

Lake County Open Enrollment

Welcome to Lake County's annual open enrollment period! After a careful review process, the County has finalized its benefits and contribution structure for 2014. The County is pleased to announce that there are no carrier or benefit changes for this coming year. However, the County has decided to enhance the current benefit package with the addition of an employee assistance program (EAP) and enhanced worksite offerings.

Please take time to review your benefit options during open enrollment so that you can select the coverage that best meets your financial needs.

Effective January 1, 2014 — Overview of Benefit Offerings:

- **Anthem** will continue as the medical carrier with 2 plan options:
 - * Option 1—EPO Plan 100% in network coverage with \$0 deductible
 - * Option 2—PPO Plan 80/60% with \$500/\$1,000 deductible
- **Caremark** will continue as the pharmacy provider for your retail and mail order prescription drug coverage.
- **EyeMed** will continue as the vision carrier for the basic and voluntary vision benefits
- **Sun Life** will continue as the provider for Basic Life/AD&D, Supplemental Life/AD&D, Dental and Voluntary LTD coverage
- **NEW EASE@Work** will be the provider for the new Employee Assistance Program (EAP) where employees and family members will receive unlimited 24 hour access to counseling and additional resources to improve employee's work/life balance.

During open enrollment, you can enroll in our medical, dental, voluntary vision, supplemental life and voluntary LTD coverage.

This is a passive enrollment. If you do not wish to make any changes to your benefits, then you will not need to complete the election form and your benefits will continue as is.

Open enrollment will be held October 28th through November 8th.

After November 8th, you must wait until the next open enrollment period or experience a qualifying event in order to:

- Waive any benefit plans
- Change or drop the coverage of your current plan
- Enroll for coverage, if you did not sign up within the first 30 days of becoming eligible



OPEN ENROLLMENT

October 28th through
November 8th

QUESTIONS?
PLEASE CONTACT YOUR
DEPARTMENT HEAD
OR
NORMA HUTCHISON AT
(440) 350-2364

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Medical and Rx Plan Options

Lake County provides two different plan options, EPO and PPO, through Anthem to meet your needs. The EPO provides network only coverage while the PPO provides two levels of coverage (network and non-network). If the provider is in network, there is a higher level of coverage and lower costs to you. If the provider is non-network, there is a lower level of coverage which results in higher out of pocket costs to you. You choose the plan that best fits your needs based on your utilization of services and contribution through payroll deduction. To find out if a provider is in network, go to www.anthem.com and select "Find a Doctor".

Plan Options	Option 1 - EPO		Option 2 - PPO	
	Network	Non-Network	Network	Non-Network
Deductible				
Single	\$0	N/A	\$500	\$1,000
Family	\$0	N/A	\$1,000	\$2,000
Coinsurance (after Ded)	100%	N/A	80%	60%
Coinsurance Lake Hospital ONLY	100%	N/A	\$150 copay – deductible does not apply	
Out-of-Pocket (Includes Ded)				
Single	\$0	N/A	\$2,500	\$5,000
Family	\$0	N/A	\$5,000	\$10,000
Office Visit – PCP/Specialist	\$20/\$30	N/A	\$20/\$40	60% after ded
Office Visit – Preventive Routine Services ONLY	100%	N/A	100%	60% after ded
Urgent Care Copay	\$20	N/A	\$50	60% after ded
ER Copay – waived if admitted	\$50	N/A	\$100	\$100
Outpatient Surgery, Diagnostic & Therapeutic Services	100%	N/A	80% after ded	60% after ded
Caremark Prescription Drug	Retail (31 days)	Mail/CVS (90 days)	Retail (31 days)	Mail/CVS (90 days)
Generic	\$10	\$20	\$8	\$16
Preferred Brand	\$20	\$40	\$25	\$50
Non-Preferred Brand	\$35	\$70	\$45	\$90
Specialty	10% coinsurance to a max of \$1,500 annually		10% coinsurance to a max of \$1,500 annually	

Important Notes:

- Mandatory mail order on all maintenance medications
- Generic medications for hypertension, diabetes, cholesterol and asthma can be filled at \$0 copay
- 90 day supply of medication can be filled at any CVS Pharmacy



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Dental and Vision Plan Options

GROUP DENTAL

Your dental coverage is through Sun Life and the name of the dental network is Dentemax. Network dentists agree to accept Sun Life's usual and customary amounts as payment in full for covered services. Non-network dentists may balance bill you for any difference in cost between Sun Life's allowed amount and the dentist's fee. Please utilize network dentists to avoid balance billing. Frequency limitations apply to certain services. Please refer to your Sun Life certificate booklet for details.

