



**Health * Prescription Drug * Dental * Life
Flexible Spending * Voluntary Benefits**

OPEN ENROLLMENT 2017

**January 3, 2017 – February 3, 2017
(Effective March 1, 2017)**

The Board of Lucas County Commissioners

Tina Skeldon Wozniak, President
Pete Gerken
Carol Contrada

Table of Contents

Introduction	3
Check List	4
What's New?	5
Health Plan Options for 2017	7
Prescription Drug and Dental Plan Options for 2017	8
What is the DUR Program?	9
Voluntary Benefit Offerings	11
On Line Enrollment Instructions	13
Summary of Benefits (SBC) Available Online	15
Helpful Contact Information	15
Complete your Health Risk Assessment Today	16
What Can a Health Coach Do for You?	17
Paramount Patient Centered Medical Home Partnership Agreement Sample ..	18
Open Enrollment Question & Answer Meeting Schedule	19
Privacy Notice	20



Board of County
Commissioners
Tina Skeldon Wozniak
President
Pete Gerken
Carol Contrada

Laura Lloyd-Jenkins,
Administrator

Dear Lucas County Employee:

Happy New Year to you and your family! The Board of County Commissioners and I sincerely thank you for your commitment to public service.

The Board of Lucas County Commissioners is pleased to offer a comprehensive benefits package to employees and their dependents in 2017. Lucas County continues to be one of less than 10% of Ohio counties to offer a range of health, dental and prescription plan options without contributions from employees. Through a partnership with the County's Health Cost Containment Committee, a dedicated group of labor and management employees who meet throughout the year, every effort is made to preserve the quality and costs of your benefits.

It is important for you to be aware of a change in the health care network options for 2017. Effective March 1, 2017, HealthSpan will withdraw from providing network services to Lucas County. As such, the county is now offering a new provider network, which is referenced on page 5 of the Open Enrollment Guide.

We are pleased to announce a new online benefits enrollment system! This system will be accessible from your home or work computer, smart phone, or through a certified benefits enrollment specialist that will be onsite at your work location during the open enrollment period. This new system will be effective January 3rd, and will streamline your enrollment process.

The Open Enrollment deadline is February 3, 2017. It is important that you review the information provided in the attached Guide, which will answer questions that you may have. Benefits Specialists are also available at [419-213-4211](tel:419-213-4211) to provide further assistance.

Thank you for your continued commitment to Lucas County and its citizens.

Sincerely,

A handwritten signature in blue ink that reads "Laura Lloyd-Jenkins".

Laura Lloyd-Jenkins
County Administrator





2017 Open Enrollment Checklist

OPEN ENROLLMENT is January 3, 2017 - February 3, 2017

- Read all Open Enrollment information contained in this booklet.
- This is a MANDATORY RE-ENROLLMENT YEAR. Every employee will need to re-enroll in benefits in order to continue receiving coverage.
- Review NEW Paramount Patient Centered Medical Home Program rules and list of providers.
- Review directions (page 13) regarding on-line benefits enrollment and/or schedule a meeting with a certified benefits enroller.
- If you are married, and want to cover your spouse as secondary, please make sure your spouse is enrolled in a qualified health plan that provides a minimum bronze level of coverage as designated by the Affordable Care Act. (Spouses who are both Lucas County employees, and who are both eligible for health coverage through their Lucas County employer, are exempt from this rule).
- Important Reminder: In order for Lucas County to pay any claims as secondary for your spouse, your spouse must utilize providers that participate in **both** networks.
- Review and make any necessary updates to your life insurance beneficiary designation during your open enrollment process on-line. There will no longer be paper life insurance beneficiary designation forms.
- If you have questions or need assistance after reviewing the information provided in this booklet, please call the Employee Benefits Department at 419-213-4211 and one of the benefit staff members will be happy to assist you. You are also welcome to attend any of the question & answer sessions scheduled for your convenience. The various insurance carriers will also be available at these meetings to answer questions about their plans. A calendar of dates and times for these sessions is located on page 19 of this booklet.

What's New?

Paramount Patient Centered Medical Home replaces HealthSpan

The Board of Lucas County Commissioners was notified on March 1, 2016 that HealthSpan had sold its assets to an insurance company. The Board was able to obtain an agreement from HealthSpan to continue administering their network through our current plan year to prevent interruption of coverage for our members.

In order to continue to offer a 90/10 plan of benefits, the Board asked that the Employee Benefits Department conduct a request for proposal process in order to obtain the highest level of benefits at the most economically feasible cost possible. After thorough review of the proposals submitted and negotiation with the various employee bargaining units, it was decided that the Paramount Patient Centered Medical Home Model provided the best value. **The replacement of the HealthSpan option with the Paramount Patient Centered Medical Home plan means that the only way to retain your HealthSpan doctor is if he/she is also a contracted Paramount provider, or you move to the FrontPath plan.**

What is Paramount Patient Centered Medical Home Model?

