

2022



BOARD OF
MIAMI COUNTY COMMISSIONERS

BENEFIT GUIDE

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Disclaimer:

This packet is intended to provide a brief overview of your employee benefits. If there is a discrepancy between the enclosed documents and the certificate of coverage, the certificate of coverage for each plan will be the final determining document. Employees within the office of another Elected Official or within a collective bargaining unit should note that some of the information contained herein may not apply to you due to specific conditions included in your individual agreement and/or department policies. Please refer to your Department Head or Collective Bargaining Agreement for specific information.

WELCOME TO YOUR 2022 BENEFITS.

On behalf of the Board of Miami County Commissioners, I am pleased to present the 2022 Miami County Benefits Program! During the most recent renewal period, the Board and the Insurance Committee were keenly focused on increasing benefits, lowering costs, and limiting the risk to the County. It is my sincere hope that you will see this focus reflected in the 2022 Benefit Plans. Below are just a few of the changes that we made for the 2022 offering:

- Employees saw a **decrease** in their payroll deductions for their health insurance coverage. There were **no rate increases** to the vision, dental, or life insurance plans.
- The **Spousal Carve-Out policy has been rescinded**, meaning spouses of County employees are able to once again join the health plan regardless of other coverage options available to them.
- The Board approved a **one-time increase in the Health Savings Account (HSA) contributions** to \$1,000 for employee only enrollments and \$2,000 for all other levels.
- **50% of the HSA contributions will be deposited in January**, with the remaining amount being split between an April and July deposit.
- A **second High Deductible Health Plan (HDHP)** is offered with a \$1,500 single / \$3,000 family deductible. Plans similar to those available in 2021 are offered. All plans will be offered through **CEBCO using the Anthem network**.
- A **comprehensive and free Employee Assistance Program (EAP) is available** to *all* Miami County employees and their household members, regardless of their participation in a County-sponsored health insurance plan. The EAP will provide five (5) free sessions with a licensed professional per household member per presenting issue.
- All **enrollment activities are now conducted online** through UKG, Miami County's new Human Resources Information System.

This guide represents plans and rates that are effective January 1, 2022. It contains important information about your benefit choices, eligibility, and the enrollment process. Please read through this guide carefully and contact a member of your Human Resources team with any questions. Spouses are welcome to contact the team, as well.

On behalf of the Board of Miami County Commissioners and the Miami County Insurance Committee, we wish you continued health and well-being throughout the year.



Angela Lewis
Human Resources Director
Miami County Board of County Commissioners

ENROLLMENT PROCESS

Coverage Effective Dates

Rates and plans described in this guide will be effective on January 1, 2022 and will remain in effect until December 31, 2022.

Open Enrollment

Miami County's Open Enrollment process occurs annually in October.

Mid-Year Coverage Changes

Changes to your benefit elections and covered dependents can be made outside of the Open Enrollment period when you incur a qualifying event, which triggers a Special Enrollment Period.

Qualifying events include:

- marriage/divorce/dissolution
- birth/adoption of a child
- death of a spouse or other enrolled dependent
- change in spouse's benefits or employment status
- dependent becomes eligible for Medicare / Medicaid
- adult dependent becomes eligible for own employer's benefits or other coverage

According to IRS rules, you must notify your employer regarding any change in status that may require a change to your benefits (ex: marriage, birth, adoption, loss of other coverage, new coverage available, divorce, etc.) within 30 days of the event.

Required Documentation

When adding a new dependent (someone not currently covered), you must provide documentation showing they are an eligible dependent. Examples of required documentation:

- Loss of Coverage: Showing date of loss; type of coverage; and who was covered
- New Coverage Available: Showing effective date; who will be covered; type of coverage
- New Spouse: Official marriage certificate or license
- Child: Birth certificate or legal documentation (adoption, guardianship, support order, etc.)
- Disabled child: Certificate of disability issued by Social Security

TERMS TO KNOW

ALLOWABLE AMOUNT

The dollar amount typically considered payment in full by an insurance company and an associated network of health care providers.