Dental Benefit Provision	NAP		PPO	
	Network	Non-Network	Network	Non-Network
Calendar Year Deductible (Single/ Family)	\$0	\$100/\$300	\$50/\$150	
Deductible waived for Type I Services	N/A	No	Yes	
Type I – Preventive ➤ Oral Exams, Cleanings, Bite-Wing X-rays, Fluoride Treatment, Sealants, Space Maintainers	100%	50%	100%	100% of U&C
Type II – Basic ➤ Fillings, Simple Extractions, Periodontics (non-surgical), Endodontics (root canal therapy)	100%	20%	80%	80% of U&C
Type III – Major ➤ Crowns, Fixed Bridges, Dentures, Oral Surgery, Periodontics (Surgical)	60%	20%	60%	60% of U&C
Type IV – Orthodontic Procedures ➤ Children under 19 ➤ Lifetime Benefit - \$800	40%	40%	60%	60% of U&C
Calendar Year Maximum (Per Person)	\$1,000	\$500	\$1,200	

BASIC AND VOLUNTARY VISION

Your vision coverage is provided through EyeMed. Lake County pays for your basic vision coverage when you elect medical coverage. Vision exams are allowed once every 12 months at \$0 copay in network and up to \$50 reimbursement out of network. The basic vision also provides for discounts for lenses, frames, contacts, sunglasses and laser vision correction.

Your voluntary vision benefit that provides coverage for vision materials is outlined below. To find an EyeMed provider, go to <http://portal.eyemedvisioncare.com>. The EyeMed network is called "Access". The Access network includes retail providers such as LensCrafters, Pearle Vision, Sears Optical, Target Optical and JC Penney.

Vision Services	Network	Non-Network
Standard Plastic Lenses (once every 12 months) ➤ Single Vision ➤ Bifocal ➤ Trifocal ➤ Standard Progressive Lens ➤ Premium Progressive Lens	\$25 copay \$25 copay \$25 copay \$90 \$90, 80% of charge less \$120 allowance	\$35 \$40 \$55
Frames (once every 24 months)	\$0 copay; \$120 allowance, 20% off balance over \$120	\$60
Contact Lenses (once every 12 months) Conventional Disposable Medically Necessary	\$105 allowance, then 15% off excess \$105 allowance \$0 copay, paid-in-full	\$84 \$84 \$200

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Life, LTD, Worksite and EAP Plans

BASIC LIFE/AD&D

Your Basic Life/AD&D coverage is provided through Sun Life at no cost to you, the employee. The premium is paid entirely by Lake County. All benefit eligible employees receive \$20,000 of coverage.

SUPPLEMENTAL LIFE/AD&D

This coverage can be purchased at any time during the year at full cost to the employee. You will be required to provide proof of good health by completing an evidence of insurability (EOI) form for any amount of supplemental coverage. You can purchase supplemental life insurance in increments of \$10,000 up to 5x your basic annual earnings.

DESIGNATION OF BENEFICIARY

It is your responsibility to notify your plan administrator with any changes in beneficiary designations. You may designate different beneficiaries for your Basic Life/AD&D and Supplemental Life/AD&D coverage.

VOLUNTARY LONG TERM DISABILITY (LTD)

You have the option to purchase LTD coverage through Sun Life. LTD coverage provides for a monthly benefit replacement of 60% of your total monthly earnings if you become disabled. The maximum monthly benefit payable is \$5,000. The minimum monthly benefit is \$100 or 15% of the gross monthly benefit, whichever is greater. There is a 180 day elimination period in which you must be disabled before benefits will begin paying.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

NEW Benefit that provides the following:

- 24 hour counseling for employees and family members for a wide variety of life crisis issues that include marital and relationship issues, domestic violence, grief counseling, etc
- 6 in person counseling/assessment sessions for each employee and family member
- Wellness coaching—one on one nutritional consultations by a certified nutrition coach up to 3 one hour sessions
- One on one smoking cessation counseling up to 3 one hour sessions
- Legal consultation with an attorney: one 30 minute phone consult and one 30 minute in person consult per year
- Financial consultation: unlimited access to financial coach
- Elder care resource and referral included unlimited phone consultations with an elder care specialist, customized provider recruitment and thorough follow up
- Assistance and advocacy for special needs children and adults
- Retirement coaching for employees preparing for retirement (3 sessions per year)
- One on one fitness consultations with a certified fitness instruction, up to 3 one hour sessions
- Interactive website with access to extensive databases and providers

COMING SOON! - ENHANCED OPTIONAL INSURANCE THROUGH TRUSTMARK

You have the optional to purchase optional insurance policies through Trustmark Insurance. The Trustmark optional insurance policies are 100% employee paid. Trustmark has recently enhanced their benefits coverage and premium rates. Whether you currently have a Trustmark policy or would like to consider purchasing a new policy, you will have the opportunity to sign up in late November/December to learn more about the Trustmark optional products offered to Lake County employees.