The Patient Centered Medical Home Model encourages a strong patient/doctor relationship, reduces medical costs by helping you become healthier, and rewards employees for their participation in the program by providing a higher level of benefits.

What is required of the employee?

Any eligible employee can enroll in the Patient Centered Medical Home (PCMH) Program through Paramount during the 2017 open enrollment period. Employees enrolling in this program will be required to schedule a meeting with their participating Paramount PCMH physician in order to conduct an annual physical and create a partnership agreement with that physician to improve or maintain your health status. Employees will be responsible for taking a copy of the partnership agreement to their annual physical (attached on page 18 of this booklet), completing the partnership agreement with your physician, and then sending the completed agreement to Paramount Health Care. You must complete your annual physical no later than December 31, 2017 in order to remain eligible for this program for plan year 2017/18. However, we encourage you to schedule the meeting with your physician as soon as possible to obtain the full intended benefits of this program. If you do not meet with your participating physician to create a partnership agreement before the deadline, you will not be eligible to re-enroll in the 90/10 plan of benefits during the next open enrollment period and will be required to choose one of the other two health plans.

Spouses and dependents are welcome to create a partnership agreement with their PCP as well, but are not required to do so in order to remain eligible for benefits.

If you choose to enroll in the Paramount Patient Centered Medical Home Program, you must use the doctors and ancillary providers that participate in this program. There is NO coverage for out-of-network services unless rendered on an emergency basis. You may review the participating providers in this plan at www.paramounthealthcare.com/FindaProvider and choose Medical Home/Steps2Health as your product type.

On-Line Benefits Enrollment

It's finally here! Beginning with this year's open enrollment period, employees will no longer have to complete the long tedious paper enrollment forms that were required in the past. All employees will be utilizing our new on-line benefits enrollment system. It is accessible from your home computer, from your smart phone, or at work through a certified benefits enroller that will be provided to you at your worksite. The certified benefits enrollers will be available at designated times at all Lucas County worksites to provide any assistance necessary to help you complete the open enrollment requirements. The enrollers will also be available every Saturday in January from 10:00 a.m.–2:00 p.m. at Wildwood Metroparks – Farmhouse Location, 4830 W. Central Avenue, East Entrance. Please find the benefit enrollers complete schedule on-line at <http://co.lucas.oh.us/DocumentCenter/View/6915>. If you require assistance and are not available to meet with an enroller during the times designated at your department or the Saturday location, please call Strategic Enrollment Services at 419-930-5977 to schedule a meeting.

New Flexible Spending/Voluntary Benefit Administrator

We are excited to announce that Strategic Enrollment Services (SES) will be Lucas County's new plan administrator for the flexible and voluntary benefit plans. All employees who are currently enrolled in any flexible or voluntary plan (except those enrolled in Colonial Life Universal Policy) MUST enroll in a new plan offered during this year's open enrollment period in order to have coverage effective 3/1/2017. A summary of the new voluntary benefits and changes to the flexible spending benefits is included in this booklet. A more detailed description is available online at <http://co.lucas.oh.us/DocumentCenter/View/60588>.

For your convenience, certified benefit enrollers will be onsite at every county department to assist all employees with benefit questions and enrollment in not only the flexible spending and voluntary programs, but the health, dental, prescription drug and life coverage options all at the same time! Employees are also welcome to call SES at 419-930-5977. We recommend that you review these benefits prior to meeting with a benefit counselor.



Health Plan Options for 2017

Although one network provider has been changed, Lucas County will continue to offer the current level of health benefits with no payroll deduction for all eligible employees and eligible dependents. In addition to the new Paramount Patient Centered Medical Home Plan, the FrontPath and Paramount HMO plans will remain the same, as follows:

1. The Patient Centered Medical Home (PCMH) Plan through Paramount, with a 90/10 in-network level of benefits and an in-network annual out-of-pocket maximum of \$1,000 per individual or \$2,000 per family. There is NO coverage for out-of-network services unless rendered on an emergency basis. Employees must comply with PCMH plan requirements.
2. The HMO coverage through Paramount Health Care, with a 75/25 in-network level of benefits, and an in-network out-of-pocket maximum of \$1,500 per individual and \$3,000 per family. There is NO coverage for out-of-network services unless rendered on an emergency basis.
3. The Lucas County Plan through FrontPath, with a 70/30 in-network level of benefits and a 50/50 out-of-network level of benefits. The in-network annual out-of-pocket maximum will remain at \$2,000 per individual or \$4,000 per family. The out-of-network benefit has no out-of-pocket maximum.

