

THE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF  
HUMAN RESOURCES

# IAFF HDHP Open Enrollment 2021:



Review the enclosed information to learn more about:

## High Deductible Health Plan (HDHP)

The high deductible health plan focuses on managing your health by encouraging you to be a healthcare consumer.

Learn more about:

- Medical and Pharmacy
- Dental Care
- **New!** Vision Carrier
- **New!** Basic Life Insurance Carrier
- **New!** Dayforce Employee Self Services - Open Enrollment Navigation tips

## Also with the HDHP is a Health Savings Account (HSA).

You will need a health savings account to receive your employer deposit annually. Please contact CME Federal Credit Union if you have not opened your account yet. An HSA is a personal bank account that you own. You will need to have an open active account with CME no later than **December 31, 2020**.

## Tools and resources to make informed decisions.

**MyUHC.com** and the **Health4Me app** is your source for additional health and pharmacy information, tools and resources to be an informed healthcare consumer. If you have not registered at myuhc.com or Health4Me app you can do so from your smart phone or computer.

## Have you met our Nurse Liaison?

To help you with making better decisions, you can also seek assistance from your Nurse Liaison.



# Health Savings Accounts: Clearing up the Myths

*If you have always taken the PPO plan, having the HDHP with an HSA plan may seem confusing. There are many myths about Health Savings Account (HSA) plans and how they work.*

## **“Are HSA plans only good for healthy, singles or families with no kids?”**

No, HSA plans are not only for the healthy, singles, or families with no kids. They work for all people regardless of their age, health, income, marital status or having dependents. HSA plans offer lower monthly premiums, the same freedom to choose doctors and specialists without a referral, and an out-of-pocket maximum limit that protects you from the costs of a major illness and prescription expenses.

## **“How can my HSA plan cost me less when I have a higher deductible where I would be paying hundreds of dollars for doctor visits and prescription drugs?”**

With an HSA plan, you are not spending your money on benefits you may not need or use. With a lower monthly premium, you can put your premium savings tax-free into your health savings account (HSA) and use them to pay your deductible.

Remember, you don't have to pay anything for in-network routine preventive care visits, and you are protected by an out-of-pocket maximum limit. Once you reach your out-of-pocket maximum, you don't have to pay anything for covered services and prescriptions the rest of the year.



## **“Will I lose my HSA dollars if I don't use them by the end of the year?”**

No, you won't lose your HSA dollars. There's no “use it or lose it” rule with HSA plans. Your HSA funds can be carried over from year to year without restrictions.

You own your HSA. You have complete control of when you use the money. You could use it to pay for prescriptions and doctor visits, or you could save your HSA dollars so they can continue to grow tax-free. It's your money, it's your account – to keep even if you change jobs or health plans, or retire.

## **“HSA plans are hard to understand. Can you make it simpler for me?”**

Just remember three simple steps:

**1. Your health plan has a deductible** You pay until you reach your deductible, then 20% until you reach your out-of-pocket maximum. You can use your HSA to help pay it.

**2. You are protected with an out-of-pocket maximum** Once you reach your out-of-pocket maximum, you are done paying. The health plan pays 100% of covered services for rest of the year, assuming you continue to use in-network providers.

**3. Preventive care is paid at 100%** Remember, the plan pays 100% for your preventive care when you use in-network doctors.

# UnitedHealthcare Medical Plans

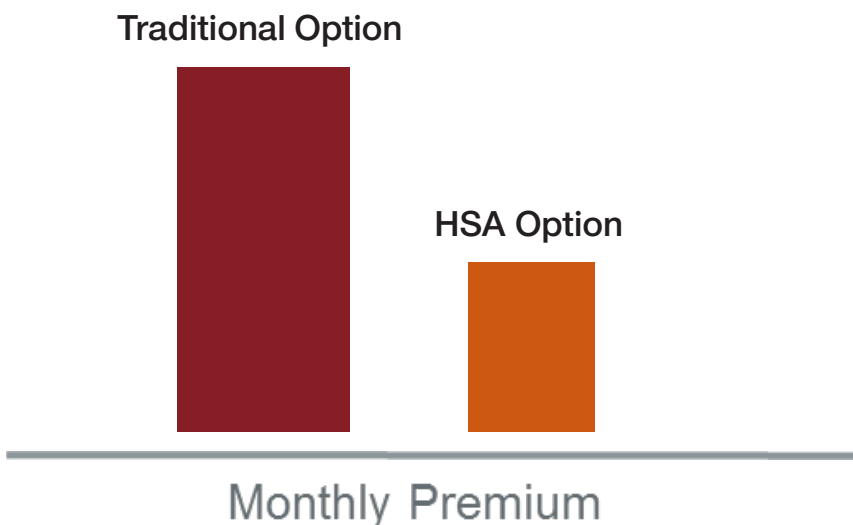
*IAFF Employees have two plans to choose from each year.*

- **Qualified High Deductible Health Plan (HDHP)** with a **Health Savings Account (HSA)** or
- **Traditional PPO Plan** – annual open enrollment for the traditional PPO is held in February



## Premium Comparison

*The HSA has a lower employee contribution premium than the Traditional PPO Plan.*



*Your per pay contribution is less if you choose the HDHP, which adds up to BIG savings. Think about depositing your premium savings into your HSA Account!*

### Premium contribution savings between PPO & HDHP Plans

- **For Single Coverage**, the HDHP enrollee will pay \$600 less in annual premium contributions (\$50 less per month)
- **For Family Coverage**, the HDHP enrollee will pay \$1,560 less in annual premium contributions (\$130 less per month)

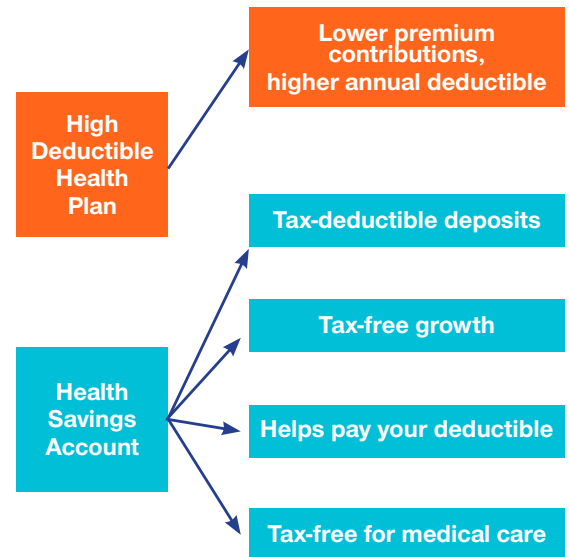




# How does an HDHP with HSA work?

An HDHP with HSA has two parts, first is your HDHP medical plan that covers all the same services that the Traditional PPO plan offers. The only difference is premium contribution and higher deductible without the flat-dollar copay you pay for prescription drug purchases.

The second part is the Health Savings Account. The HSA is owned by the employee who can deposit money into the account in addition to the money the City contributes annually. The money is federal tax free as long as it's spent on a qualified medical expense. The money is typically spent to help pay for your deductible, but some people use it as a way to save money for future medical expenses. Your money can grow interest, and even the interest is tax free.



## HSA Bank Accounts:

*What do I need to know?*

**You can open a health savings bank account, a personal account you own for future medical needs – even into retirement. No “use it or lose it.”**

- You or others make deposits to grow the account
- Money you spend from your HSA is for qualified medical expenses
- You can earn interest on your balance, see a CME representative for more details



# Building a Balance in my HSA Bank Account:

*Where does the money come from?*

**The City makes the employer deposit into your HSA bank account in January 2021.**

- \$500 for single coverage
- \$1000 for family coverage

**Participants in the HDHP will pay lower monthly premium contributions.**

Healthcare consumers will instead deposit the premium savings money into the HSA bank account to increase savings potential.

- \$50 per month for single coverage or \$600 annually.
- \$130 per month for family coverage or \$1560 annually.

**The table below shows the potential savings by simply depositing the premium savings with the employer annual deposit and with no additional monies out of pocket for the participant.**

	Single	Family
Annual premium savings if you take the HSA option	\$600	\$1,560
City of Columbus Annual HSA Contribution	\$500	\$1,000
Total HSA Contribution	\$1,100	\$2,560

Keep in mind the annual limits for single and family coverage. The participant can still contribute up to the IRS maximums each year.

\*Sick leave reciprocity (SLR) election, if applicable can also be used to fund the HSA. Your sick leave reciprocity can be direct deposited into your CME HSA bank account allowing IAFF participants to maximize their tax advantaged account.

# Health Savings Bank Account

*What are my contribution limits?*

*Meaning: **how much money can I put away?***

## Amount of Funding

The IRS determines how much you can fund annually. There is no limit on how much money can accumulate, the IRS only limits how much can be deposited each year.

## Contribution Rules

In 2021, single coverage can contribute up to \$3,600 per year and family coverage can contribute up to \$7,200 per year.

## Additional Funding

Those 55 years of age or higher, but not yet entitled to Medicare benefits, can fund an additional \$1,000/year “catch-up” contribution. If your spouse is over 55, they can open an HSA bank account and deposit a \$1,000 “catch-up” contribution in addition to these amounts.

## Employer Deposits for 2021

- \$500 for Single Coverage
- \$1,000 for Family Coverage
- Sick leave reciprocity

Deposits cannot exceed the annual IRS limits for coverage level.

# Making HSA Deposits

*How do I get the money into my HSA bank account?*

## Payroll deduction

Contribute through payroll deduction, up to the annual IRS maximum limit as determined by your coverage level. Enter Dayforce and update your banking information if you open a new account with CME. Dayforce will have already taken into account your employer contribution amount.

## Mail a Check

You can write a check out of a personal checking or savings account to fund your HSA account. Deposit additional dollars into your account by April 15 of the current year in order to realize tax savings for the prior year (applicable for IAFF members who took the HSA option in both 2020 & 2021)

## e-Contribute

Contact CME to set up an electronic transfer from an existing CME account or from an account at another financial institution.