COPAY

A flat dollar amount paid for certain services. Your copay does not count toward your deductible or max out of pocket.

COINSURANCE

The split-cost percentage between the plan and the member for certain services once the deductible has been met. For example, if you have a 20% coinsurance after meeting your deductible, you'll pay \$40 for a covered service that costs \$200. Coinsurance does count toward your annual out of pocket maximum.

DEDUCTIBLE

The amount you must pay for covered healthcare services before your insurance plan starts to pay some or all of the covered charges. Your deductible with Miami County resets annually on January 1.

The high deductible Option 1 plan has a non-embedded deductible. This means that the family deductible must be met before insurance benefits apply for all enrollment levels, excluding employee-only.

DEPENDENT

Plans offered through Miami County allow employees to cover a dependent up to age 26, regardless of marital or student status. Dependent coverage ceases at the end of the month in which they turn 26. Children with disabilities who meet certain criteria may continue health coverage past

the age of 26. Proof of disability may be required annually.

DIAGNOSTIC CARE

Diagnostic care is given to diagnose or treat existing symptoms.

NETWORK

Within the medical, dental and vision plans you have the freedom to use any provider. However, when you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying the difference between the Usual, Customary, and Reasonable (UCR) charges and what the provider charges.

OUT OF POCKET MAXIMUM

The amount of money you need to pay during a plan year before the insurance pays 100% of all covered services, including pharmacy benefits.

PLAN YEAR

Miami County's health insurance plan year is from January 1 to December 31.

PREMIUM

The cost to keep your health insurance plan active. Premiums are paid through bi-weekly payroll deductions.

PREVENTATIVE CARE

Routine care, such as an annual physical, intended to keep you healthy. A service is considered preventative if there are no signs of illness and no indication that diagnostic services or treatment are needed.

MEDICAL INSURANCE: Option 1

Non-Embedded Deductible, High Deductible



ANTHEM (BLUE ACCESS NETWORK)	NETWORK	NON-NETWORK
Deductible	Single: \$1,500 Family: \$3,000	Single: \$3,000 Family: \$6,000
Out-of-Pocket Maximum	Single: \$3,000 Family: \$6,000	Single: \$6,000 Family: \$12,000
<p>The family deductible and out-of-pocket maximum are non-embedded meaning the cost shares of all family members apply to one shared family deductible and one shared family out-of-pocket maximum.</p> <p>The individual deductible and individual out-of-pocket maximum only apply to individuals enrolled under single coverage.</p>		
Preventive Care / Screening / Immunization	No charge	Deductible, then 30%
Emergency Room & Ambulance	Deductible, then 10%	Covered as In-Network
Primary & Specialist Care Visits Prenatal and Postnatal Care Urgent Care Inpatient and Outpatient Professional Services Inpatient Facility Services Outpatient Therapy Services Hospital, including: Mental / Behavioral Health Maternity Substance Abuse Retail Prescription – Tier 1 / 2 / 3 30-Day Prescription Retail 90-Day Prescription Mail Order	Deductible, then 10%	Deductible, then 30%
Retail Out of Pocket Maximum and Deductible	Combined with In-Network Medical	Combined with Non-Network Medical

The Board of Miami County Commissioners pays 85% of the monthly premiums for the HSA Option 1 plan.

EMPLOYEE PREMIUMS	EMPLOYEE	EMPLOYEE & CHILD(REN)	EMPLOYEE & SPOUSE	FAMILY
PER PAY (2X/MONTH)	\$46.09	\$82.83	\$101.54	\$138.27