Office visit co-payments, for services other than preventative care identified under PPACA rules, will remain the same for all three health plans: \$10 for primary care physician and \$15 for specialists. Emergency room co-payments will remain at \$100, unless admitted within 24 hours. Urgent care co-payments will remain at \$15 per visit.

It is highly recommended that you do not rely on any medical provider to inform you if they are in-network. Please verify with the network you are enrolled in prior to obtaining any medical service to determine if a medical provider participates.

This year is a mandatory re-enrollment year. You must re-enroll through the new on-line benefits enrollment system in order to be eligible for coverage for the 2017/18 plan year.

REQUIRED DOCUMENTATION

You will not be required to provide documentation previously submitted to the Employee Benefits Department. However, if you are adding or dropping a spouse or a dependent this open enrollment period, any required documentation may either be uploaded during your on-line enrollment, or by sending the documentation by fax, email, interoffice or regular mail to the Lucas County Employee Benefits Department.

REMINDER ABOUT SPOUSES: Spouses are not eligible to be covered by Lucas County medical plans as their first level—or primary—insurance. However, your spouse will be eligible for secondary coverage so long as he or she is enrolled in a qualified health plan that provides a minimum bronze level of coverage as determined by the Affordable Care Act. All remaining eligible expenses may be billed

to the Lucas County Health Benefits plan as secondary and will be paid up to the Lucas County level of benefits currently provided to your spouse.

- **IMPORTANT:** Make sure your spouse's primary network is compatible with your primary network. None of the employee group health care plans sponsored by Lucas County will pay for any non-emergency medical claims incurred by spouses who enroll in a plan then seek non-emergency medical care outside the network of the plan they are enrolled in as primary.

Dental Plan Options

The current dental plans will continue to be offered at the same level of benefits with no payroll deduction as follows:

Traditional Dental Plan (Administered by NFPBA)	Superior Dental Plan (Administered by Superior Dental)	Corner Dental Plan (Administered by NFPBA)
- No network	- Must utilize Superior providers	- Must utilize Corner Dental Providers
- \$25/\$75 Deductible	- \$25/\$75 Deductible	- \$25/\$75 Deductible
- \$1,000 Annual Maximum Benefit	- \$1,500 Annual Maximum Benefit	- \$1,000 Annual Maximum Benefit
	- \$1,000 Ortho Lifetime Max (up to age 19)	

For detailed information regarding coverage under each of these dental plans, please go to <http://co.lucas.oh.us/DocumentCenter/View/4870>

Prescription Drug Plan

The prescription drug plan will remain the same this year through Navitus Health Solutions.

REMINDER: There are two different coinsurance amounts based on whether or not you are participating in the Prescription Drug Use Review Program (DUR). Please see below for exact co-insurance amounts for each of these options:

NON-PARTICIPATING DUR MEMBERS:

1. The coinsurance payment for Tier I generic medication will continue to be 20% but with a minimum per script charge of \$5 (unless the total cost of the prescription is less than \$5) and a maximum of \$20.
2. The coinsurance payment for Tier II preferred brand name medication will be 20% with a minimum per script charge of \$40 (unless the total cost of the prescription is less than \$40) and a maximum of \$100.
3. The coinsurance payment for Tier III non-preferred brand name medications will continue to be 20% with no cap.
4. Consistent with the current benefit, use of a non-participating pharmacy will result in eligible expenses being reimbursed at a reduced level.

PARTICIPATING DUR MEMBERS - The following are the prescription benefits provided for those members that enroll in and remain compliant with the DUR Program:

1. Up to a 90-day supply of Tier I medications with a 20% co-pay up to \$8 per script.
2. Up to a 90-day supply of Tier II medications with a \$25 co-pay per script.
3. Up to a 30-day supply of Tier III medications with a 20% co-pay or \$40, whichever is greater.
4. Each enrollee who completes the program may receive up to \$50 worth of coupons toward their Tier II prescription drug co-payment at the participating pharmacy.
5. Enrollees who complete the program will have their annual out-of-pocket maximum for Tier II brand name medications limited to \$350/year and a \$500/year out-of-pocket maximum for Tier III medications.
6. For patients with diabetes, free test strips and lancets are provided for each month and your blood sugar readings are reviewed and recorded. Results may be forwarded to your physician at your request.
7. Patients currently using the mail order program may benefit from routine access to a pharmacist and other medical professionals. Note: While enrolled in the Drug Use Review Program, the mail order program is suspended.

What is the Prescription Drug Use Review Program?

The Prescription Drug Use Review Program provides for private and confidential sessions between the patient and a participating pharmacist. These sessions are designed to educate the participant on the proper usage of their medication. While the pharmacist cannot alter the physician's prescribing wishes, these sessions assist the physician in monitoring for negative interaction and unwanted side effects with other prescription medications, supplements and over the counter products, many of which previously required a prescription. This program is not only very popular with enrollees but has resulted in improved patient outcomes.