# Paying for Non-Qualified Expenses

*What happens if I spend the money on a non-qualified medical expense, like a new car?*

Any HSA funds used for purposes other than to pay for qualified medical expenses are:

- Taxable as income
- Subject to a 20% tax penalty\*

\* The 20% tax penalty does not apply to account holders age 65 and older, those who become disabled or enroll in Medicare

**What does this mean?** It means be thoughtful about what your HSA dollars are used for so you don't have to pay taxes!

## HSA Bank Account Eligibility

*Because you don't pay taxes on the money, the IRS has rules about who can open the bank account.*

You are eligible to open and contribute to an HSA if:

- You are covered by an eligible high deductible health plan (HDHP) – which means you can't take the Traditional PPO plan and open an HSA account
- You are not covered by any other traditional health plan that is not a high deductible health plan (vision & dental is permissible)
- You are not entitled to Medicare, TRICARE or TRICARE for Life
- You have not received VA benefits within the past three months unless the care was for a service related disability
- You are not claimed as a dependent on someone else's tax return

## HSA Qualified Medical Expenses

*What does the IRS consider a qualified medical expenses?  
Meaning: **"what can I spend the money on?"***

- Medical and pharmacy deductibles and coinsurance
- Dental and vision care services and products
- Use HSA dollars to pay for qualified medical expenses for your spouse or eligible dependents. *(Please note that the IRS considers a dependent eligible until age 24).* So, although you can keep dependent children on the medical plan until age 26, you can only spend HSA dollars on their care until age 24.
- Health coverage while receiving unemployment benefits
- COBRA continuation coverage
- Qualified long-term care
- Medicare premiums and out-of-pocket expenses

***Any money you take out of your HSA for qualified medical expenses is income-tax free.***



# Opening a CME Federal Credit Union HSA Bank Account

*How do I open my HSA bank account?*

*Take advantage of the easy online account opening process:*

- Open anytime, 2021 account funding is available in January
- Complete step-by-step details provided for Current Members and New Members
- Employee will receive electronic documents for e-signing from a secure site called DOCUSIGN
- Cards will arrive 10-14 business days from completion of DOCUSIGN in an unmarked envelope for security purposes. PIN will arrive separately.
- Option to open in local branches available, if preferred.

## Paying for Services

*Do I get a debit card?*

*Your HSA Debit Card will be mailed to your home within 7-10 business days of your account opening. A PIN will be sent separately.*



**Open Your HSA Bank Account Today!**

**Page 39** has complete instructions for how **new** CME Federal Credit Union Members can open an HSA Bank Account.

**Page 40** has instructions for **existing** CME members.

# 2021 Open Enrollment:

## Comparison of In-Network Plan Designs

	Traditional PPO In-Network only	HDHP w/HSA In-Network only
<b>Annual In-Network Deductible</b>		
Single	\$300	\$1,500
Family	\$300 single/\$600 family (Embedded)	\$3,000 (Non-Embedded)
<b>Annual In-Network Out-of-Pocket Maximum (OOPM)</b>		
Single	\$700	\$3,000
Family	\$700 single/\$1,200 family (Embedded)	\$6,000 (Non-Embedded)
<b>Coinsurance</b>	20% after deductible	20% after deductible
<b>Preventive Care Services In-Network (Following ACA age/gender guidelines)</b>	0%	0%
<b>Office Visits</b>	20% after deductible	20% after deductible
<b>Urgent Care</b>	20% after deductible	20% after deductible
<b>Emergency Room Services</b>	20% after deductible	20% after deductible
<b>Virtual Visits</b>	20% after deductible	20% after deductible
<b>Prescription Drugs</b>	\$5/\$15/\$30 (Retail) \$12.50/\$25/\$60 (Mail Order) Rx only OOPM Single - \$2,000 Rx only OOPM Family - \$4,000	20% after deductible (Check myUHC.com for drug cost resources after January 1, 2021)

Please note these are in-network benefits; just like today, both plans have a separate, higher expense out-of-network schedule of benefits to you.

# Embedded vs Non-Embedded Deductible

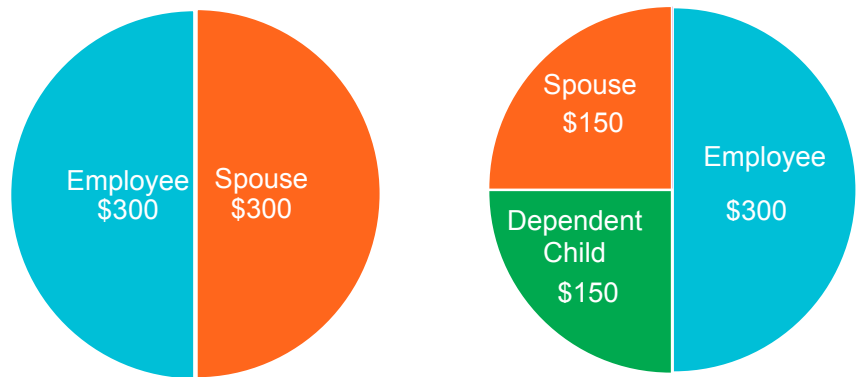
*What does “Embedded” deductible mean?*

## Traditional PPO Plan:

\$300 Individual deductible

\$600 Family deductible

An embedded deductible means nobody in the family will pay more than the single deductible. The PPO plan has a \$600 family deductible which could be met by the employee and spouse both meeting \$300, or could be met by a combination of family members totaling \$600. Just like the PPO/traditional deductible, the out-of-pocket maximum is also embedded.

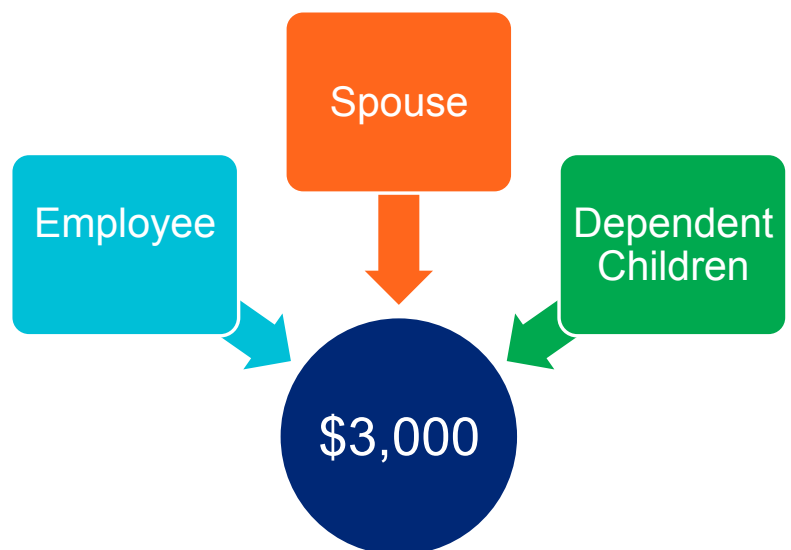


*What does “Non-Embedded” deductible mean?*

## High Deductible Health Plan:

\$3000 Family deductible

A non-embedded deductible means that any one person in the family could meet the entire family deductible. The HSA has a \$3,000 family deductible that can be satisfied by a single person, or the combination of everyone in the family totaling \$3,000. Just like the HSA deductible, the HSA out-of-pocket maximum is also non-embedded.





# Choosing Between the HSA and PPO Plans

*What do I need to think about when I make the decision?*

When choosing your plan for 2021, you need to consider the amount of money that you pay in monthly premium, the plan design and what works for your family.

A side-by-side comparison of the plans:

	HSA	PPO
Medical Out-of-Pocket Maximum	Combined Medical & Pharmacy Out-of-Pocket Max for the HSA Plan Employee Only: \$3,000 Family: \$6,000	Employee Only: \$700 Family: \$1,200
Pharmacy Out-of-Pocket Maximum		Employee Only: \$2,000 Family: \$4,000
Total Out-of-Pocket Maximum	Employee Only: \$3,000 Family: \$6,000	Employee Only: \$2,700 Family: \$5,200
<hr/>		
City of Columbus' Contribution into the HSA Bank Account	Employee Only: \$500 Family: \$1,000	N/A
<hr/>		
Annualized difference in the premium between the HSA and PPO Options	Employee Only will pay \$600 LESS in premium on the HSA Family will pay \$1,560 LESS in premium on the HSA	Employee Only will pay \$600 MORE in premium on the PPO Family will pay \$1,560 MORE in premium on the PPO

# How can I research medical care?

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 Rx, 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 phone or computer.



## Get personalized estimates.

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



UnitedHealthcare

HOME FIND CARE & COSTS CLAIMS & ACCOUNTS COVERAGE & BENEFITS PHARMACIES & PRESCRIPTIONS HEALTH RESOURCES

Cost Estimate for **Dermatology - Specialist Visit**  
Total average cost in your area: \$75 - \$162

WHAT IS THIS WHAT DO I NEED TO KNOW MY NEXT STEPS

Estimated Total Cost <b>\$104</b> Meets Average Cost	Insurance Pays <b>\$54</b>	Estimated Out-of-Pocket Cost <b>\$50</b>
--	-------------------------------	---

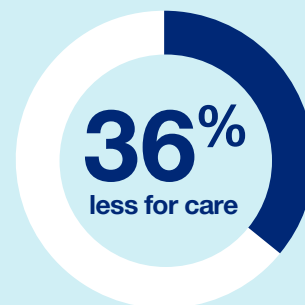
There is 1 step for this service  
Average Duration: 1 Day

	Main Providers	Estimated Total Cost	Estimated Out-of-Pocket Cost
<b>1</b> Office Visit - Specialist - Moderate to High Complexity	Smith, John, MD Family Practice <a href="#">CHANGE DOCTOR</a>	<b>\$104</b> Meets Average Cost	<b>\$50</b>

[MORE INFO](#)

## Did you know?

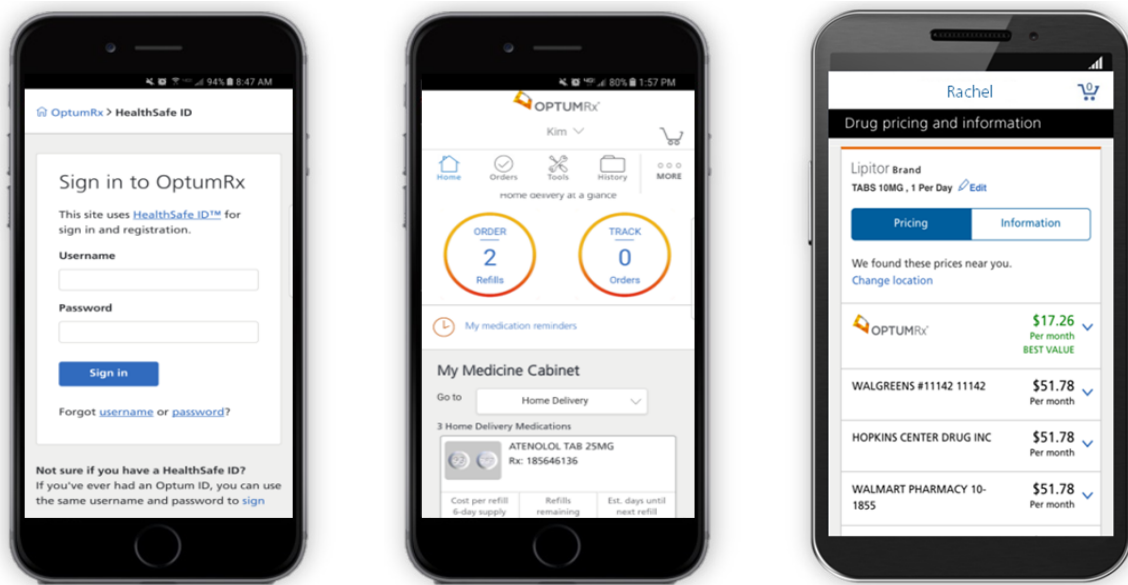
You could pay an average of 36 percent less for care by checking your costs on myuhc.com.