MEDICAL INSURANCE: Option 2

Embedded Deductible, High Deductible



ANTHEM (BLUE ACCESS NETWORK)	NETWORK	NON-NETWORK
Deductible	Single: \$3,000 Family: \$6,000	Single: \$6,000 Family: \$12,000
Out-of-Pocket Maximum	Single: \$3,000 Family: \$6,000	Single: \$12,000 Family: \$24,000
<p>The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.</p>		
Preventive Care / Screening / Immunization	No charge	Deductible, then 20%
Emergency Room & Ambulance	Deductible, then 0%	Covered as In-Network
Primary & Specialist Care Visits Prenatal and Postnatal Care Urgent Care Inpatient and Outpatient Professional Services Inpatient Facility Services Outpatient Therapy Services Hospital, including: Mental / Behavioral Health Maternity Substance Abuse Retail Prescription – Tier 1 / 2 / 3 30-Day Prescription Retail 90-Day Prescription Mail Order	Deductible, then 0%	Deductible, then 20%
Retail Out of Pocket Maximum and Deductible	Combined with In-Network Medical	Combined with Non-Network Medical

The Board of Miami County Commissioners pays 86% of the monthly premiums for the HSA Option 2 plan.

EMPLOYEE PREMIUMS	EMPLOYEE	EMPLOYEE & CHILD(REN)	EMPLOYEE & SPOUSE	FAMILY
PER PAY (2X/MONTH)	\$42.53	\$76.43	\$93.69	\$127.59

MEDICAL INSURANCE: Option 3

Embedded Deductible, PPO



ANTHEM (BLUE ACCESS NETWORK)	NETWORK	NON-NETWORK
Deductible	Single: \$500 Family: \$1,000	Single: \$1,000 Family: \$2,000
Out-of-Pocket Maximum	Single: \$2,500 Family: \$5,000	Single: \$5,000 Family: \$10,000
The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.		
Preventive Care / Screening / Immunization	No charge	Deductible, then 40%
Primary Care Visit	\$20 copay; deductible does not apply	Deductible, then 40%
Specialist Care Visit	\$40 copay; deductible does not apply	Deductible, then 40%
Emergency (ER) & Ambulance	\$250; waived if admitted	Covered as In-Network
Urgent Care	\$50 copay; deductible does not apply	Deductible, then 50%
Hospital, including: Mental / Behavioral Health Maternity Substance Abuse Outpatient Surgery	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Retail Prescription Tier 1 / 2 / 3 30-Day Retail Supply 90-Day Mail Order Supply	\$10 / \$20 / \$40 \$20 / \$40 / \$80	Not Applicable
Retail Out of Pocket Maximum	Single: \$2,500 Family: \$5,000	Not applicable


The Board of Miami County Commissioners pays 75% of the monthly premiums for the PPO plan.

EMPLOYEE PREMIUMS	EMPLOYEE	EMPLOYEE & CHILD(REN)	EMPLOYEE & SPOUSE	FAMILY
PER PAY (2X/MONTH)	\$80.06	\$143.86	\$176.36	\$240.16

HEALTH SAVINGS ACCOUNT

Park National Bank



 These accounts can only be paired with the high-deductible health plan. If you are enrolled in the PPO plan you are not eligible for this account.

A Health Savings Account (HSA) helps you pay for out-of-pocket medical expenses and save for future costs. The funds can be spent on everything from trips to the chiropractor, purchasing eyeglasses and prescription medications, giving you the flexibility on how and where you spend your money. These accounts are tax-advantaged and the balances roll over from year to year.

Miami County contributes money into a health savings account for employees enrolled in the high-deductible health plan. The Board has elected to increase the contribution amounts for the 2022 Plan Year.

Enrollment Level	Annual Amount
Individual	\$1,000
Family	\$2,000

50% of the annual amount will be deposited into your HSA account on tenth day of January. The remaining amount will be split equally and deposited on the tenth day of April and July. Should the tenth day fall on a Saturday, Sunday, or holiday the deposit will be made on the next business day.

The County contributions and any individual contributions you choose to make cannot exceed the limits set forth by the IRS. The limits, along with the amount you can also contribute, for 2022 are listed below.