The DUR Program is free and completely confidential. Employees, spouses, and dependent children enrolled in the Lucas County employee prescription drug plan are eligible to participate. The program duration is twelve months from March 1st of each year. Enrollees who complete the program are welcome to re-enroll in order to continue to enjoy the incentives to participate.

No pharmacists can alter or override a prescription. Only your physician can change your medication. This process is not intended as a substitution for the professional judgment of the prescribing physician or any other health care professional providing services to you.

Some county elected officials have agreed to allow up to an hour of work release time for the initial Drug Use Review session. If you use work release time for the initial session, you must show documentation of attendance from the participating pharmacy. Please check with your elected official for their participation regarding work release time.

Questions about the program may be directed to the participating pharmacies listed, or the Employee Benefits staff at (419) 213-4211.

Participating DUR Pharmacies

The Pharmacy Counter
2655 W. Central Ave.
Toledo, OH 43606
419-473-1493-option #7

The Pharmacy Counter
1515 S. Byrne Road
Toledo, OH 43614
419-473-1493-option #7

The Pharmacy Counter
2701 Navarre Ave.
Oregon, OH 43616
419-473-1493-option #7

The Pharmacy Counter
2100 W. Central Ave.
Toledo, OH 43606
419-473-1493-option #7

Mercy St. Anne
3404 W. Sylvania Ave.
Toledo, OH 43623
419-251-4522

Mercy St. Charles
2600 Navarre Ave.
Toledo, OH 43616
419-251-4522

Ryan Pharmacy
3340 Dorr Street
Toledo, OH 43607
419-531-2836

Mercy St. Vincent
2213 Cherry St.
Toledo, OH 43608
419-251-4522

Mercy Healthcare Center
2200 Jefferson
Toledo, OH 43604
419-251-4522

Erie Drug
4502 Lewis Ave.
Toledo, OH 43612
419-476-4322

Kahler Pharmacy
1941 Airport Highway
Toledo, OH 43614
419-382-2911

Westgate Family Pharmacy
3147 W. Central Avenue
Toledo, OH 43606
419-531-0000

Monroe Pharmacy
4122 Monroe Street
Toledo, OH 43606
419-473-1531-Richard Grubb

Sylvania Pharmacy
7640 West Sylvania Ave., Suite C-1
Sylvania, OH 43560
419-473-1531-Richard Grubb

Maumee Discount Pharmacy
1398 Conant St. Suite 3
Maumee, OH 43537
419-887-0101

Holland Discount Pharmacy
909 S. McCord Road. Suite 1
Holland, OH 43528
419-865-7777

Anson Pharmacy
25684 Dixie Hwy.
Perrysburg, OH 43551
419-874-8878

The Pharmacy Counter
3144 W. Central Ave.
Toledo, OH 43606
419-473-1493, Option #7

Mercy Family Care Center
2213 Franklin Avenue
Toledo, OH 43620
419-251-4522

ProMedica Pharmacy Counter at ProMedica Health & Wellness Center
5700 Monroe Street, Suite 112
Sylvania, OH 43560
419-473-1493, Option #7



Helpful Tips to Reduce your Prescription Drug Costs:

1. Ask your physician for samples;
2. Inquire about lower cost generics when prescribed medications;
3. Enroll now in the Drug Use Review Program.

Lucas County's New Benefits Partner - Strategic Enrollment Services

Lucas County is proud to announce a new benefits partner in Strategic Enrollment Services (SES). SES has brought a new approach to our enrollment process as well as voluntary benefit options to our employees. Starting in January, 2017 you will see SES Benefit Counselors throughout Lucas County providing enrollment support to our employees. In addition, SES has provided us with a robust Benefit Administration platform that will change the way we enroll in **ALL** benefits, including medical and RX. With the new Benefit Administration system, we are requiring all Lucas County employees to enroll with a Benefit Counselor from SES or self-enroll on the new Selerix system. Paper enrollment forms will no longer be allowed. There will be a complete overhaul on voluntary products, so if you currently participate in any voluntary plans, it is highly recommended that you meet with a benefit counselor to ensure you understand the changes and products.

Voluntary Benefit Offering

Section 125 Cafeteria Plans

- ✓ Medical Reimbursement – Pre-tax dollars to pay medical, dental, vision and prescription expenses. Debit card for claim payment of eligible expenses. \$2,600 annual maximum and plan includes up to a \$500 annual carryover.
- ✓ Dependent Care – Pre-tax dollars to pay qualified dependent care expenses. Eligible expenses include daycare cost, before / after school programs for dependents under age 13 and pre-school fees. Debit card for claim payment.
- ✓ NEW – Parking Reimbursement – Pre-tax dollars to pay for qualified work-related transit and/or parking expenses. \$255 monthly maximum per plan.