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

# How can I find out the cost of my medications?

Use the **myuhc.com** or **Health4Me App** to research the cost of your prescriptions, order refills, locate a pharmacy and more! The cost estimator for the full price of your pharmacy prescriptions will be available January 1, 2021 if you choose the HDHP with HSA plan.



## Key features of the **myuhc.com** or **Health4Me App**:



Refill, renew  
or transfer



Adherence Text  
Reminders



Pharmacy  
Locator



Order history  
and claims detail



Family and  
Caregiver  
Management

## It's important to know and understand the true cost of your medications before making the trip to the pharmacy.

Log onto the myuhc.com or Health4Me app after January 1, 2021, your prescriptions to determine the true cost and to see if there is a lower cost option available. If there is, call your physician to see if it's appropriate for you.

Take advantage of the "\$4 lists" or drug pricing apps on your smartphone that are available through many retailers.



# Health4Me® App: Your critical health 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:

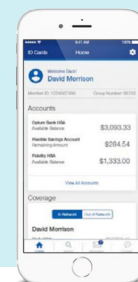
- Get health care cost estimates for specific treatments and procedures
- Review hospital quality and safety data
- Receive real-time status on account balances, deductibles and out-of-pocket spending
- Find physicians and facilities nearby
- Track and manage claims
- Pay providers
- Access your ID card

## Don't delay. Know more today.

You can download the free Health4Me app through the Apple® App Store<sup>SM</sup> or Google Play<sup>TM</sup> store for Android<sup>TM</sup> 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 here. Plus, view your digital ID card, find nearby care and more.



## Virtual Visits: Access to care online at any time

*When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.*

### Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

### Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/broken bones

## A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment.

Most visits take about 10-15 minutes and doctors can write a prescription\*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

You have access to a network of Virtual Visit provider groups. To learn more about Virtual Visits and our network please log into **myuhc.com**® or the UnitedHealthcare **Health4Me**® app. The Virtual Visit providers are **Doctor On Demand**®, **Amwell**™ and **Teladoc**®.

You can access additional services virtually, including mental health and lactation support. Please note these services have a fee associated with them.

Once you choose a Virtual Visit provider group you'll be directed to their website from myuhc.com or their app from Health4Me. You also have the option of going directly to their website or app to access care. You can download their app directly from Google Play<sup>TM</sup> or the Apple® App Store®.



# Understanding Preventive Care

*Maintaining or improving your health with regular preventive care, along with following the advice of your doctor, may help you stay healthy. Preventive care focuses on evaluating your current health status when you are symptom free and helps you avoid more serious health conditions.*

*Even if you're in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. Routine checkups and screenings can help you avoid serious health problems, allowing you and your doctor to work as a team to manage your overall health.*

## **Preventive or not?**

When you visit your doctor, the services you receive will be considered either preventive or non-preventive subject to the terms of your benefit plan. See if you can determine in the following scenarios whether the care received would be considered preventive or non-preventive.

At [www.uhcpreventivecare.com](http://www.uhcpreventivecare.com) you can find your age and gender-specific preventive care recommendations. You can download, email and print this information to review with your doctor to make health decisions about your lifestyle and daily habits to help you live a healthier life. You can also set up helpful preventive health email reminders.

*For more information about preventive care services that may be right for you visit **[www.uhcpreventivecare.com](http://www.uhcpreventivecare.com)**.*



# Pharmacy: Prior Authorization Includes Notification and Medical Necessity

*Pharmacy costs are on the rise. And with medication efficacy and safety in sharp focus, it is vital that members get appropriate clinical care, including the right medication.*

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.

## Obtaining prior authorization before a medication is covered:

- Promotes safe and effective medication use.
- Helps both clients and members save on pharmacy costs.

Two ways that UnitedHealthcare utilizes clinical requirements to determine coverage approval is through the Notification program and the Medical Necessity program.

- 1 Notification** — The provider needs to provide diagnosis information first, which helps to determine if the prescription meets the plan benefit coverage and approved U.S. Food and Drug Administration (FDA) requirements for medication and diagnosis.
- 2 Medical Necessity** — Specific conditions must be met for a medication to be deemed medically necessary, including:
  - Is the medication clinically appropriate?
  - Is the medication appropriate for the diagnosis?
  - Is the medication cost effective?

## How do we determine prior authorization programs?

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.

*When evaluating drug costs, prior authorization programs are in place for drugs representing **40% of total drug costs** but only impact less than 5% of all claims.*



# Pharmacy: Prior Authorization, *continued*

## Innovative programs and tools

In an effort to speed and simplify the prior authorization process, we offer additional programs including:

**Expiring Prior Authorization program** — Proactively notifies a physician during the standard medication renewal process to extend the authorization for continued refills or discontinue the medication if clinically appropriate. This helps members stay adherent to their treatment.



### Expiring Prior Authorization program response rate:

**85%** for specialty medications.

**75%** for non-specialty medications.

**70–80%** expiring prior authorization renewal/approval rate<sup>1</sup>.

---

**Medical Diagnosis to Script (Dx2Rx) program** — Streamlines prior authorization requirements by conducting a real-time check to automatically find a member's diagnosis in claims history. For a new diagnosis, the pharmacist can enter the prescriber-provided diagnosis code. This helps members start taking their medication as soon as possible.



### Medical Diagnosis to Script program:

**Avoids 30–40%** of prior authorizations with medical diagnosis match.<sup>2</sup>

---

**PreCheck MyScript** — A sophisticated tool that gives providers real-time access into member pricing, lower-cost alternatives and prescription drug list placement. Using patient-specific benefit information within the prescriber's electronic medical records helps providers prescribe the appropriate medication for each member. Prescribers can use this tool to initiate the Prior Authorization process when necessary.



### PreCheck MyScript<sup>3</sup>:

**>20%** of all transactions with an alternative resulted in a drug change.

**>30%** prior authorizations avoided or initiated.

# Current Dental Coverage Summary: Delta Dental

## Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 5866-6027, 9027 IAFF City of Columbus

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

**Control Plan** - Delta Dental of Ohio

**Benefit Year** - January 1 through December 31

**Covered Services:**

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Sealants</b> - to prevent decay of permanent teeth	75%	75%	75%
<b>Minor Restorative Services</b> - fillings and crown repair	75%	75%	75%
<b>Endodontic Services</b> - root canals	75%	75%	75%
<b>Periodontic Services</b> - to treat gum disease	75%	75%	75%
<b>Oral Surgery Services</b> - extractions and dental surgery	75%	75%	75%
<b>Major Restorative Services</b> - crowns	75%	75%	75%
<b>Other Basic Services</b> - misc. services	75%	75%	75%
<b>Relines and Repairs</b> - to prosthetic appliances	75%	75%	75%
<b>Major Services</b>			
<b>Prosthodontic Services</b> - bridges, dentures, and crowns over implants	75%	75%	75%
<b>Implants</b> - endosteal implants to replace missing teeth	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	75%	75%	75%
<b>Orthodontic Age Limit</b> -	treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached		

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

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months. Benefits for periodontal maintenance procedures are unlimited.
- Fluoride treatments are payable twice in any period of 12 consecutive months with no age limit.
- Space maintainers are payable once per area per lifetime for people age 18 and under.
- Bitewing X-rays are payable twice in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable for first and second permanent molars and bicuspid for people age 18 and under. The surface must be free from decay and restorations.

# Current Dental Coverage Summary:

## Delta Dental *continued*

- Composite resin (white) restorations are Covered Services on posterior teeth.
- Metallic inlays are Covered Services.
- Covered people under 17 years of age will receive stainless steel or prefabricated crowns only.
- Surgical periodontic services are payable first by the medical carrier, then will be a Covered Service under this plan secondary to medical.
- Most oral surgical services are payable first by the medical carrier, then will be a Covered Service under this plan, secondary to medical.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Limited and complete occlusal adjustments are not Covered Services. Antibiotic drug injections are Covered Services.
- X-rays taken for the purpose of Orthodontic evaluation will be paid at the Orthodontic benefit level.
- Diagnostic casts and photographs taken for the purpose of Orthodontic evaluation will be paid at the Orthodontic benefit level.

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

**Maximum Payment** – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,850 per person total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 75% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Deductible** – None.

Also eligible are your Spouse and your Children age 25 and under to the end of the calendar year in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

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

**Customer Service Toll-Free Number:** 800-524-0149 (TTY users call 711)

**<https://www.DeltaDentalOH.com>**

# Current Vision Coverage Summary: VSP

## See Healthy and Live Happy With Help from the City of Columbus - IAFF and VSP



As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.



Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

### PROVIDER CHOICES YOU WANT.



With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

**Prefer to shop online?** Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

### QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

### Choose Your Perfect Pair

VSP members get an extra \$20 to spend on featured frame brands. Plus, save up to 40% on lens enhancements.\*

### Get Your Perfect Pair:

**EXTRA \$20** + **UP TO 40%**  
TO SPEND ON  
FEATURED FRAME BRANDS\* SAVINGS ON LENS  
ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE



NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://www.vsp.com/offers).