Contact Information

Medical - Anthem Group Number 004000090	
CUSTOMER SERVICE: contact for claims & benefit questions	1-855-239-9248
Claims Address	Anthem Blue Cross Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187
Website – get detailed claims information, order ID cards	www.anthem.com
Prescription – Caremark Group Number LCB0C	
CUSTOMER SERVICE	1-800-776-1355
SPECIALTY CUSTOMER SERVICE	1-800-237-2767
Claims Address	CVS Caremark P.O. Box 52196 Phoenix, AZ 85072-2196
Website	www.caremark.com
Specialty Website	www.cvscaremarkspecialtyrx.com
Basic & Buy-Up Vision – EyeMed Group Number 9696063	
CUSTOMER SERVICE	1-866-723-0513
Claims Address for Out of Network Claims	EyeMed Vision Care Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111
Website	http://portal.eyemedvisioncare.com
Basic Life/AD&D, Supplemental Life/AD&D and Voluntary LTD – Sun Life Group Number 215188	
CUSTOMER SERVICE	1-800-451-2513
Claims Address	Sun Life Financial Employee Benefits Group P.O. Box 81633 Wellesley Hills, MA 02481
Website	www.sunlife.com/us
Employee Assistance Program (EAP) – EASE@Work	
CUSTOMER SERVICE	1-800-521-3273 or 216-241-3273
Website	www.easeatwork.com/EASEy Username: Lake County Password: EASE

2014 Medical/Rx & Dental Contributions

<u>Description</u>	<u>Monthly Employer</u>	<u>EPO Monthly Employee</u>	<u>Wellness EPO Monthly Employee</u>	<u>PPO Monthly Employee</u>	<u>Wellness PPO Monthly Employee</u>
Sunlife (Single) Dental/No Hosp/Rx	\$24.58	\$15.42	\$14.50	\$15.42	\$14.50
Sunlife (Emp/Child)/ Dental/No Hosp/Rx	\$46.72	\$29.32	\$27.56	\$29.32	\$27.56
Sunlife (Emp/Spouse)/ Dental/No Hosp/Rx	\$51.62	\$32.40	\$30.46	\$32.40	\$30.46
Sunlife (Family 3) Dental/No Hosp/Rx	\$73.74	\$46.28	\$43.50	\$46.28	\$43.50
Anthem/Rx (Single)/No Dental	\$531.26	\$59.04	\$55.50	\$3.08	\$0.00
Anthem/Rx (Single)/Single-Dental	\$555.84	\$74.46	\$70.00	\$18.50	\$14.50
Anthem/Rx (Single)/Emp/Child-Dental	\$577.98	\$88.36	\$83.06	\$32.40	\$27.56
Anthem/Rx (Single)/Emp/Spouse-Dental	\$582.88	\$91.44	\$85.96	\$35.48	\$30.46
Anthem/Rx (Single)/Family 3-Dental	\$605.00	\$105.32	\$99.00	\$49.36	\$43.50
Anthem/Rx (Emp/Child)/No Dental	\$1,009.40	\$112.16	\$105.44	\$6.16	\$0.00
Anthem/Rx (Emp/Child)/Single-Dental	\$1,033.98	\$127.58	\$119.94	\$21.58	\$14.50
Anthem/Rx (Emp/Child)/Emp/Child-Dental	\$1,056.12	\$141.48	\$133.00	\$35.48	\$27.56
Anthem/Rx (Emp/Child)/Emp/Spouse-Dental	\$1,061.02	\$144.56	\$135.90	\$38.56	\$30.46
Anthem/Rx (Emp/Child)/Family 3-Dental	\$1,083.14	\$158.44	\$148.94	\$52.44	\$43.50
Anthem/Rx (Emp/Spouse)/No Dental	\$1,115.66	\$123.96	\$116.52	\$6.46	\$0.00
Anthem/Rx (Emp/Spouse)/Single-Dental	\$1,140.24	\$139.38	\$131.02	\$21.88	\$14.50
Anthem/Rx (Emp/Spouse)/Emp/Child-Dental	\$1,162.38	\$153.28	\$144.08	\$35.78	\$27.56
Anthem/Rx (Emp/Spouse)/Emp/Spouse-Dental	\$1,167.28	\$156.36	\$146.98	\$38.86	\$30.46
Anthem/Rx (Emp/Spouse)/Family 3-Dental	\$1,189.40	\$170.24	\$160.02	\$52.74	\$43.50
Anthem/Rx (Family 3)/No Dental	\$1,593.76	\$177.08	\$166.46	\$9.26	\$0.00
Anthem/Rx (Family 3)/Single-Dental	\$1,618.34	\$192.50	\$180.96	\$24.68	\$14.50
Anthem/Rx (Family 3)/Emp/Child-Dental	\$1,640.48	\$206.40	\$194.02	\$38.58	\$27.56
Anthem/Rx (Family 3)/Emp/Spouse-Dental	\$1,645.38	\$209.48	\$196.92	\$41.66	\$30.46
Anthem/Rx (Family 3)/Family 3-Dental	\$1,667.50	\$223.36	\$209.96	\$55.54	\$43.50
Adult Dependent Age 26-28 (ALL)		\$285.36		\$238.30	

