

Catoosa County Board of Commissioners

2017-2018 BENEFITS OPEN ENROLLMENT REVIEW

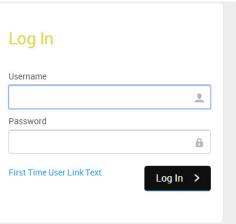
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- Service Center- Can answer questions on all benefits and assist with any enrollment changes or new enrollments
- ■Available Monday Friday 8:30 am 5:00 pm
- **8**00-994-7429 / 770-382-0951
- ■Benefits enrollment website- http://catoosaboc.bswift.com



NOTE: You are required to go online to enroll/decline in all Benefits unless you have no changes. You must add any Dependents you wish to cover to the system at this year's annual enrollment.

1)Login in to begin enrollment





Welcome to Catoosa Board of Commissioners Enrollment Portal!

For login assistance please follow the below instructions:

Username: Your first initial of your first name and your complete last name

Initial Password: Last 4 digits of your SSN

Username: Your first initial of y first name and complete last no and last 4 of your SSN.

EXAMPLE: WROSS1234

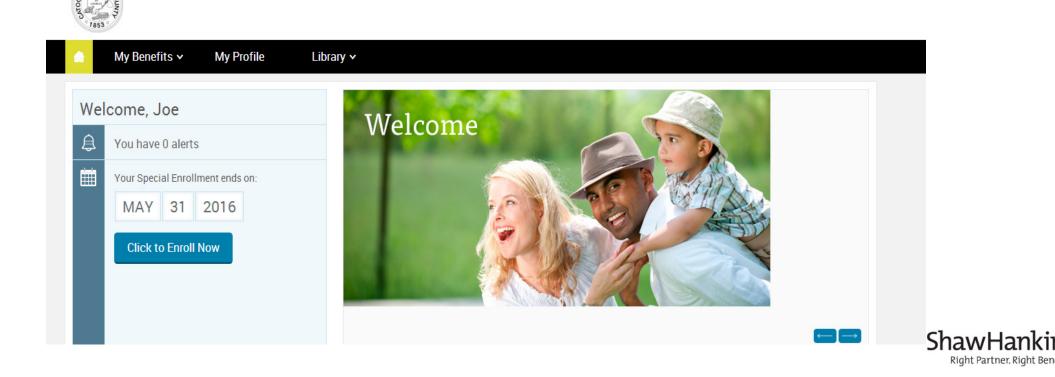
Password: Last 4 digits of your

You will then be prompted to c your password. Please make n your new password in the ever need to log back in and make c

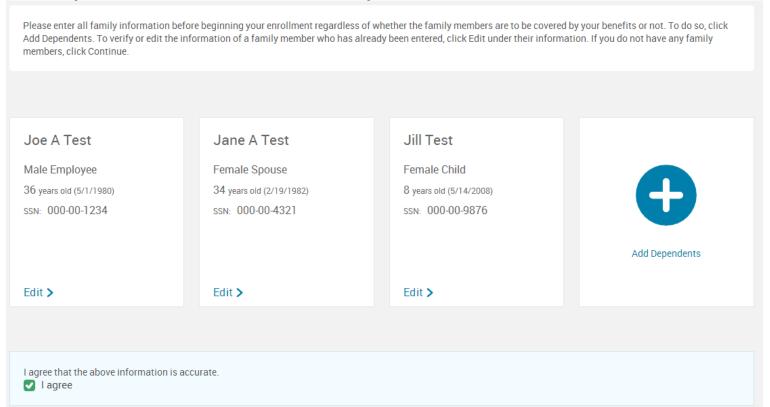


2) From the "Home Page" click on the "Clink to Enroll Now" link, to begin the election process.

X Preferences A Change Password J Log Out



3) On the "Personal & Family Page", verify your information is accurate and "Add" all eligible dependents you wish to cover under any benefits.





4) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to "Select" them by checking off next to their name under Select who to cover with this plan. Then press "Next" at the bottom of the screen.

Plan Selection No plan selected	
elect who to cover with this plan Joe A Test Employee Jane A Test Spouse Jill Test Child	its
2016 Medical Plan United HealthCare View plan details	Your Cost per pay period:
✓ Waive Medical	



5) Once you have reviewed and completed your enrollment, click on "I Agree and I am finished with my enrollment", then click on "Save My Enrollment".

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment



5) You will now be taken to the final confirmation page to either print or email.