Contact us: **800.877.7195** or **vsp.com**

# Current Vision Coverage Summary: **VSP**, *continued*

## YOUR VSP VISION BENEFITS SUMMARY

THE CITY OF COLUMBUS - IAFF and VSP provide you with an affordable vision plan.

## PROVIDER NETWORK:

VSP Choice

## EFFECTIVE DATE:

01/01/2020



Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$0	Every 12 months
<b>PRESCRIPTION GLASSES</b>			
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$135 allowance for a wide selection of frames</li> <li>\$155 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$75 Costco® frame allowance</li> </ul>	\$0	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	\$0	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for exam, contacts, contact lens exam (fitting and evaluation)</li> <li>15% discount off WellVision Exam</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every 12 months
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		



# New! Vision Carrier February 2021: EyeMed



## WHAT

### What is a copay?

A fixed amount that you owe at the time of your visit. And, the remaining balance is on us!

### What is an allowance?

This is how much we give you for purchases. So if your allowance is \$100 and you pick frames that are \$150 - you owe \$50. Simple math!



## WHEN

### When can I use my benefits?

Visit the website to see when your benefits go into effect.

### How often can I use them?

This is what we call frequency. It's the first line item in the chart on the other side of this page.



## HOW

### How do I save more money?

You receive 40% off additional complete pairs of prescription eyeglasses and 20% off non-prescription sunglasses at any in-network provider. Plus, you can access new offers 24/7 when you create an account on our website.

### How do I keep my current provider?

Out of network? Not a problem. We'll cover some of that cost - flip for details. Register online to start using your benefits



## WHERE

### Where can I use my benefits?

Check out the participating providers that are closest to you on the other side. Now that's convenient!

### Where can I get more details?

Need to read between the lines? Create an account on the website listed on your ID card to satisfy all your vision benefit needs.



## Register online to start using your benefits

- Find providers near you, view your benefits, see your claims, get special offers and more just by registering on the member website listed on the front of your ID card.
- Download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.

# New! Vision Carrier February 2021:

## EyeMed, *continued*

### A LOOK AT THE BENEFITS

#### What exactly do my EyeMed benefits cover?

If you're thinking about EyeMed, you'll want to connect with your employer to learn about the benefit options. Already a member? The easiest way to find your benefit information is to create a member account on [eyemed.com](http://eyemed.com) or grab the EyeMed Members App (App Store or Google Play).

#### Does EyeMed offer any extra discounts?

We sure do. At participating in-network providers, members get 40% off an extra pair of eyeglasses or 20% off a partial pair (lenses only or frames only).<sup>\*</sup> You also get 20% off non-prescription sunglasses and accessories, and discounts on LASIK laser vision correction. Call 1.800.988.4221 to find a LASIK location near you.

#### Can I use EyeMed benefits online?

Instantly apply your in-network benefits at checkout, with free shipping, free returns and no paperwork at these participating providers: [lenscrafters.com](http://lenscrafters.com), [targetoptical.com](http://targetoptical.com), [ray-ban.com](http://ray-ban.com), [glasses.com](http://glasses.com) and [contactsdirect.com](http://contactsdirect.com).

#### Can I get the same kind of care with a retail provider as I can with an independent doctor?

Many optometrists share space with a retail optical store, but operate a separate practice. All of them, wherever they practice, must meet the same state licensing and credentialing requirements. One advantage of using a vision carrier, like EyeMed, is that credentials of every in-network eye doctor are thoroughly examined and verified, so you can feel confident you're getting access to qualified eye doctors.

#### MEMBER HOW-TO TIPS

#### How do I use my benefits?

At EyeMed, we're all about easy. Just choose an in-network eye doctor from our Enhanced Provider Search, schedule your visit and go in for care or eyewear. You don't even need your ID card — just give them your name and birthday. When you stay in-network, we'll handle all the paperwork.

#### How do I find an eye doctor in my network?

The Enhanced Provider Search on Member Portal and the EyeMed Members App has thousands of in-network eye doctors to choose from. Filter your search to find ones near you with the brands, hours and services you most want.

#### How do I get on-the-go access?

The EyeMed Members App can do almost everything that Member Portal can. Find an eye doctor, set an appointment, review your benefits, check claims, find special offers, show

your ID card—even store your vision prescriptions and set exam reminders. Download it through the App Store or Google Play.

#### How do I submit a claim?

When you see one of our in-network eye doctors, you won't have to; we take care of all the paperwork. By the way, you'll save money by staying in-network, too. If you need an out-of-network claim form, log into your member account to find one.

#### How do I get an ID card replacement or extra cards?

If you lose your card or need extras for your family, log into [eyemed.com](http://eyemed.com) to print a replacement, or use your digital ID on the app. Here's a tip: you don't even need the card when you visit your eye doctor.

### VISION AND YOUR HEALTH

#### I don't wear glasses and can see fine. Do I still need an eye exam?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it can also help identify early signs of serious diseases, like high blood pressure, diabetes and high cholesterol—just to name a few.<sup>1</sup>

#### How often should I get an eye exam?

Vision changes can happen slowly—you may not even notice it. Annual eye exams are a good rule of thumb unless your doctor suggests more frequent checks; we suggest making it part of your regular preventive care routine.

#### At what age should my child first visit the eye doctor?

The American Optometric Association recommends a first eye exam between 6 months and 1 year of age.<sup>2</sup> The doctor may check for nearsightedness, farsightedness, astigmatism, amblyopia (or "lazy eye"), proper eye movement and eye alignment, and how the eye reacts to light and darkness. They also recommend an exam between the ages of 3 and 5, and every year after that.

#### My child gets a vision screening at school, so there's no need for an eye exam, right?

A vision screening does not take the place of a comprehensive eye exam. School screenings generally check for color blindness and your child's ability to see far away. A comprehensive exam will evaluate the entire structure of the eye.

# Current Basic Life Coverage Schedule

## SCHEDULE OF BENEFITS

**POLICYHOLDER:** CITY OF COLUMBUS

**POLICY NUMBER:** F019017-0001

**EFFECTIVE DATE:** February 1, 2017

**ELIGIBILITY: Class 03**

All eligible, active IAFF members working in the United States of America who are Actively at Work for the Policyholder and who have completed the Eligibility Waiting Period are eligible for the insurance. A full-time and part-time Employee regularly works a minimum of hours per week subject to the Collective Bargaining Agreement for the Policyholder. Seasonal and temporary Employees of the Policyholder are not eligible.

**Eligibility Waiting Period:**

Current Employees:	First of the month following date of hire of continuous active work unless otherwise required by the Collective Bargaining Agreement.
New Employees:	First of the month following date of hire of continuous active work unless otherwise required by the Collective Bargaining Agreement.
New Employees:	First of the month following date of hire of continuous active work unless otherwise required by the Collective Bargaining Agreement.

**Policyholder Contribution:**

Basic Life	As defined in the Collective Bargaining Agreement
------------	---

## GROUP TERM LIFE INSURANCE

**Employee Basic Life Benefit Amount**

\$100,000

Guarantee Issue Benefit Limit

Employee Basic: All amounts Guaranteed Issue

**Reduction of Benefits**

Basic Life benefits do not reduce due to age. Benefits terminate at retirement.

**Accelerated Death Benefit (ADB)**

Benefit Amount	75% Basic Term Life Insurance In force
Insured Eligibility	Employee
Minimum Covered Life Insurance Amount	\$10,000
Maximum ADB Payment	75% of Basic Life Benefit
Minimum ADB Payment	\$7,500

**Portability**

Benefit Eligibility	Basic Life
Insured Eligibility	Employee
Portability Benefit Duration	Age 65
Maximum Portable Amount	100% of Basic Life Benefit

# New! Basic Life Carrier February 2021: The Hartford

*Life insurance from the Hartford can help protect the financial future of your loved ones. And, your coverage includes valuable services that can help you and your family.*

## **Funeral Concierge**

*Helps provide peace of mind when it's needed most.*

The Hartford's Funeral Concierge offers a suite of online tools to help you guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings. And Express Pay guarantees beneficiaries can receive payment in as little as 48 hours.

Find out more by calling: **866-854-5429**

Visit: **[www.everestfuneral.com/Hartford](http://www.everestfuneral.com/Hartford)**

Use code: **HFEVLC**



## **Beneficiary Assist® Counseling and HealthChampion<sup>SM</sup>**

*Getting through a loss is hard. Getting Support shouldn't be.*

The Hartford offers beneficiary assist counseling services, we are compassionate professionals can help you or your beneficiaries cope with emotional, financial and legal issues that can arise after a loss. Includes unlimited 24/7 phone access for legal advice, financial planning and emotional counseling, and up to five Face – two Dash face sessions or equivalent professional time for one or a combination of services for up to a year from the date of claim is filed. Health champion offer support if you have become disabled from an accident or are diagnosed with a terminal illness. You will receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Learn more: **800-411-7239**

# New! Basic Life Carrier February 2021: The Hartford, *continued*

## Estate Guidance® Will Services

*Create a simple will from the convenience of your home.*

Whether your assets are few or many, it's important to have a will. Through the Hartford you have access to Estate Guidance® will services. It helps you protect your families future by creating a will online – backed by online support from licensed attorneys. Just follow the instructions to create it will that's customized and legally binding.

Visit: [www.estateguidance.com](http://www.estateguidance.com)

Use code: **WILLHLF**

## Travel Assistance with ID Theft Protection

*Even the best plan trips can be full of surprises.*

Travel assistance with ID theft protection includes pre-trip information to help you feel more secure while traveling. It can also help you access professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. ID theft services are available to you and your family at home or when you travel.

In case of a serious medical emergency when traveling, obtain emergency medical services first (contact the local "911"). Then, contact travel assist to alert them to your situation.

Call: **800-243-6108**

Collect from other locations: **202-828-5885**

Fax: **202-331-1528**

Just provide your employers name, a phone number where you can be reached, nature of the problem, travel assistance identification number **GLD-09012**, and your company policy number.