Trustmark Disability

- ✓ **Guaranteed issue and waiver of pre-existing condition** clause for **all** benefit eligible employees at this enrollment only.
- ✓ Does not integrate – benefits paid regardless of any other form of income or PTO
- ✓ Level premiums – rates do not increase with age
- ✓ Portable – can take coverage with you up until age 72 as long as premiums are paid
- ✓ Benefits are paid according to your pay cycle (26 pays per year)
- ✓ Multiple options available to choose from on benefit amount, benefit duration and benefit elimination period.

Trustmark Accident

- ✓ On/off job coverage
- ✓ Guaranteed issue & portable
- ✓ \$100 Wellness benefit
- ✓ Plan includes benefits for dislocations, fractures, stitches, hospital / ICU stays

Trustmark Critical Life Events

- ✓ Lump sum benefits paid directly to insured for diagnosis of vascular disease, coronary artery disease and cancer
- ✓ Coverage amounts are guaranteed issue in the amounts of \$10,000, \$15,000, \$20,000 and \$30,000
- ✓ Pre-existing condition clause is **WAIVED** for all employees at this enrollment only
- ✓ Benefit amounts are reset each year – regardless if benefits have been used

Trustmark Universal Life

- ✓ Permanent life policy that is portable and builds cash value
- ✓ Long Term Care, restoration of benefits and EZ Value are optional riders
- ✓ Guaranteed issue for employees up to \$20 per week or \$200,000 face amount

Trustmark Universal Life Events

- ✓ Less expensive permanent life option to choose from
- ✓ Benefit amount decreases to 30% at age 70
- ✓ Same underwriting offer as Universal Life

Allstate Hospital

- ✓ Hi/lo plan offered to best meet your individual needs
- ✓ Guaranteed issue with waiver of pre-existing condition on all employees
- ✓ Pays lump sum benefit for hospital admission and overnight stay
- ✓ Maternity is covered with no waiting period

Allstate Cancer Plan

- ✓ Hi/lo plan offered
- ✓ \$50/\$75 wellness benefit

One America Voluntary Term Life

- ✓ Guaranteed issue for all employees at this enrollment only up to \$250,000 on employee
- ✓ Guaranteed issue for Spouse up to \$30,000 and \$10,000 on dependent children

One America Long Term Disability

- ✓ Guaranteed issue for all full-time employees up to 60% of your monthly income to a maximum of \$5,000
- ✓ 2-year benefit duration

Strategic Enrollment Services Inc. – 419-930-5977 – Lucascountyservice@strategicenroll.com



LUCAS COUNTY 2017 ONLINE BENEFIT ENROLLMENT

INSTRUCTIONS HOW TO ENROLL ONLINE

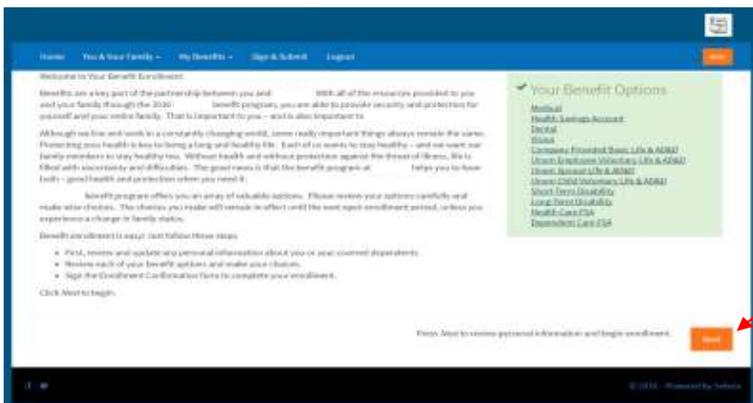
Your Lucas County medical, prescription drug, dental, life, flexible spending and voluntary benefits enrollment will now be completed on-line in one system. You will no longer receive any paper enrollment forms. During the month of January 2017, certified benefit counselors will be available to all Lucas County employees who wish to receive information on the new flex/voluntary programs and to provide assistance with the on-line benefit enrollment process. Employees who do not wish to meet with a benefits counselor, may follow the self-enrollment steps below to complete their enrollment documents. Access to the enrollment site will begin January 3rd, 2017.

Step 1 - Connect to the Website through your web browser at <https://trustmark.benselect.com/Enroll> You may use your desktop computer or any mobile device to complete your enrollment.

Step 2 - At the “Employee Login” screen, enter your **Employee ID** and your personal identification number (PIN). Your PIN is a combination of the last 4 digits of your Social Security Number and the 2-digit year of your birth. *For example, if the last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your Pin would be “321468”.* If you are having trouble logging on the system, contact the Employee Benefits Department at 419-213-4147.