Enrollment Level	Annual Limit	Amount Remaining to Contribute
Individual	\$3,650	\$2,650
Family	\$7,300	\$5,300
Catch-Up Contributions (Age 55 & Older)	\$1,000	\$1,000

To be eligible for an HSA contribution, you must:

1. Be in an active payroll status for Miami County;
2. Be enrolled in one of two high-deductible health plans offered by Miami County; and
3. Completed the enrollment form located in UKG to open an account.

FLEXIBLE SPENDING ACCOUNTS: Navia



Day Care Flexible Spending Account


Dependent care expenses can be paid for from this FSA account, including daycare or after-school care for children under 13 years of age, an elderly person or a person with disabilities as long as they are claimed as a dependent on your tax return. Unused funds are forfeited after a run-out period following the end of the plan year.

Your contributions to the Dependent Care account cannot exceed the limit of \$5,000 set forth by the IRS.

In addition to the standard Life Event list, you can also make the following mid-year changes to your Day Care FSA if you experience any of the following events:

- A change in your day care costs, such as a rate decrease or increase, or receiving free day care.
- A change in your need for day care (your spouse loses employment or has a change in work schedule).
- Your dependent ceases to satisfy the eligibility requirements.

Healthcare Flexible Spending Account

 **The Healthcare Flexible Spending Account cannot be utilized in conjunction with a high-deductible health plan or health savings account.**

Healthcare FSAs can be used to pay for eligible expenses, including medical, prescription drugs, dental, and vision. Copays, co-insurance and deductibles can be paid from these accounts. Healthcare FSA account balances can carry-over up to \$550 annually. This option is limited only to individuals not enrolled in a High-Deductible Health Plan or contributing to an HSA account.

Your contributions to the Health Care account cannot exceed the limits set forth by the IRS, which for 2022 is \$2,750.

 **VISIT MIAMI COUNTY'S HR PAGE FOR A LISTING OF ELIGIBLE EXPENSES UNDER A HEALTHCARE FLEXIBLE SPENDING ACCOUNT.**



Download the MyNavia mobile app by searching for “Navia Benefits” in the Google Play or Apple App Store. If you have not previously created an online account, you can do so within the app by clicking on “Register Online”.

TELEMEDICINE: LiveHealth Online



i This benefit is available to those employees and dependents who are enrolled in one of the three CEBCO medical insurance plans offered by Miami County.

i LiveHealth Online replaced Teladoc beginning January 1, 2022.

LiveHealth Online is offered through Miami County’s partnership with CEBCO and Anthem. With this benefit, you get:

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



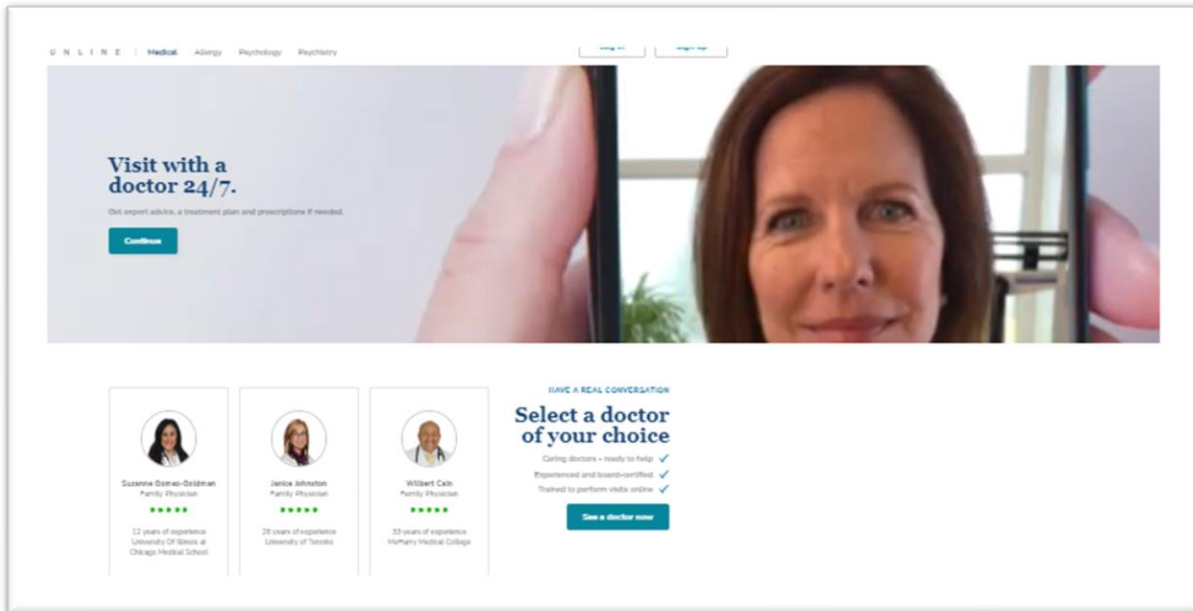
apple.com



play.google.com/store


Employees and their dependents who are on the CEBCO PPO plan will not have a copay for their virtual visit. Enrollees on one of the two CEBCO HSA plans will be charged \$59 per medical visit, behavioral visits will vary based on specialty.

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



HEALTH MOBILE APP

Sydney Health

 This benefit is available to those employees and dependents who are enrolled in one of the three CEBCO medical insurance plans offered by Miami County.

Sydney Health makes healthcare easier by allowing you access health and wellness information wherever you are. It is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead – moving your health forward by building a world of wellness around you.

FIND CARE

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

MY HEALTH DASHBOARD

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

LIVE CHAT

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

VIRTUAL CARE

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker, then consult with a doctor through a video visit or text session.

COMMUNITY RESOURCES

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

MY HEALTH RECORDS

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



Use your smartphone camera
to scan this QR code

Download the Sydney Health app today to find care, compare costs, see what is covered, check your current claims, and view and use digital ID cards!

EMPLOYEE ASSISTANCE PROGRAM



Enter the Web ID: EAPCEB when creating your account at GUIDANCERESOURCES.COM.

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® GuidanceResources® provides support, resources and information for personal and work-life issues.

Services provided through Miami County's partnership with CEBCO and ComPsych are provided to all Miami County employees and their household members for FREE.

Free, Confidential Counseling

ComPsych provides five (5) free confidential counseling sessions for employees and all household members per presenting issue. This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by Guidance Consultants—highly trained Master- and Doctoral-level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

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

WorkLife Solutions

Delegate your “to-do” list. Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Finding child and elder care
- Hiring movers or home repairs contractors
- Planning events
- Locating pet care

Legal Guidance

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Real estate transactions
- Civil and criminal actions
- Contracts
- Landlord/tenant issues

Financial Resources

Discover your best options. Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Retirement and estate planning, taxes
- Relocation, mortgages, insurance
- Budgeting, getting out of debt, bankruptcy & more



DOWNLOAD THE GUIDANCENOW APP OR VISIT WWW.GUIDANCERESOURCES.COM TO CONNECT DIRECTLY WITH A GUIDANCECONSULTANT ABOUT YOUR ISSUES OR TO CONSULT ARTICLES, PODCASTS, VIDEOS, AND OTHER HELPFUL TOOLS. CALL (877) 327.4452 OR TTY (800) 697.0353 FOR MORE INFORMATION.

VISION INSURANCE: VSP



PLAN A / 005	NETWORK	OUT OF NETWORK	LIMITATIONS
VISION EXAM	\$10 Copay	Reimbursed up to \$50	Every 24 Months
FRAMES / LENSES / NECESSARY CONTACT LENSES	\$15 Copay \$130 Frame Allowance	Reimbursed up to: Frames \$70 Single Vision Lenses \$50 Bi-Focal Lenses \$75 Tri-Focal Lenses \$100 Lenticular Lenses \$125 Contact Lenses \$210	Every 24 Months
ELECTIVE CONTACT LENSES	Covered up to \$130 after a maximum copay of \$60 exam copay	Reimbursed up to \$105	Every 24 Months