## Travel Assistance

Call toll end free:

**800-243-6108.**

Collect from other locations:

**202-828-5885.**

Fax: **202-331-1528.**

What to have ready:

- Your employers name.
- Your phone number.
- Nature of the problem.
- Your employers group policy number.
- Your travel assist ID number: **GLD-09012**

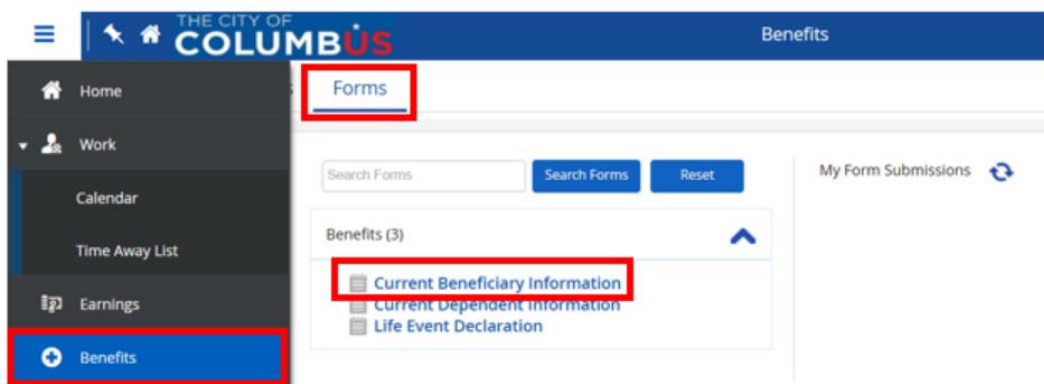
[TheHartford.com/employeebenefits](http://TheHartford.com/employeebenefits)



# Updating Your Beneficiary Designation in Dayforce

Employees who have life insurance need to list their beneficiaries in Dayforce as this information was available only in hardcopy previously. Adding beneficiaries is simple. Here is how:

**STEP 1.** Click on Forms from the Benefits menu in your ESS role.



**STEP 2.** Click on Current Beneficiary Information. Add Designation under Basic Life on the form to add the type and percentage.

The screenshot shows the 'Current Beneficiary Information' form. On the left, the 'Current Beneficiary Information' link is highlighted with a red box. The form displays a table of beneficiaries:

Beneficiary	Relationship	Birth Date	View/Edit
ANSON TEBBEN	Child	2/18/2013	<a href="#">View/Edit</a>
CONRAD TEBBEN	Child	5/4/2015	<a href="#">View/Edit</a>
LAURA TEBBEN	Spouse	4/24/1981	<a href="#">View/Edit</a>

Below the table, there is a section for 'Current Designation'. It includes a table with the following data:

Beneficiary	Relationship	Birth Date	Type	Percentage	
<b>Basic Life - MCP Full Time</b>					
Coverage Date	1/1/2020	Effective Date	3/1/2020	Coverage Amount	\$109,000.00

Below the table, there is a section for 'Add Designation' with a red box around the 'Add Designation' link. The 'Add Designation' link is also highlighted with a red box.

**STEP 3.** Click Submit.



# How to Use Dayforce During HDHP Open Enrollment

## STEP 1. Enter Dayforce with your login credentials.

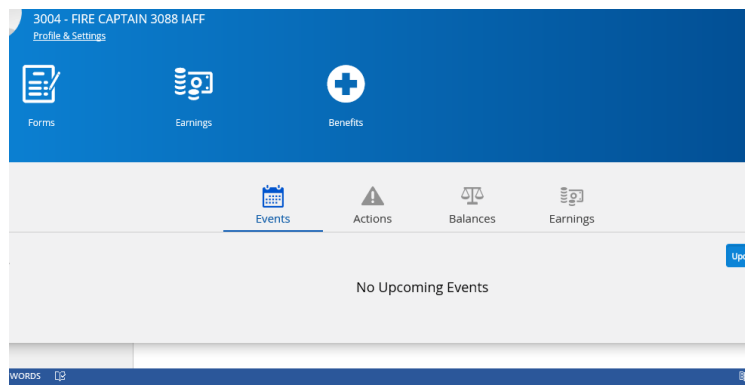
User Name is your employee ID number

Initial Password is birth year and last 4-digits of your social security number.

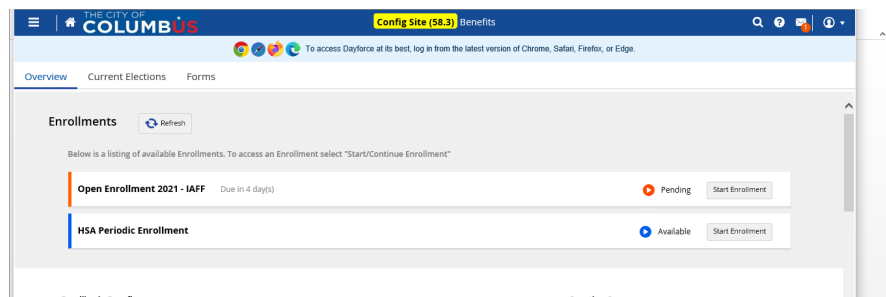
Ex. 19501234

System will ask you to reset your password.

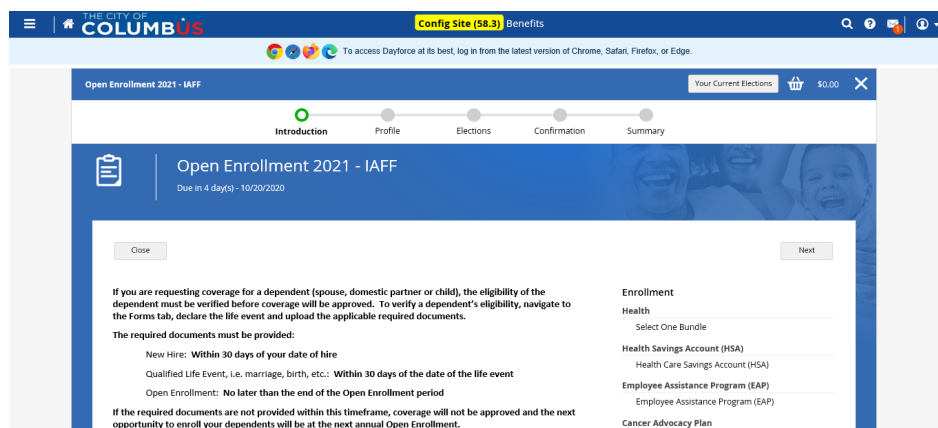
Click on “Benefits”



## STEP 2. Once you are on the Benefits landing page click “Start Enrollment”

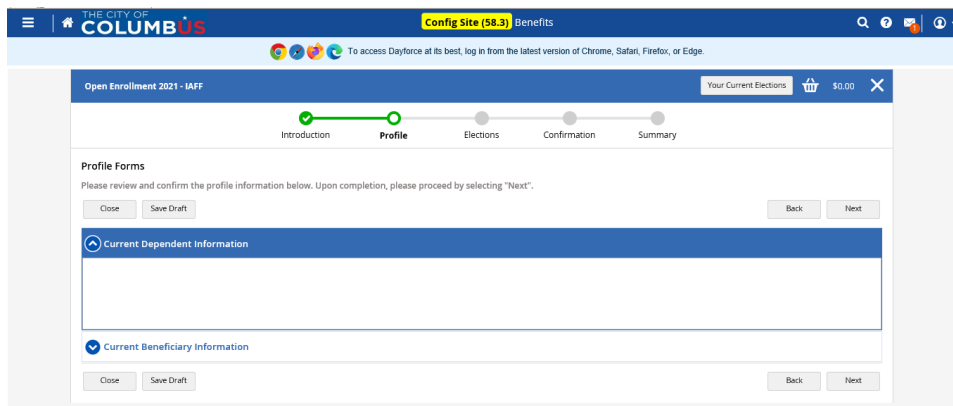


## STEP 3. Read the Introduction page for additional details on enrollment and eligibility periods

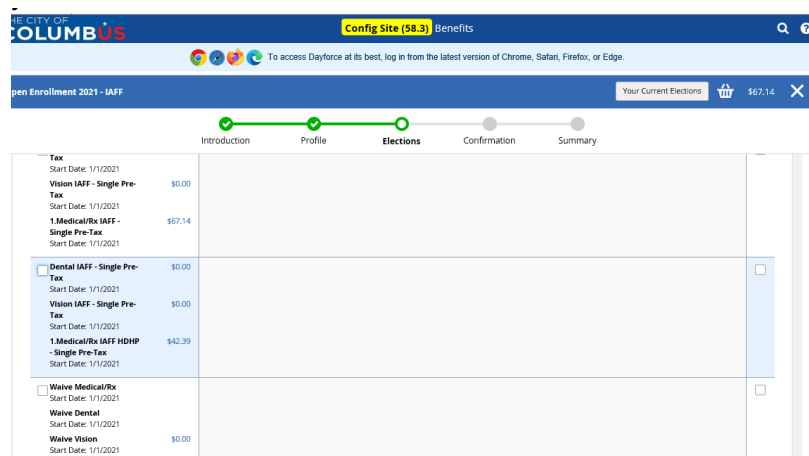


# How to Use Dayforce During HDHP Open Enrollment, *continued*

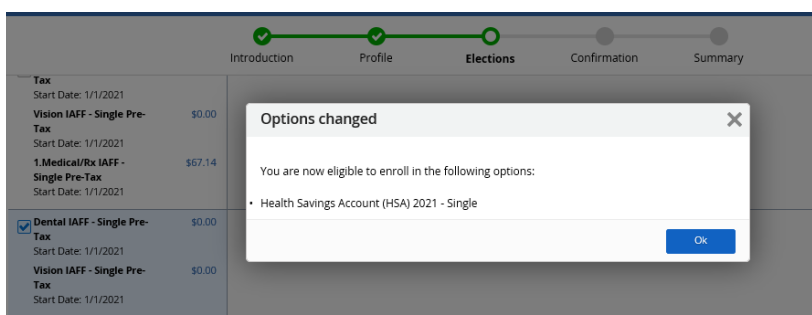
**STEP 4.** Click next on your profile page. Here you should see the names the City has on file as your dependents and/or beneficiaries. Please take this time to review and update your records.



**STEP 5.** Make your benefit elections. Remember this is the HDHP Open Enrollment. If you are currently in the traditional PPO and wish to maintain the traditional PPO click on the “X” and do nothing. If you wish to return to the traditional PPO from the HDHP click on the plan you wish to change to.