Step 3 - When the Welcome Page appears on your screen that means you are in! Follow the onscreen instructions to enroll in your benefits, find answers to your questions, download forms and more. Click Next to move to the next page.



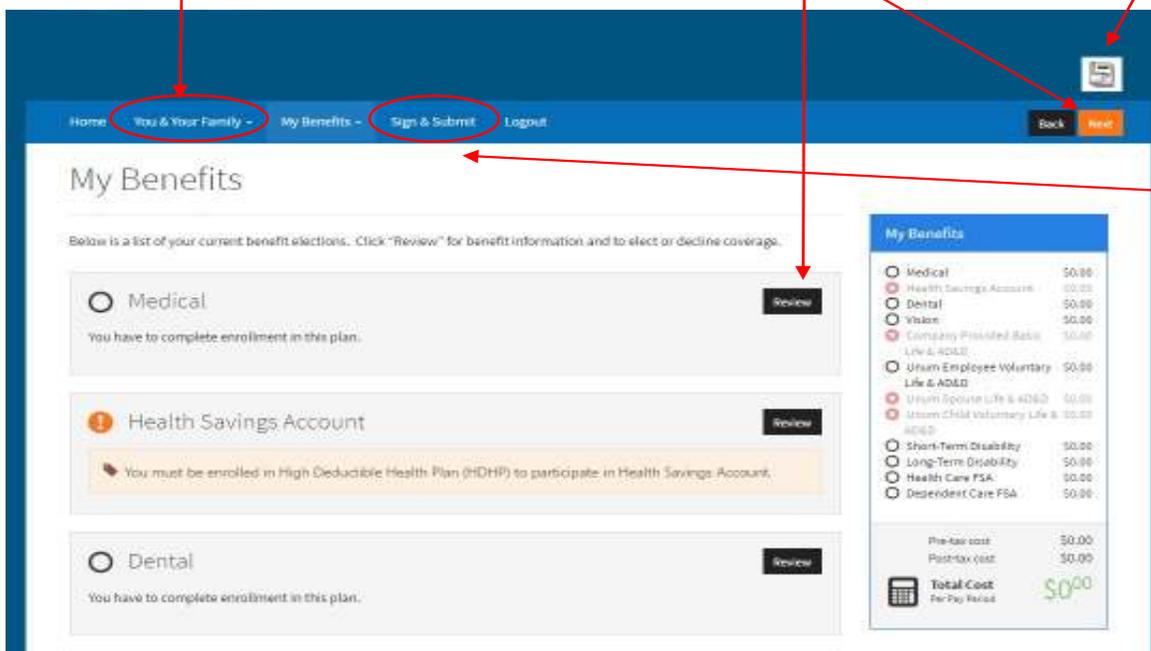
LUCAS COUNTY 2017 ONLINE BENEFIT ENROLLMENT

INSTRUCTIONS HOW TO ENROLL ONLINE

Click You and Your Family to verify and update personal information on yourself, your dependents or beneficiaries

You can move from plan to plan by clicking next or clicking review.

The forms icon will bring you to the forms library where all of your benefit plan documents are kept.



When you have finished making your selections, click sign and submit to review & sign your enrollment form.

To sign and submit your enrollment form you will need to enter your PIN and click sign form.

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:

You may log back into the enrollment site to verify you submitted your enrollment form and print the confirmation of benefits.

SUMMARIES OF BENEFITS AND COVERAGE ARE AVAILABLE ON-LINE

Choosing a medical plan is an important decision, and Lucas County offers a range of plans and coverage options. Each of the medical plans are available online in a Summary of Benefits and Coverage (SBC), which provides important information about that plan's coverage in a standard format so that you can easily compare plans. You may access the SBCs and all Lucas County benefit/wellness information at www.co.lucas.oh.us/index.aspx?nid=236.

Complete health, prescription drug and dental plan documents and Wellness Plan information is also available on-line on the Employee Benefits/Wellness website at <http://www.co.lucas.oh.us/index.aspx?nid=235>.

IT IS YOUR RESPONSIBILITY TO COMPLY WITH ALL RULES, REGULATIONS AND TIMELY NOTIFICATIONS OF THE VARIOUS PLANS AVAILABLE TO YOU AS A LUCAS COUNTY EMPLOYEE AND/OR FAMILY MEMBER.