2017-2018 Medical Renewal

Medical plan is with United Healthcare

- Same Plan / Same Network
- Plan Wellness Enhancement- Adding Real Appeal and Motion
- Plan Change- Virtual Visits slight increase from \$5 to \$10 per visit

Cost reduction suggestions:

- Limit ER usage unless true emergencies
- Utilize generic prescriptions or request "cash" payment
- Utilize "free" antibiotics at the grocery stores
- Utilize mail order for maintenance prescriptions
- Review benefit detail summary online



Product	Choice Plus	
Option	ARW2 Modified	
Benefits*	Network Single/Family	
Office Copay (PCP/SPC)	PCP \$30, SPC \$40	
Hospital Copays	OP \$0, IP n/a	
UC/ER/Major Diag Copay	UC \$75, ER \$150, Maj Diag n/a	
Deductible	\$500/\$1000 (EmbDed)	
Coinsurance	100%	
Out-of-Pocket	\$2000/\$4000	
Pharmacy	\$10/35/60; 2x for M.O.	
	·	
	Out of Network Single/Family	
Deductible	\$1000/\$2000 (EmbDed)	
Coinsurance	70%	
Out of Pocket	\$4000/\$8000	



Wellness Benefits



irtual Visits

cess to a network of virtual ovider groups via your smartphone

pay for virtual visit as low as **0.00**

g into www.myuhc.com and oose a provider site where you can gister for a virtual visit

ysicians can diagnose a wide range non-emergency medical nditions.

tual Visits usually last 10-15 nutes and physician can write escription to your local pharmacy most cases.



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RALLY

An Innovative Consumer Engagement Platform

The Rally experience is a fun, interactive health and wellness enhancement to our **myuhc.com®** consumer portal. By harnessing the power of data, social connections

and rewards, consumers receive personal lifestyle plans that focus

on goals, competition, progress tracking and healthy living.

The Rally experience offers a personalized interactive experience:

- Challenges and Communities
- · Missions and rewards
- Lifestyle plans
- Intuitive Health Survey



REAL APPEAL



Lose weight and get help to keep it off with Real Appeal™

We all hear that losing weight is just a matter of eating less and moving more, right? It sounds easy, but if it were only that simple wouldn't we all be at our ideal weight? Losing extra pounds, no matter how many or few is a difficult task, especially when you try to do it alone.

That's why UnitedHealthcare is excited to introduce a new healthy weight management program through Real Appeal. Experts in weight management behavior change, Real Appeal uses the secrets to weight loss that may help people lose weight. They have proven experience in helping people develop simple weight loss plans that actually work.

How is Real Appeal different from other weight management programs?

Real Appeal uses a highly interactive weekly internet show. With videos and live online coaching to help you make small behavior changes week by week. These tools may help you lose weight and achieve your long team health goals. Using weight-loss research studies, Real Appeal has designed a program to support you through every stage of weight management. Whether you need to lose a lot of weight, are moderately overweight or simply need to lose those extra 10 pounds, this program may work for you.

What are your reasons o lose weight?

- > To feel better
- To look better To be more active
- > To improve your health

Whatever your reasons, Real Appeal may help you ose weight and keep it off, sel and look better and do hings you enjoy like-have he extra energy to play with our kids, wear clothes more comfortably, sleep better and hink better-all the good stuff.





The Real Appeal program includes:

Expert coaching

- One-on-one coaching with a weight-loss expert
- Weekly group coaching and live online discussion

Personalized support

- > Tools to help support your success based on your needs:
- · Nutrition guides, meal plans, recipes, shopping lists and tips for
- Vtdeo workouts and fitness gutdes

Engaging entertainment

- Educational videos featuring popular celebrities and experts:
- · Samantha Harris former Dancing with the Stars host
- · Dr. Ian Smith co-host of The Doctors and correspondent for Rachael Ray
- David Jack recognized sports performance and conditioning coach
- · Ellie Krieger host of the Food Network® show, Healthy Appetite with Ellie Krieger
- · And more

Tools and tracking

- Hands-on tools to help meet your needs
- Online support tools, including educational website and digital resources
- Online or mobile tracking tools to help you track your diet and exercise



Why Wait? Get Started today to lose weight and and keep it off. To learn more about Real Appeal visit realappeal.com.





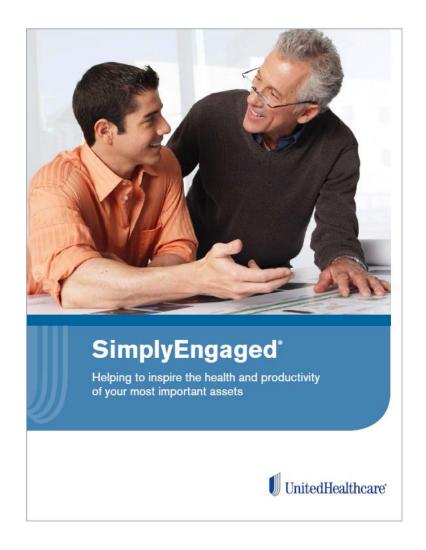
Real Appeal is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical addics. You should consult with an appropriate health care profusional to determine what may be right for you. Shewards may be fazzelies. You should consult with an appropriate has profusional to deriverse in your house any tax collegations from receiving conseath under the program.