**STEP 6.** Once you elect the HDHP, the system will display a message that you are also eligible to enroll in the HSA for 2021.



# How to Use Dayforce During HDHP Open Enrollment, *continued*

**STEP 7.** Enter the amount you wish to contribute annually to the HSA bank account. If you are age 55 or older you can also elect the catch-up and contribute up to \$1,000.00.

The screenshot shows the 'Open Enrollment 2021 - IAFF' page in the Dayforce system. The 'Elections' step is highlighted in the progress bar. Below the progress bar, there is a section for 'Health Savings Account (HSA)' with a description and a link to 'Health Care Savings Account (HSA)'. Below that is a section for 'Employee Assistance Program (EAP)' with a description and a link to 'Employee Assistance Program (EAP)'.

The screenshot shows the 'Open Enrollment 2021 - IAFF' page in the Dayforce system. The 'Elections' step is highlighted in the progress bar. Below the progress bar, there is a table of options for the Health Savings Account (HSA). The table has columns for 'Option', 'Amount', and 'Select'. The options are:

Option	Amount	Select
<input type="checkbox"/> Health Savings Account (HSA) 2021 - Family Start Date: 1/1/2021 <a href="#">Show Details</a>	\$0.00	<input type="checkbox"/>
<input type="checkbox"/> Health Savings Account (HSA) 2021 - Single Start Date: 1/1/2021 <a href="#">Show Details</a>	\$0.00	<input type="checkbox"/>
<input type="checkbox"/> Waive Health Savings Account (HSA) Start Date: 1/1/2021	\$0.00	<input type="checkbox"/>

The screenshot shows the 'Open Enrollment 2021 - IAFF' page in the Dayforce system. The 'Elections' step is highlighted in the progress bar. A modal window titled 'Option Details' is open, showing the 'Health Savings Account (HSA) 2021 - Single' option. The modal has a 'Contribution' section with a slider and a text input field. The slider is set to \$0.00, and the text input field is empty. The modal also has a 'Save' button and a 'Cancel' button.

The screenshot shows the 'Open Enrollment 2021 - IAFF' page in the Dayforce system. The 'Elections' step is highlighted in the progress bar. Below the progress bar, there is a table of options for the Health Savings Account (HSA). The table has columns for 'Option', 'Amount', and 'Select'. The options are:

Option	Amount	Select
<input type="checkbox"/> Health Savings Account (HSA) 2021 - Family Start Date: 1/1/2021 <a href="#">Show Details</a>	\$0.00	<input type="checkbox"/>
<input checked="" type="checkbox"/> Health Savings Account (HSA) 2021 - Single Start Date: 1/1/2021 \$1,000.00 Annual Contribution <a href="#">Show Details</a>	\$41.67	<input type="checkbox"/>
<input type="checkbox"/> Waive Health Savings Account (HSA) Start Date: 1/1/2021	\$0.00	<input type="checkbox"/>

# How to Use Dayforce During HDHP Open Enrollment, *continued*

## STEP 8. Confirm the box is checked for both the EAP and Cancer Advocacy Programs

**Employee Assistance Program (EAP)**

Effective with your date of hire all employees and household dependents are eligible for services with the City of Columbus' EAP.

If you have questions or need support, contact EAP services at 614-645-6894.

Employee Assistance Program (EAP)

Option Name Ascending Compare Selected

Option	
<input checked="" type="checkbox"/> EAP Plan Option Start Date: 1/1/2021	\$0.00

**Cancer Advocacy Plan**

IAFF offers all union members and their family members access to Cancer Advocacy programming.

Cancer Advocacy Plan

IAFF offers all union members and their family members access to Cancer Advocacy programming.

For more information contact CancerBridge at:  
mycancerbridge.com or your union representative.

Cancer Advocacy Plan

Option Name Ascending Compare Selected

Option	
<input checked="" type="checkbox"/> Cancer Advocacy Plan Option - IAFF Start Date: 1/1/2021	\$0.00

## STEP 9. Click the box confirming your Basic Life insurance coverage. Then click next.

Life Insurance

Life insurance can be purchased with or without the election of the City's Health Program. If an employee waives healthcare, there is an additional cost associated with the Group Life without health applied to your payroll contribution.

Please refer to your Ordinance or Collective Bargaining Agreement for specific details regarding your life insurance coverage.

<https://www.columbus.gov/hr/Employee-Benefits/>

Life Insurance

You must elect 1 option(s) in the election set.

Option Name Ascending Compare Selected

Option	
<input checked="" type="checkbox"/> Basic Life - IAFF Start Date: 1/1/2021 • \$100,000.00 Coverage	\$0.00
<input type="checkbox"/> Group Life - IAFF Start Date: 1/1/2021 • \$100,000.00 Coverage	\$5.50
<input type="checkbox"/> Waive Group Life Start Date: 1/1/2021	\$0.00

Open Enrollment 2021 - IAFF

Introduction Profile Elections Confirmation Summary

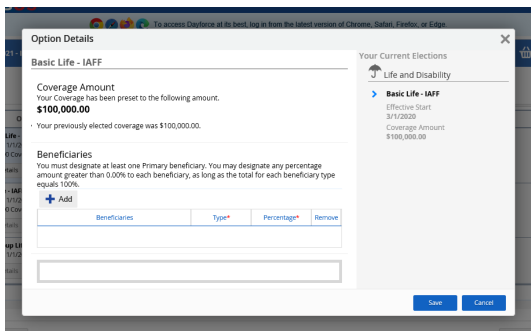
Option

<input checked="" type="checkbox"/> Basic Life - IAFF Start Date: 1/1/2021 • \$100,000.00 Coverage <a href="#">Show Details</a>	\$0.00	<input type="checkbox"/>
<input type="checkbox"/> Group Life - IAFF Start Date: 1/1/2021 • \$100,000.00 Coverage <a href="#">Show Details</a>	\$5.50	<input type="checkbox"/>
<input type="checkbox"/> Waive Group Life Start Date: 1/1/2021 <a href="#">Show Details</a>	\$0.00	<input type="checkbox"/>

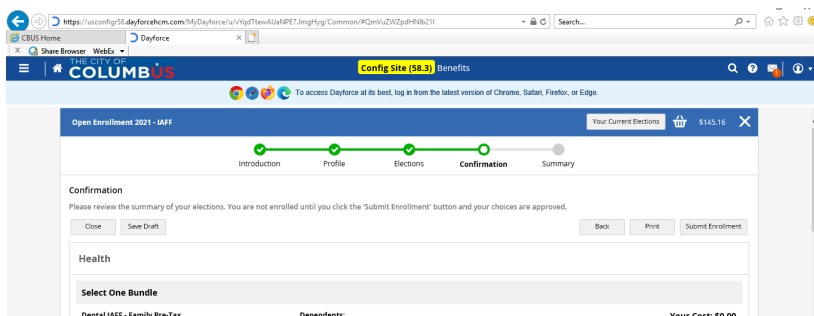
Close Save Draft Back Next

# How to Use Dayforce During HDHP Open Enrollment, *continued*

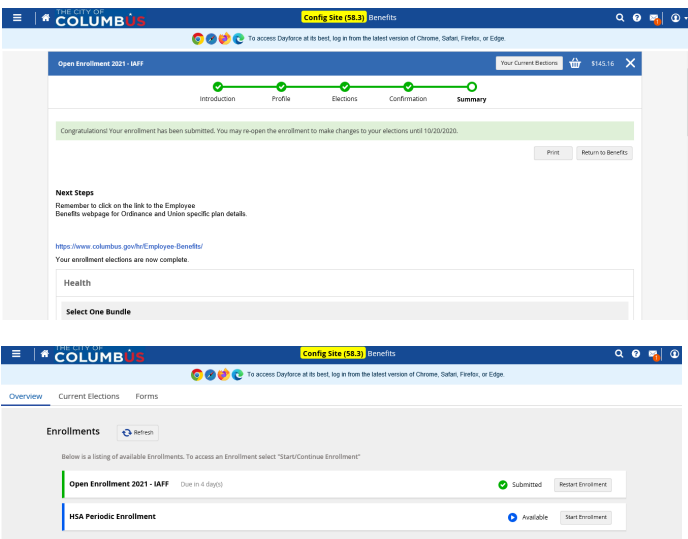
**STEP 10. ALL EMPLOYEES** must designate beneficiaries. Enter the type – Primary or Contingent. Then enter the percentage. Percentages must equal 100%. Click SAVE, then Next.



**STEP 11.** Confirmation Page. Review Elections and confirm everything looks correct before clicking on next.



**STEP 12.** Print your Summary Statement for your records to compare to the first pay period in January 2021. After printing, click return to Benefits, your status will read “submitted” in green. Logout of the system. Your Enrollment is complete.



# Required Verification Documents:

## Adding Dependents

*If you are requesting coverage for a dependent (spouse, domestic partner or child), the eligibility of the dependent must be verified before coverage will be approved. To verify a dependent's eligibility, submit the applicable required documents (see dependent types and required documents below).*

The required documents must be provided to your department's HR Office:

**New Hire:** Within 30 days of your date of hire

**Qualified Life Event, i.e. marriage, birth, etc.:** Within 30 days of the date of the life event

**Open Enrollment:** No later than the end of the Open Enrollment period

If the required documents are not provided within this time frame coverage will not be approved and the next opportunity to enroll your dependents will be at the next annual Open Enrollment.

## READ THIS ENTIRE VERIFICATION LIST BEFORE YOU ENROLL YOUR DEPENDENTS.

### Checklist

☐ **Enroll your dependent(s) in the Dayforce system.**

☐ **Refer to the dependent types on the following pages.**

Identify the documents required.

☐ **Upload documents in the Dayforce system.**

☐ **If you need assistance, please contact the Benefits Office.**

Documents must be received within the time frames allowed. Any questions regarding enrollment and eligibility should be directed to the Benefits and Wellness Office.

