining coverage due to existence of other coverage:
☐ Spouse's Employer's Plan ☐ Individual Plan
☐ Covered by Medicare ☐ Medicaid
☐ COBRA from Prior Employer ☐ VA Eligibility
☐ Tri-Care
☐ I (we) have no other coverage at this time
☐ Other _____

I understand that by waiving coverage at this time, I will not be allowed to participate unless I qualify at a special enrollment period or as a late enrollee, if applicable, or at the next open enrollment period. I acknowledge that I have received the "Important Information" statement which is included with this form.

Employee Initials	Date

F. Signature

Your enrollment in the plan is expressly conditioned upon your acceptance of all terms and conditions contained in this enrollment application. If you do not agree to the following terms and conditions, you may not complete your enrollment.

TERMS AND CONDITIONS

As a condition of my and/or my dependents' participation in the plan, and in consideration for the privileges that come from participation in the plan, I hereby agree for myself and/or for my dependents as follows:

I recognize and understand that the plan contracts with physicians and other providers that make up the plan network. I recognize that all physicians and other providers that participate in the plan network are subject to credentialing under applicable State regulations and pursuant to the plan's network credentialing process. I understand that such credentialing includes a review of provider education, training and licensure. However, by participating in the plan I hereby acknowledge and accept that the plan is not a provider of medical services, and I am aware that obtaining or not obtaining medical care involves significant risks such as serious injury and even death. I acknowledge that the credentialing of physicians and other providers does not in any way reduce this risk. I agree to assume all risks and responsibility for, and hold the plan harmless from, any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, and loss of earning capacity which may be incurred or associated with medical treatment obtained through a participating physician or other provider. I recognize that all physicians and other providers that participate in the plan network are independent contractors and not the plan's employees or agents and are solely responsible for any malpractice, adverse outcomes, or any other claims arising from medical treatment rendered to me and my dependents. I HEREBY AGREE THAT THE PLAN IS NOT RESPONSIBLE NOR LIABLE FOR ANY ADVICE, COURSE OF TREATMENT, DIAGNOSIS OR ANY OTHER INFORMATION, SERVICES OR PRODUCTS THAT I OR MY DEPENDENTS OBTAIN THROUGH A PARTICIPATING NETWORK PHYSICIAN OR OTHER PROVIDER.

(continued on next page)

F. Signature (Continued)

I recognize and understand that the plan does not recommend, endorse or make any representation about the appropriateness or suitability of any specific tests, products, procedures, treatments, services, or opinions. I recognize that the plan, plan documents, and any health and wellness information provided by the plan, are not intended or implied to be a substitute for professional medical advice, diagnosis or treatment. I agree to confirm any medical information obtained from or through the plan with other sources, and will review all information regarding any medical condition or treatment with my physician. I HEREBY AGREE TO NEVER DISREGARD PROFESSIONAL MEDICAL ADVICE OR DELAY SEEKING MEDICAL TREATMENT BECAUSE OF SOMETHING I HAVE READ OR ACCESSED THROUGH THE PLAN.

I confirm that the information I have provided on this form is complete and accurate.

I understand that the health benefit plan that I have selected provides reimbursement for certain medical costs, which are more fully described in the current Certificate of Coverage. I understand there may be instances where treatment decisions made by my physician or me or medical expenses which I have incurred may not be covered by my health benefit plan.

I understand that information collected in connection with administration of the benefit plan may be used to bring to my attention health products or services that might be valuable to me and otherwise as permitted by law. I understand that you may combine that information with other information so that it is no longer individually identifiable and use it for commercial and other purposes.

I acknowledge that I have received the "Important Information" statement which is included at the end of this form.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date	Employee Signature for all applying and waiving	Spouse Signature (if applying for coverage)

IMPORTANT INFORMATION

In order to make choices about your health care coverage and treatment, we believe that it is important for you to understand how your plan operates and how it may affect you. In an ever-changing environment, the information can never be complete and we urge you to contact us if, after enrollment, your Certificate of Coverage or other materials do not answer your questions. Further information is available at **www.myuhc.com** or at the toll-free Customer Care number located on the back of your identification card or on other plan materials.

1. We do not provide health care services or make treatment decisions. We help finance and/or administer the health benefit plan in which you are enrolled. That means:
   - We make decisions about whether the health benefit plan you chose will reimburse you for care that you may receive.
   - We do not decide what care you need or will receive. You and your provider make those decisions.
2. We may enter into arrangements where another entity carries out some of our duties, but those entities must operate consistently with our commitment to your plan.
3. We may use individually identifiable information about you to identify for you (and you alone) procedures, products, and services that you may find valuable.
4. We contract with networks of physicians and other providers. Our credentialing process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided.
5. Physicians and other providers in our networks are independent contractors and are not our employees or agents. We do not control nor do we have a right to control your provider's treatment or plan.
6. We may enter into agreements with your physician or other provider to share in the cost savings that our approach may generate. We encourage providers in our network to disclose the nature of those arrangements with you. If they do not, we encourage you to talk to your provider about these arrangements.
7. We encourage physicians and other providers to talk with you about care you or your provider think might be valuable.
8. We will use individually identifiable information about you as permitted by law, including in our operations and in our research. We will use anonymous data for commercial purposes including research.

Statement of affirmation and authorization to obtain and disclose information in connection with eligibility for coverage.

I (we) request the indicated group coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings.

I (we) authorize all providers of health services or supplies and any of their representatives to give the following to the HMO/insurance company(ies): any available information about the health history, condition, or treatment of any persons named in this request. I (we) authorize the HMO/insurance company(ies) to use this information to determine eligibility for health coverage and eligibility for benefits under an existing policy.

I (we) also authorize the HMO/insurance company(ies) to give this information to its (their) representatives or to any other organization for the reason notified above. I (we) agree that this authorization is valid for 30 months from the date below. I (we) know that I (we) have the right to ask for and to receive a copy of this authorization.

I understand that the Certificate of Coverage and other documents, notices, and communications regarding my health benefit plan may be transmitted electronically.

I (we) have not given the agent or any other persons any health information not included on the Request for Coverage. I (we) understand that the HMO/insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this Request for Coverage and any attachments.

Notes

Contacts

United Healthcare
1-800-681-3849
www.myuhc.com

Delta Dental
1-800-524-0149
www.deltadentaloh.com

Vision Service Plan
1-800-877-7195
www.vsp.com

Colonial Life
(Supplemental benefits provider)
614-745-5963

Open enrollment is coming soon!

Open Enrollment is held during the month of February. Outside of open enrollment, you may only enroll or make changes to your insurance coverage within 30 days of a Life Qualifying event.

The Open Enrollment period for Colonial Life will be held December, January and February.