Helpful Contact Information



NFP Benefit Alliance (for claims information regarding the FrontPath, Traditional Dental and Corner Dental Plans)	419-244-0135
FrontPath – Network Questions	419-891-5206
Paramount – All Questions	419-887-2525
Navitus Health Care – All Prescription Drug Questions	866-333-2757
Superior Dental – All Questions	800-762-3159
Sun Life Insurance – All Questions	800-247-6875

Any other benefit related questions should be directed to the Lucas County Employee Benefits Department:

Lucy Dixon	419-213-4211
Colleen Abbott	419-213-4189
Judy Nichpor	419-213-4031
Diane Ducey-Prebeg	419-213-4531



COMPLETE YOUR HEALTH RISK ASSESSMENT TODAY

Every employee must complete a HEALTH RISK ASSESSMENT no later than February 28, 2017 in order to avoid a \$100 deductible being added to your 2017/18 health benefit plan.

TOP 3 REASONS TO COMPLETE YOUR HRA NOW:

1. Invest in your health. Learning your health status and risks allows you to take control of your health so you can live a longer, healthier life.
2. Access to a CONFIDENTIAL personal nurse coach to answer your health questions and assist you in establishing and obtaining your health goals.
3. SAVINGS! Completing the Health Risk Assessment means you won't have a \$100 HRA deductible in 2017.

You may access your HRA through the following sites:

Paramount Enrollees: www.paramounthealthcare.com/myaccount

FrontPath Enrollees: <http://secure.healthx.com/hdplusv3.aspx>

CURRENT HealthSpan Enrollees: www.healthspan-enroll.com

Additional information regarding the Health Risk Assessment by plan is available by calling one of the numbers listed below:

Paramount Enrollees: Questions– please call 800-462-3589, press Option 1, then Option 6

FrontPath Enrollees: Questions– please call 330-656-1072, Ext. 436 and ask for Sarah Blakely

CURRENT HealthSpan Enrollees: Questions– please call 800-972-7726 ext. 71848 and leave a message for Priscilla Nobles. (NOTE: Priscilla now only works evening hours do to HealthSpan ceasing operations, so please leave a phone number where you can be contacted in the evening).

(Spouses and dependents are encouraged, but not required to complete a Health Risk Assessment).

HRA'S must be completed no later than February 28, 2017 to avoid a \$100 deductible in 2017.

Assistance completing your HRA may be also be obtained by contacting a Lucas County Health Coach at (419) 213-2088 or 213-2089.

What can a health coach do for you?

The Lucas County Wellness Program provides health coaches to assist employees in identifying health goals and developing a plan to achieve those goals. A health coach is not a personal trainer, but will meet with you to conduct a personal, confidential health assessment and provide you with on-going motivation and support. Health Coaches are provided to you at no cost. Call your Lucas County health coaches today to schedule an appointment!



Who is eligible?

All employees, spouses and dependent children ages 13 and older, who are eligible or enrolled in Lucas County health benefits

Services:

- Reimbursement program for gym memberships, fitness classes, Weight Watchers, medical weight loss, smoking cessation, cardiac rehabilitation and diabetes case management programs
- Free on-site exercise classes
- Free department cholesterol, blood glucose and blood pressure screenings
- Lucas County Drug Use Review Program
- Free on-going phone support
- Health Risk Assessment guidance for employees
- Free one-on-one consultations and physical assessments (blood pressure, BMI, and body fat percentage)
- Weekly emails regarding Staying Healthy on a Budget, including healthy food items and easy healthy lifestyle changes
- Monthly wellness newsletter (Wise & Well)
- Annual walking program, fitness expo, health fair, and The Great American Smoke Out

Address: One Government Center, Suite 440

Phone: 419-213-2088

E-mail: hcoach@co.lucas.oh.us

Like our Facebook page: Lucas County Wellness Program

Lucas County Patient Centered Medical Home Program Partnership Agreement (PA) - SAMPLE

MEMBER ID: _____ DATE OF AGREEMENT: _____

MEMBER NAME: _____ DOB: _____

PROVIDER NAME AND ID NUMBER: _____

If Provider name and ID number are not present on this form, it cannot be processed

This partnership agreement confirms the commitment of me and my provider to work together and establish personal health care goals to support my health and well-being.

My **PERSONAL HEALTH CARE GOALS** for this year are:

1. _____
2. _____
3. _____

My provider and I agree I should do the following:

Only select the programs that are important to be completed or participated in this year.