**Address:** City of Columbus - Benefits and Wellness Office  
77 North Front Street, Ste. 101  
Columbus, OH 43215  
614-645-8624 8 a.m.-5 p.m., M-F

**Fax Number:** 614-645-5940

**Email Address:** EmployeeBenefitsAndWellness@columbus.gov

**Website:** columbus.gov/HR-Employee Benefits



## Required Verification Documents: Adding Dependents, *continued*

Spouse And Domestic Partner		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
<b>Spouse</b>	<p>Legal spouse of a covered employee</p> <p>Does not include:</p> <ul style="list-style-type: none"> <li>- Ex-spouse</li> <li>- Legally separated spouse</li> </ul>	<p><b>One (1) of the following OPTIONS:</b></p> <p><b>OPTION 1:</b> Covered employee's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) <b>as filed with the IRS</b> listing the spouse</p> <ul style="list-style-type: none"> <li>- Page 1 <b>PLUS</b> signature page if filed hard copy; OR</li> <li>- Page 1 <b>PLUS</b> Certificate of Electronic Filing</li> </ul> <p><b>OPTION 2:</b> Marriage Certificate (court approved certificate or marriage abstract, not license) <b>PLUS one</b> of the following to show <u>current</u> joint tenancy:</p> <ul style="list-style-type: none"> <li>- Proof of joint ownership of residence or other real estate;</li> <li>- Proof that covered employee and spouse are both listed on a lease or share the rent of a home or other property;</li> <li>- Joint ownership of a motor vehicle;</li> <li>- Designation of the spouse as a primary beneficiary of the covered employee's life insurance, or retirement benefits;</li> <li>- Utility bill listing both covered employee and spouse (or 2 separate utility bills at the same address, one listing the covered employee and one listing the spouse).</li> </ul>
<b>Domestic Partner</b>	<p>A qualified domestic partner:</p> <ul style="list-style-type: none"> <li>- must share a permanent residence with the covered employee;</li> <li>- is the sole domestic partner of the covered employee, has been in a relationship with the covered employee for at least six (6) months and intends to remain in the relationship indefinitely;</li> <li>- is not currently married to or legally separated from another person;</li> <li>- shares responsibility with the covered person for each other's common welfare;</li> <li>- is at least 18 years of age and mentally competent;</li> <li>- is not related to the covered employee by blood to a degree of closeness that would prohibit marriage;</li> <li>- is financially interdependent with the covered employee in accordance with the plan requirements.</li> </ul>	<p><b>Affidavit of Domestic Partnership</b></p> <p><b>PLUS</b></p> <p><b>Three (3) of the following documents to show financial interdependency:</b></p> <ul style="list-style-type: none"> <li>- Joint ownership of real estate property or joint tenancy on a residential lease;</li> <li>- Joint ownership of an automobile;</li> <li>- Joint bank or credit account;</li> <li>- Joint liabilities (e.g. credit cards or loans);</li> <li>- A will designating the domestic partner as primary beneficiary;</li> <li>- A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary;</li> <li>- A durable power of attorney signed to the effect that the covered employee and the domestic partner have granted powers to one another.</li> </ul>

## Required Verification Documents: Adding Dependents, *continued*

Dependent Child		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
<b>Natural child (up to age 26)</b>	<p>A natural (biological) child of the covered employee or domestic partner</p> <p>The domestic partner must be enrolled in order to enroll a natural child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee or the employee has legal guardianship of the child.</p>	<p><b><u>One (1) of the following OPTIONS:</u></b></p> <p><b>OPTION 1:</b> Covered employee or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) <b>as filed with the IRS</b> listing the child as dependent</p> <ul style="list-style-type: none"> <li>- Page 1 <b>PLUS</b> signature page if filed hard copy;</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- Page 1 <b>PLUS</b> Certificate of Electronic Filing</li> </ul> <p><b>OPTION 2: Birth Certificate of child</b></p> <p><b>OR</b></p> <p><b>If one of the OPTIONS above is not available (i.e., when adding a newborn), <u>one (1) of the following:</u></b></p> <ul style="list-style-type: none"> <li>- Hospital release papers on hospital letterhead</li> <li>- Footprints</li> <li>- Crib Card</li> <li>- Letter from physician or hospital on respective letterhead</li> </ul>
<b>Stepchild (up to age 26)</b>	<p>A natural (biological) child of a covered employee's spouse, i.e. a stepchild of the covered employee</p>	<p><b><u>ONE (1) of the following OPTIONS:</u></b></p> <p><b>OPTION 1:</b> Covered employee or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) <b>as filed with the IRS</b> listing the child as dependent</p> <ul style="list-style-type: none"> <li>- Page 1 <b>PLUS</b> signature page if filed hard copy;</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- Page 1 <b>PLUS</b> Certificate of Electronic Filing</li> </ul> <p><b>OPTION 2: Birth Certificate of stepchild</b></p> <p>If submitting spouse's tax return or birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.</p>
<b>Child (up to age 26) for whom the employee, spouse or domestic partner is legal guardian.</b>	<p>A child for whom legal guardianship has been awarded to the covered employee, spouse or domestic partner.</p> <p>The domestic partner must be covered in order to cover a child for whom the domestic partner has been awarded legal guardianship unless there is a legal relationship between the employee and the child, i.e. the employee has legal guardianship of the child as well.</p>	<p><b><u>One (1) of the following OPTIONS:</u></b></p> <p><b>OPTION 1:</b> Covered employee or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) <b>as filed with the IRS</b> listing the child as dependent</p> <ul style="list-style-type: none"> <li>- Page 1 <b>PLUS</b> signature page if filed hard copy;</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- Page 1 <b>PLUS</b> Certificate of Electronic Filing</li> </ul> <p><b>OPTION 2:</b> Court documents signed by a judge verifying legal custody of the child</p> <p>If submitting spouse's tax return or birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.</p>

## Required Verification Documents: Adding Dependents, *continued*

Dependent Child		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
<b>Adopted child (up to age 26)</b>	<p>A legally adopted child of the covered employee, spouse or domestic partner, includes children placed in anticipation of a legal adoption</p> <p>The domestic partner must be covered in order to cover an adopted child of the domestic partner unless there is a legal relationship between the employee and the child, i.e. the child was adopted by the employee as well or the employee has legal guardianship of the child.</p>	<p><b>One (1) of the following OPTIONS:</b></p> <p><b>OPTION 1:</b> Covered employee or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) <b>as filed with the IRS</b> listing the child as dependent</p> <ul style="list-style-type: none"> <li>- Page 1 <b>PLUS</b> signature page if filed hard copy; <b>OR</b></li> <li>- Page 1 <b>PLUS</b> Certificate of Electronic Filing</li> </ul> <p><b>OPTION 2:</b> Court documents for the adopted child from a court of competent jurisdiction</p> <p><b>OPTION 3:</b> International adoption papers from country of adoption</p> <p><b>OPTION 4:</b> Papers from the adoption agency showing intent to adopt</p> <p>If submitting spouse's tax return, court documents or adoption papers, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.</p>
<b>Child (up to age 26) covered by a QMCSO</b>	A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO).	<p><b>One (1) of the following OPTIONS:</b></p> <p><b>OPTION 1:</b> Court documents signed by a judge</p> <p><b>OPTION 2:</b> Medical support orders issued by a State agency</p>

Disabled Dependent		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
<b>Disabled Dependent, age 26 or older</b>	A dependent incapable of self-sustaining employment because of a mental or physical disability that began while the dependent was eligible.	<p><b>One of the required documents for the applicable dependent child definition type above.</b> (See DEPENDENT CHILD section)</p> <p><b>PLUS</b></p> <p><b>Proof of Disability Beyond Limiting age Certification.</b></p>

## Resources To Obtain Documents

- **Birth Certificates & Marriage Licenses:** <http://www.odh.ohio.gov/vitalstatistics/vitalstats.aspx>
- **Children born outside the United States:** <http://www.state.gov>
- **Letters or Transcripts:** call the school registrar's office to request a letter or transcript for schools, colleges, and universities.

# Special Open Enrollment Things to Remember

- IAFF will have a **Open Enrollment** period in 2020 for the HDHP with HSA with an effective date of January 1, 2021.
- The **Open Enrollment** period is November 2nd through November 20th for the HDHP with HSA.
- Employees that enroll during **Open Enrollment** period can only enroll in the HDHP with HSA, unless the employee is returning to the Traditional PPO.
- Employees that DO NOT enroll in the HDHP with HSA, will complete their **2021 Open Enrollment** in February 2021.
- Employees will not be allowed to change coverage during the February **Open Enrollment** period.
- Employees cannot opt out of the HDHP with HSA during February 2021 **Open Enrollment** period.
- Employee Open Enrollment elections are irrevocable unless the employee has a qualifying life event.
- Employees with Qualifying Life Events occurring after January 1, 2021 will have 30 days to enter the requested change in the Dayforce employee self-service system.
- Employees can change health care plans annually at Open Enrollment, employees are required to make an active elections to change health care plans.
- Employees that enroll in the HDHP with HSA, will need to also open a health savings account with CME.
- Employees will need to complete both an active election into the HDHP and designate annual election contribution amount for the Health Savings Account.
- Employees will contribute to the health savings account 24 times annually – first and second pay of the month.
- City of Columbus will contribute \$500 in a lump sum on the first available pay in January for single coverage.
- City of Columbus will contribute \$1000 in a lump sum on the first available pay in January for family coverage.
- ALL EMPLOYEES are asked to designate your life insurance beneficiaries while completing your open enrollment.
- **Employees should be on the lookout for new ID cards if newly adding the HDHP with HSA.**
- **Employees will also receive new vision ID cards in January.**

## Where do I get more information?

- Additional Information available on IAFF's Local 67 website and the Employee Benefits Website under New for 2021.