PLAN B / 006	NETWORK	OUT OF NETWORK	LIMITATIONS
VISION EXAM	\$10 Copay	Reimbursed up to \$50	Every 12 Months
FRAMES / LENSES / NECESSARY CONTACT LENSES	\$25 Copay	Reimbursed up to: Frames \$70 Single Vision Lenses \$50 Bi-Focal Lenses \$75 Tri-Focal Lenses \$100 Lenticular Lenses \$125 Contact Lenses \$210	Frames Covered Every 24 Months Lenses Covered Every 12 Months
ELECTIVE CONTACT LENSES	Covered up to \$130 after a maximum copay of \$60 exam copay	Reimbursed up to \$105	Every 12 Months

PLAN A EMPLOYEE PREMIUMS	EMPLOYEE	EMPLOYEE + 1	FAMILY
PER PAY (2x/MONTH)	\$3.96	\$7.94	\$12.03

PLAN B EMPLOYEE PREMIUMS	EMPLOYEE	EMPLOYEE + 1	FAMILY
PER PAY (2x/MONTH)	\$5.45	\$10.92	\$16.58

 ADDITIONAL SAVINGS ON FRAMES AND LENSES MAY BE AVAILABLE. LOG ONTO YOUR ACCOUNT TO REVIEW CURRENT PROMOTIONS.

 PREFER TO SHOP ONLINE? GET CONTACTS, GLASSES, AND SUNGLASSES USING YOUR VISION BENEFITS ON WWW.EYECONIC.COM – THE VSP PREFERRED ONLINE RETAILER.

DENTAL INSURANCE: Superior Dental



CHOICE POINT NETWORK	PLAN A (D2584/1250)	PLAN B (D2585/1251)
BASIC & MAJOR DEDUCTIBLE	\$50/Single \$150/Family	\$50/Single \$150/Family
ANNUAL MAXIMUM BENEFIT	\$1,000 per Person	\$1,500 per Person
PREVENTATIVE SERVICES Exams, cleanings, x-rays, fluoride treatment for children, ER treatment, sealants for children, space maintainers	Covered in Full	Covered in Full
BASIC SERVICES Filings, simple extractions, root canal therapy, oral surgery, repairs and recommendation, periodontal treatment	30% after Deductible	30% after Deductible
MAJOR SERVICES	Not Covered	50% after Deductible
ORTHODONTIC SERVICES	Not Covered	50% up to \$1,000

PLAN A EMPLOYEE PREMIUM	EMPLOYEE	EMPLOYEE & CHILD(REN)	EMPLOYEE & SPOUSE	FAMILY
PER PAY (2x/MONTH)	\$11.02	\$22.84	\$20.43	\$37.69

PLAN B EMPLOYEE PREMIUM	EMPLOYEE	EMPLOYEE & CHILD(REN)	EMPLOYEE & SPOUSE	FAMILY
PER PAY (2x/MONTH)	\$17.12	\$35.80	\$32.39	\$59.34



DOWNLOAD THE SDC MOBILE APP TO VIEW YOUR PLAN DETAILS AND ENROLLED MEMBERS, VIEW YOUR MEMBERSHIP CARD, REVIEW CLAIMS, AND FIND A DENTIST IN YOUR AREA.

LIFE INSURANCE: Mutual of Omaha



County-Paid Coverage

Miami County provides a **FREE** \$20,000 Life and Accidental Death and Dismemberment (“AD&D”) policy for all eligible employees. The county-paid amount is subject to a reduction of 35% at age 75 and 70% at age 80.

Voluntary Child Life

Miami County employees can also purchase a child policy in increments of \$2,500 up to \$10,000. The Guarantee Issue amount is up to \$10,000.*

EMPLOYEE PREMIUM	\$2,500	\$5,000	\$7,500	\$10,000
PER PAY (2X/MONTH)	\$0.21	\$0.42	\$0.63	\$0.84

Voluntary Employee & Spouse Coverage

Miami County employees can purchase additional life and AD&D insurance for themselves and their spouses, in addition to their County-paid policy. You may elect AD&D coverage for your spouse if you have also elected additional coverage for yourself. The amount you elect for your spouse cannot exceed the amount you elected. AD&D coverage, regardless of age, is \$0.01 per month per \$1,000 of coverage elected.