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SIMPLY ENGAGED



Action	Incentive
Biometric Screening	\$75
Rally Health Survey	\$25
Fitness Reimbursement Program	\$20/mo
Rally Missions	\$50
Telephonic Wellness Coaching	\$75
Cost Estimator	\$25
Maximum – Per Employee / Covered Spouse	\$200



Ancillary Benefits



Dental

- •United Health will be the dental carrier for 2017-2018
 - Can only enroll during open enrollment or as a new hire
 - Late Entrant penalties apply



UnitedHealthcare Insurance Company (30100)® Contributory Options PPO 30 /covered dental services

Dental Plan Custom/P3803/U85

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50	\$0	\$0
Family Annual Deductible	\$150	\$150	\$0	\$0
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,000 per person per Calendar Year	\$1,000 per person per Calendar Year	\$1,000 per person per Lifetime	\$1,000 per person per Lifetime
New enrollee's waiting period	None			
Annual deductible applies to preventive and diagnostic services		No (In Network)	No (Out Network)	
Annual Deductible Applies to Orthodontic Services		No		
Orthodontic Eligibility Requirement		Child Only (Up to A	ge 19)	
ACTURED SERVICES A				

COVERED SERVICES *	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES	
DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Radiographs	100%	100%		
Lab and Other Diagnostic Tests	100%	100%		
PREVENTIVE SERVICES				
Prophylaxis (Cleaning)	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Fluoride Treatment (Preventive)	100%	100%		
Sealants	100%	100%		
Space Maintainers	100%	100%	1	
BASIC SERVICES				
Restorations (Amalgams or Composite)*	80%	80%	See Exclusions and Limitations section for benefit guidelines.	
Emergency Treatment/General Services	80%	80%		
Simple Extractions	80%	80%	1	
Oral Surgery (incl. surgical extractions)	80%	80%	1	
Periodontics	80%	80%	1	
Endodontics	80%	80%	1	
MAJOR SERVICES				
Inlays/Onlays/Crowns	60%	60%	See Exclusions and Limitations section for benefit guidelines.	
Dentures and Removable Prosthetics	60%	60%	1	
Fixed Partial Dentures (Bridges)	60%	60%	1	
ORTHODONTIC SERVICES				
Diagnose or correct misalignment of the teeth or bite	60%	60%		



Vision

- Vision is with United Healthcare
- For a vision card, you can print from online by visiting www.myuhcvision.com
 - Review benefit detail summary online

To locate vision providers, visit www.myuhcvision.com







Vision Benefit Summary

Customer Service and Provider Locator: (800) 638-3120 myuhcvision.com

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating¹ and the frame, or contact lenses in lieu of eyeglasses.

	Exam with Materials
Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months
In-Ne	twork Services
Copays	
Exam(s)	\$10.00
Materials	\$ 25.00
Frame Benefit (for frames that exceed the allowance, an additional 3	0% discount may be applied to the overage) ²
Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance
Lens Options	
Standard Scratch-resistant Coating, Polycarbonate Lenses for D Other optional lens upgrades may be offered at a discount (disc Contact Lens Benefit* (Selection contact lenses refers to our formula)	•
non-selection. A copy of the list can be found at myuhovision.com)	,,, ,
Selection contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
Non-selection contact lenses An allowance is applied toward the purchase of contact lenses outside the selection. Materials copay (if applicable) is waived.	\$125.00
Necessary contact lenses ⁴	Covered in full after copay (if applicable).
Out-of-Network Reimbu	rsements (Copays do not apply)
Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses ³	Up to \$125.00
Necessary Contacts in Lieu of Evenlasses ⁴	



Basic Life with AD&D

- Basic Life coverage is with United Healthcare
- Catoosa County provides basic life coverage of \$20,000 at no cost to you
- This includes a life and accidental death and dismemberment benefit

Life benefit is eligible for conversion



Voluntary Life

- Voluntary Life coverage is with United Healthcare
- Employee can purchase \$10,000 increments from \$20,000 to \$100,000
- •\$50,000 is Guarantee Issue for Employees- if you choose to elect more you must complete an Evidence of Insurability
- Spouse coverage can be purchased in \$10,000 increments to lesser of 50% or employee or \$50,0
- \$20,000 is Guarantee Issue for Spouses- if you choose to elect more you must complete an Evide of Insurability
- •Child coverage can be purchased (6 mo. +) 10% of employee amount not to exceed \$10,000
- Coverage is portable
- •Guaranteed issue for new hires only. Late entrants must complete the Evidence of Insurability as must be approved for coverage.



Voluntary Short Term Disability

No changes to the voluntary STD benefit through One America

•60% up to \$1,000 max weekly benefit

•30 day accident / 30 day sickness

 Late entrants must submit a Evidence of insurability and be approved before coverage is effective



Voluntary Long Term Disability

- No changes to the voluntary LTD benefit through One America
- Benefit begins after you are disabled for 180 days
- ■Pays 60% of your gross monthly earnings up to a maximum of \$5,000 a month
- Late entrants must submit a Evidence of insurability and be approved before coverage is effective



ongratulations on your new employment!