## Important information on the following pages:

### CME Federal Credit Union HSA Account Instructions

*Pages 39-40*

### Tobacco Smoking Status Frequently Asked Questions

*Page 41-42*

**2020 Full-Time Employee 1<sup>st</sup> and 2<sup>nd</sup> Paycheck Contribution  
Deductions HDHP Effective through March 31, 2021**  
These contributions include Medical, Prescription Drug, Dental, Vision and Basic Life

Non-smoker contributions				Smoker contributions			
IAFF	Single		\$84.78			\$109.78	
	Family		\$206.98			\$231.98	
						\$25/MONTH Tobacco Surcharge: Hired On or After 1/1/19	

**\*\*If healthcare is waived, Group Life Insurance is available with a post-tax contribution of \$5.50 per month.**

# Step by Step – Online Instructions for the Health Savings Account for CME Federal Credit Union New Members

- Go to the website: **www.cmefcu.org**
- Click on “Open An Account”
- Click on “Open An Account”/blue box (again)
- Click on “Personal” Account
- **Eligibility:** “I qualify for membership because.....” Click in the box for “I live/work/worship or attend school in an eligible county”. Use the drop down boxes to select your county & select “City of Columbus Division of Fire.” Click on ‘continue’.
- Read “Disclosure” & scroll to bottom, click the small box next to... “I have read....” And hit “continue”.
- **Default Products:** Choose your first account. (The HSA will be a ‘sub-account’....you must select the **Advantage Share** in order to move forward.) Click the blue box that says “Select” for the Advantage Share. A box will pop up and click on “Add Account”, then “Continue”. In the box that pops up, be sure **e-statements is marked with a checkmark** and “Add Account” (Please note: You will not be actually sending CMEFCU \$5 for the membership, the credit union will take care of that for you!)
- Click “Continue”
- **Available Products.** Click on the HSA tab on the left hand side of the screen, a box will pop up and click on the blue “ + “ sign. Another box will pop up. Find where “Optional features” is, Click in the box that says “HSA Debit Card,” so that one is ordered for you. Scroll down to where it says “Additional Info” – answer the questions in the drop down boxes. **Family** or **Individual** and **Married** or **Unmarried**. Click on “Add Account”.
- Next you will see **Review Products**. Be sure you have two listed: **Advantage Share** and the **HSA**. Click “continue.”
- **Applicant Information:** Proceed in filling out all this necessary information.
  - o “**Phone**” – When you get to this field, be sure to add your cell phone number under “Home” phone, if you don’t have a land line phone at home.
  - o “**Employer**” – When you get to this field, be sure to mark at least 1 month duration, if you are a new employee.
  - o When you get to the bottom and see “Additional Info” And it asks, how did you hear about CMEFCU – please select “Health Savings Account” That’s just so the credit union can track where the account came from.
- Next you will see **Accounts** – please select a **username** and **password**.
- Next is **Beneficiary** – if something should happen to you and you have a balance in your account whom will be the beneficiary to those funds? You don’t have to have one listed, however, it is recommended. Their first and last name and birthday are required to name a beneficiary.
- **Account Funding** – In order to get through this screen, please use the drop down for Advantage Share and type in **\$5**. Then mark “Mail a check or money order” – But DON’T send a check or money order. And then mark the box “I agree...” & continue.
- **Review Application** – This is a snapshot of everything you filled out. If it looks correct, then mark the box at the very bottom that says: “By clicking the I agree...” and hit **Submit**.

The next page you’ll see are four questions. These four questions are to verify your identity since you just went online and filled out an application. Answer these, the best you can. If the answer is not in the drop down box, just mark “doesn’t apply”.

Once those are answered,

**you have completed the application for the Health Savings Account.**

Next this application will be processed and you will receive an email from ‘DocuSign/CME’ – this is how we capture your electronic signature. Once that is done, we’ll order a debit card(s). Those will arrive in a plain white envelope in about 10-14 business days.



# Step by Step – Online Instructions for the Health Savings Account for CME Federal Credit Union Existing Members

- Go to the website: **www.cmefcu.org**
- Look for the dark blue **MEMBER LOGIN** box & click on that.
- Type in your **User Name** & click on Sign In
- Next, type in your **password**
- You will need a **passcode** to go forward. So use the drop down and choose which method works best for you.
- Type in the passcode that's sent. And then you should be looking at your **Account Summary** page.
- There are tabs highlighted on a blue colored bar...click on **Application Center**
- On this screen, click on **+Start New Application**
- At the top of the page look for "Click here to add additional deposit products to your current account" Click on the word "add"
- **Available Products Page.** Click on the HSA tab on the left hand side of the screen, a box will pop up and click on the blue "+" sign.
  - o Another box will pop up. Find where "Optional features" is, Click in the box that says "HSA Debit Card," so that one will be ordered for you.
  - o Scroll down to where it says "Additional Info" – answer those questions in the drop down boxes. **Family or Individual** and **Married or Unmarried**. And click on "Add Account".
- Click the blue "Continue" box at the bottom of the page.
- Confirm your personal information is correct.
- Click the blue "Continue" box at the bottom of the page.
- Add a **Beneficiary** if you want to and click "Continue"
- Leave the Deposit field at **\$0.00** and click "Continue"
- Review your personal information and click "Submit"
- Answer your identifying information.

Once those are answered,  
**you have completed the application for the Health Savings Account.**

Next this application will be processed and you will receive an email from 'DocuSign/CME' – this is how we capture your electronic signature. Once that is done, we'll order a debit card(s). Those will arrive in a plain white envelope in about 10-14 business days.

## Having trouble completing the online application to open your HSA?

*If there is something you don't understand or are not sure of, please email or call **Sallie Cerrie**, CME Federal Credit Union's Member Relations Officer, and she'll be happy to help!*

*scerrie@cmefcu.org • 614-396-4570*

# Tobacco Surcharge

## Frequently Asked Questions

### 1. What is the tobacco surcharge?

Starting January 1, 2018, the City of Columbus will implement a \$25 per month surcharge for employees hired after January 1, 2018 who enroll in the City of Columbus Health Insurance Plan and disclose their personal use of tobacco.

### 2. Why is the City implementing a tobacco surcharge?

The use of tobacco can have a negative effect on the health of the user. The surcharge is being implemented to encourage users to quit the use of tobacco by enforcing a surcharge. Coupled with this is the City's Quit for Life tobacco cessation program. The goal of the surcharge is to support the health and wellness of City employees by discouraging the use of tobacco products. The City promotes a wellness culture and the use of tobacco is inconsistent with this culture.

### 3. What is considered a tobacco product?

The following are considered tobacco products. If you use any of these products you must certify as a tobacco-user. Tobacco products include but are not limited to: Cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip, and loose tobacco smoked via pipe, hookah or hand rolled cigarettes, and electronic cigarettes and/or vaporizers if they contain tobacco.

### 4. I am hired on or after January 1, 2018 and the surcharge is applicable to me but I do not use any tobacco products - do I need to do anything?

Yes. When you are in the Dayforce system you will need to waive the tobacco surcharge. This will waive the requirement to pay the monthly surcharge. The declaration will remain in effect unless your status as a non-user changes.

### 5. I am hired on or after January 1, 2018 and the surcharge is applicable to me and I DO use tobacco products - what do I need to do?

When you are in the Dayforce system you will need to affirm your tobacco status by entering Yes, I am a tobacco user. This will initiate the implementation of the tobacco surcharge. The declaration will remain in effect unless your status as a user changes or you complete the reasonable alternative – Quit for Life coaching program. For more details visit the HealthyColumbus webpage at [Columbus.gov](http://Columbus.gov).

### 6. If my status as a user changes to a non-user, what am I obligated to do?

If you successfully complete the Quit for Life coaching alternative you can change your declaration in the Dayforce system by indicating you are no longer a tobacco user. This will waive the tobacco surcharge. The declaration will remain in effect unless your status as a user changes.

You should only change your status to non-user if you have successfully quit tobacco.

### 7. How do I avoid the Tobacco surcharge?

Currently, federal law requires the City to offer employees an alternative method of avoiding the tobacco surcharge. This alternative method is also known as a "reasonable alternative standard." The City of Columbus offers Quit for Life, a tobacco cessation program, as a reasonable alternative standard. By enrolling in the Quit for Life Program and completing five (5) sessions within six (6) months from initial enrollment in the health plan or from the first day following the open enrollment period, you will be eligible for a reimbursement of the surcharge paid in the benefit year the program is completed. In addition, the surcharge will no longer apply for that benefit year. You can enroll by calling 1-866-Quit-4-Life (1-866-784-8454) or online at [www.quitnow.net](http://www.quitnow.net). It is your responsibility to fill out a Reasonable Alternative Standard ("RAS") Completion form indicating that you completed the Quit for Life program. The form should be uploaded to the Dayforce system when you are making your declaration.

# Tobacco Surcharge

## Frequently Asked Questions, continued

### **8. Can I enroll in the Quit for Life Tobacco Cessation program after open enrollment?**

Yes, you may enroll in the Quit for Life Tobacco Cessation program at any time. However, you will only be eligible for the reimbursement of the tobacco surcharge within six (6) months from initial enrollment in the health plan or from the first day following the open enrollment period for that benefit year.

### **9. What if I only use tobacco products once in a while?**

The Declaration of Tobacco Usage requires you to declare as a tobacco user or that you are not a user. The frequency of usage is not a factor.

### **10. What if I am caught using tobacco products?**

Falsification of the Declaration of Tobacco Usage form may result in disciplinary action up to and including termination.

### **11. How will you monitor tobacco usage status?**

The Declaration of Tobacco Usage is completed at the time of hire and open enrollment if applicable.

### **12. Does this only apply to using tobacco products during my work hours?**

No. The Declaration of Tobacco Usage requires you to declare as a tobacco user or that you are not a user. The frequency of usage is not a factor.

### **13. What will the City do with the funds collected from the tobacco surcharge?**

The tobacco surcharge will be deposited in the Employee Benefits Fund to pay health insurance claims.

### **14. What if I am already in a tobacco cessation program? Will that count if I quit tobacco use through my current cessation program?**

If an employee is currently engaged in a tobacco cessation program, the City encourages the employee to follow through and complete the program. The City will accept the completion of a tobacco cessation program if it is in progress at the time of the rollout and it similar to the Quit for Life program requirements. The employee must submit medical documentation of the program's completion by an authorized medical provider to validate the employee's successful tobacco cessation program. Upload this form in the Dayforce system once you complete your revised declaration.

### **15. What if I quit tobacco use on my own (i.e., going cold turkey), without assistance of a tobacco cessation program?**

If your tobacco status changes, you are obligated to fill out a new Declaration of Tobacco Usage at open enrollment and indicate that you are not a tobacco user. Unlike Quit for Life, there is no reimbursement available for employees that quit on their own. The City of Columbus applauds any effort to quit tobacco use, but understands the difficulties of quitting and encourages employees to enroll in the Quit for Life Program. After completing five (5) sessions within six (6) months from initial enrollment in the health plan or from the first day following the open enrollment period, employees that complete the Quit for Life Program will be eligible for a reimbursement of the surcharge paid in the benefit year the program is completed. You can enroll by calling 1-866-Quit-4-Life (1-866-784-8454) or online at [www.quitnow.net](http://www.quitnow.net)

## Notes

[illegible]