EMPLOYEE INCREMENTAL AMOUNT	\$10,000
EMPLOYEE GUARANTEE ISSUE *	10 time your annual earnings or \$100,000, whichever is less.
EMPLOYEE MAXIMUM AMOUNT	\$230,000
SPOUSE INCREMENTAL AMOUNT	\$5,000
SPOUSE GUARANTEE ISSUE *	Up to \$25,000
SPOUSE MAXIMUM AMOUNT	\$200,000 (Cannot exceed 100% of employee benefit)
REDUCTION SCHEDULE	Age 65 – 35% * Age 70 – 60% * Age 75 – 75% * Age 80 – 85%

*Guarantee Issue (GI) is available only to new hires. Amounts elected over the GI amount listed will require an Evidence of Insurability form to be completed and sent to Underwriting for review. Deductions begin only after approval has been received.

EMPLOYEE & SPOUSE LIFE INSURANCE PREMIUMS							
PER PAY (2X/MONTH)							
Age	Per \$1,000 of Coverage	Age	Per \$1,000 of Coverage	Age	Per \$1,000 of Coverage	Age	Per \$1,000 of Coverage
<29	\$0.04	40 – 44	\$0.11	55 – 59	\$0.41	70 – 74	\$1.46
30 – 34	\$0.05	45 – 49	\$0.17	60 – 64	\$0.55	75 – 79	\$3.08
35 – 39	\$0.07	50 – 54	\$0.26	65 – 69	\$0.92	80+	\$6.84

FITNESS CENTER: Miami County YMCA



Miami County is contributing 20% of the YMCA membership fees for employees and their dependents. The YMCA also contributes an additional 10% for a total savings of **30%**. Youth, household, family, and senior memberships are available. For membership questions, please contact Terry Williams at 937.440.9622.

Piqua Branch 223 West High Street, Piqua, OH 45356 Phone: 937.773.9622

Robinson Branch 3060 South County Road 25A, Troy, OH 45373 Phone: 937.440.9622

The Miami County YMCA offers the following benefits:

- Unlimited access to Piqua Branch and Robinson Branch
- Free child watch
- Free family fun nights
- Free open swim for adults and families
- Free open gym time
- Free program guides delivered to your home
- Members class and program rates
- Priority registration for all programs
- A.W.A.Y. privileges (Always Welcome at YMCA's)

Visit www.miamicountyymca.net for current program offerings and more.

The rates for 2022 are:

MEMBERSHIP TYPE	ENROLLMENT FEE	PAID IN FULL	MONTHLY FEE*
Youth	\$16.05	\$121.24	\$10.86
Adult	\$53.50	\$298.85	\$25.14
Single Parent Family	\$80.25	\$404.46	\$33.77
Couple / Household	\$80.25	\$404.46	\$33.77
Family / Household	\$80.25	\$492.84	\$40.98
Health Center Membership Single Adult	NO ADDITIONAL ENROLLMENT FEE	\$386.27	\$32.19
Health Center Membership Couple/Household		\$497.55	\$41.46

*Monthly fees are applicable to Bank Draft only.

SUPPLEMENTAL INSURANCE: Aflac



Miami County offers four supplemental insurance plans through a partnership with Aflac, as listed below. All Aflac plan details and rates are explained in detail with individual brochures in UKG.

Accident

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Benefits are paid directly to you, unless otherwise assigned. Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).

Critical Illness

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan. It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke. More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Hospital Indemnity

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help. It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance. The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Successor Insured Benefit

Short Term Disability

All too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect.

What most of us don't realize is that in addition to accidental injuries, conditions such as arthritis, heart disease, diabetes, and even pregnancy are some of the leading causes of disability that can keep you out of work and affect your income.