2014 Benefit Elections

☐ Name Change ☐ Address Change

Coverage effective January 1, 2014

Employee Information

Date of Hire _____

Department _____ Employee # _____

First Name _____ Last Name _____ Date of Birth _____

Social Security # _____ Martial Status ☐ Single ☐ Married

Full Address _____

Dependent Information

(A) Add (T) Term (C) Change

Effective Date:

	<u>Dependents Full Name</u>	<u>SSN</u>	<u>Date of Birth</u>	<u>M/F</u>
Spouse				
1.				
2.				
3.				
4.				
5.				

Medical/Rx Plan Election

Bi-weekly payroll deduction

<u>Anthem</u>	<u>EPO</u>	<u>PPO</u>
Single	<input type="checkbox"/>	<input type="checkbox"/>
EE + Spouse	<input type="checkbox"/>	<input type="checkbox"/>
EE + Child	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Adult Dependent	<input type="checkbox"/>	<input type="checkbox"/>
Decline Medical	<input type="checkbox"/>	

*Elections for Voluntary Life and Voluntary LTD need to be made on Sun Life enrollment forms and require evidence of insurability (EOI) forms to be completed and approved for coverage to be effective. You can obtain enrollment and EOI forms from the Benefits Department.

Dental Plan Election

Bi-weekly payroll deduction

<u>Sun Life</u>	<u>NAP</u>	<u>PPO</u>
Single	<input type="checkbox"/>	<input type="checkbox"/>
EE + Spouse	<input type="checkbox"/>	<input type="checkbox"/>
EE + Child	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Decline Dental	<input type="checkbox"/>	

Vision Plan Election

Monthly payroll deduction

<u>EyeMed</u>	<u>Vision</u>
Single	\$3.52 <input type="checkbox"/>
EE + Spouse	\$6.53 <input type="checkbox"/>
EE + Child	\$6.53 <input type="checkbox"/>
Family	\$9.51 <input type="checkbox"/>
Decline Vision	<input type="checkbox"/>



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2014 Benefit Elections (Continued)

I understand that by signing this form, I make a binding election concerning my benefits for the next plan year. I also understand that I will not be able to change my election prior to next open enrollment period unless I have a qualified life event. In addition, I understand my duty to notify Human Resources within 30 days of any changes that affect the eligibility of any of my covered dependents; for example, marriage, divorce, or change in student status.

I understand that enrolling a dependent that is not eligible or failing to provide notice of ineligibility can result in retroactive termination of health plan coverage for me and my dependents. I also understand that coverage of an ineligible dependent will result in liability on my part for costs by the Plan while my dependent was ineligible.

I certify that all information provided in this enrollment form is correct to the best of my knowledge and authorize release of any information to the appropriate vendors as requested with respect to this enrollment. I understand that Lake County, at its sole discretion, may rescind my coverage at any time on the basis of any untrue, inaccurate or incomplete information provided on this form, or any misrepresentation, omission or concealment on this form, whether intentional or otherwise. I further understand if coverage is issued, it will be issued by Lake County, in full reliance and in consideration of the information, answers and statements contained herein.

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

Name: _____ Signature: _____ Date: _____



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Medicare Part D Notice

This notice has information about your current prescription drug coverage with Lake County Board of Commissioners and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Lake County Board of Commissioners has determined that the prescription drug coverage offered by Lake County Board of Commissioners group health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage, is on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your groups health plan for prescription drug coverage will not be affected. If you decide to join a Medicare drug plan and drop your groups health plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Medicare Part D Notice

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with Lake County Board of Commissioners group health plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen (19) months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact Norma Hutchison for further information at (440) 350-2364.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lake County Board of Commissioners changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare and You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for a Medicare prescription drug plan is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decided to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

- Date: 10/28/2013
- Name of Entity/Sender: Lake County Board of Commissioners
- Contact--Position/Office: Norma Hutchison
- Address: 105 Main Street, Painesville, OH 44077
- Phone Number: (440) 350-2364



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