That's where Aflac group disability insurance can help. Our Aflac group disability plan can help protect your income by offering disability benefits to help you make ends meet when you are out of work. Our plan was created with you in mind and includes off-job only coverage and benefits that help you maintain your standard of living.

The Aflac group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work, up to 60 percent of your salary.
- Minimum and Maximum Total Monthly Benefit – \$300 to \$6,000.
- Premium payments are waived after 90 days of total disability.
- Partial Disability Benefit.

Features:

- Benefits are paid directly to you unless you choose otherwise.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.
- Fast claims payment. Most claims are processed in about four days

A Note from Aflac Regarding Coverage

Aflac encourages you to consider the following about your insurance coverage. Aflac always strives to put our customers' best interests first and therefore, as part of each open enrollment, we encourage you to conduct an annual audit of your insurance policies. Important things to consider are:

- Understanding the benefits of all your policies and ensuring you aren't unnecessarily enrolling in duplicate coverage
- Ensuring your dependent and beneficiary information is up to date
- Verifying your contact information is accurate

If you currently have Aflac individual coverage and your new Aflac group coverage will replace the individual policy, please note that there may be differences in the products.

Some differences that you will want to consider are:

1. Aflac group coverage will only pay claims for covered illnesses or injuries that occur on or after the coverage effective date;
2. Aflac individual coverage will only pay claims for covered illnesses or injuries that occur prior to the termination date;
3. Aflac group benefits are likely different from Aflac individual benefits;
4. Any accrued benefits from an Aflac individual policy will not transfer to Aflac group coverage.

If you are currently covered under an Aflac individual insurance policy and decide to keep it along with this group coverage, please carefully consider all your existing individual and group health insurance coverage and make sure this additional coverage is appropriate for your insurance needs.

For assistance or information, call us at 800.433.3036.

ANNUAL NOTICES

FOR MORE INFORMATION ABOUT THESE NOTICES, PLEASE CONTACT HUMAN RESOURCES AT 937-440-5996.

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For an individual receiving mastectomy-related benefits, coverage will be provided in a manner determined by consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce an asymmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurances described on pages xx and xx apply.

Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Special Enrollment

If you are declining enrollment for you or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll you or your dependents in the plan, provided that your request enrollment within 30 days after your other coverage ends (COBRA or state continuation coverage ends, divorce, legal separation, death, termination of employment or reduction in hours worked; or because the employer contributions cease).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll you and your dependents, provided you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the DOL at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). To see if any other states have added a premium assistance program since 07/31/21, or for more information on special enrollment rights, contact either:

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

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

BENEFIT CONTACTS

This page will be updated as more information becomes available.

Aflac	Supplemental Insurance Susan Svarda	(937) 730.0067
CEBCO	Medical & Rx Insurance	(855) 603.7982 Medical (833) 930.1772 Rx
CCAO	Deferred Compensation Plan Number: 340001-01	(614) 296.3619 www.ccao457.com
ComPsych	Employee Assistance Program Company ID: EAPCEB	(877) 327.4452 www.guidanceresources.com
LiveHealth Online	Telemedicine	www.livehealthonline.com
Marsh McLennan	Insurance Broker / Customer Service Missy Graham	(937) 285.8251
Mutual of Omaha	Life & AD&D Coverage Group: G000B4LZ	(800) 646.8882 www.mutualofomaha.com
Navia Benefit Solutions	Flexible Spending Account <i>Health Care & Day Care Accounts</i>	(800) 669.3539 www.naviabenefits.com
Ohio Deferred Compensation	Deferred Compensation	(877) 644.6457 www.ohio457.org
Park National Bank	Health Savings Account (HSA)	(937) 773.0752 www.parknationalbank.com
Superior Dental Care	Dental Insurance Plan A: D2584 / Plan B: D2585	(937) 438.0283 www.superiordental.com
Vision Service Plan (VSP)	Vision Insurance Group: 12024404	(800) 877.7195 www.vsp.com
Miami County YMCA	Gym Membership, Terry Williams	(937) 440.9622