Enroll in a Paramount Program Check the Programs that Apply	
DISEASE MANAGEMENT PROGRAMS	ONLINE WELLNESS PROGRAMS ACCESS ONLINE PROGRAMS AT: WWW.PARAMOUNTHEALTHCARE.COM/PMH
Acute Cardiovascular	Depression
Asthma	Diabetes Prevention
Chronic Kidney Disease	Exercise & Activity
Chronic Obstructive Pulmonary Disease	Healthy Eating
Congestive Heart Failure	Heart Disease Prevention
Depression with Comorbid	Risky Drinking
Diabetes	Quit Smoking Plan
Migraine	Stress Management
Depression and any program above	Weight Management

Please Note: Disease Management Programs may be recommended by Paramount or the Provider

Must meet with my Provider again within: No Follow-up Needed 60 days 90 days 180 days

PATIENT

I am committing to this partnership with my Provider and to working towards a healthier me. I will begin working towards achieving the goals and programs defined in this appointment and in any other appointments we have during the year. **If I choose NOT to meet with my PCP for an annual physical and completion of the PA by 12/31, I understand that I will not be eligible to enroll in this plan the following benefit plan year.**

PATIENT: Signature of Patient

Date of Visit

PROVIDER

I am committed as a partner in healthcare with my patient. We have met and worked together on the date below to establish personalized goals for this next year. I will help to keep you on the path of achieving your personalized goals indicated above.

PROVIDER: Signature of Provider

Date of Visit

PATIENT: Once you and your physician both sign the Partnership Agreement, YOU are responsible for sending the form into Paramount so that your incentive can be earned. The best way to get the form to us is through fax at **800-990-7762**. If you prefer mailing it send to: Paramount/PA INFO, PO Box 928, Toledo, OH 43697-0928

QUESTIONS?

Patient: Contact Member Services at 1-877-491-5511

Provider: Contact Provider Inquiry at 1-888-891-2564

PA Form can be used for Paramount Medical Home and Steps2Health programs.



Open Enrollment 2017



Question & Answer Sessions

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 HAPPY NEW YEAR	3 Sheriff 1622 Spielbusch 9:00 am -12:00 pm	4 Job & Family Services 3210 Monroe St. Toledo Room 9:00 am -3:00 pm	5 EMS- 3rd Floor- Conf. Rm. 2144 Monroe St. 9:00am-12:00 pm Sheriff 1622 Spielbusch 1:00 pm - 4:00pm	6 Conference & Learning Ctr. 711 Adams 10:00 am -12:00 pm	7 Farmhouse at Wildwood 4830 W. Central (East Entrance) 10:00 am -2:00pm
8	9 BDD Lott-Hill- 3350 Hill Ave. Door Q 11:00 am-1:30 pm	10 BDD 1155 Larc Lane - Great Room 8:30 am -10:30 am Juvenile Justice Ctr. 1801 Spielbusch Training Room #2 1:00 pm - 4:00 pm	11 BDD Lott-Holland 1645 Holland Rd. 11:00 am -1:00 pm Wastewater 5758 N River Rd 2:00 pm- 4:00 pm	12 One Government Ctr. 1st Floor Conf. Room. 10:00 am -3:00 pm	13	14 Farmhouse at Wildwood 4830 W. Central (East Entrance) 10:00 am -2:00 pm
15	16 MARTIN LUTHER KING DAY	17 Conference & Learning Ctr. 711 Adams 1:30 pm-3:30 pm	18 Health Dept. 635 N Erie St. 2nd Floor Board Room 1:00pm-4:00pm	19 Metroparks 4830 W. Central Ward Pavilion 1:00 pm-3:00 pm	20 One Government Ctr. 1st Floor Conf. Rm. 10:00 am -3:00 pm	21 Farmhouse at Wildwood 4830 W. Central (East Entrance) 10:00 am -2:00 pm
22	23	24 Sanitary Engineer 1111 S. McCord 3:00 pm-4:30 pm	25	26	27	28 Farmhouse at Wildwood 4830 W. Central (East Entrance) 10:00 am -2:00 pm
29	30	31	<p>Deadline to enroll online is FEBRUARY 3, 2017. NO LATE ENROLLMENTS WILL BE ACCEPTED.</p>			<p>All changes made during this open enrollment period will be effective March 1, 2017.</p>

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Lucas County Health Plan (LCHP) may use or disclose your protected health information without your authorization for the following purposes:

Treatment – Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of your vitals and medical history taken at the time of your transport, may be provided to the hospital upon your arrival at the emergency room.

Payment – Your health information may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations – Your health information may be used as necessary to support the day-to-day activities and management of the LCHP. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement – Your health information may be disclosed to public health agencies to support government audits and inspections, to facilitate law enforcement investigations, to comply with

government investigations, and to comply with government mandated reporting.

Public Health Reporting – Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures other than those listed above require your authorization.

Individual Rights – You have certain rights as a patient under HIPAA regulations, these include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical treatment
- The right to inspect and copy your protected health information*
- The right to receive a printed copy of this notice
- The right to receive an accounting of how and to whom your protected health information had been disclosed
- The right to amend protected health information

*You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the HIPAA Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Our Duties – We are required by law to maintain the privacy of your health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice and inform you of any breach of unsecured information.

Right to Revise Policy Practices – As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Upon request, we will provide you with the most recently revised notice. The revised policies and practices will be applied to all protected health information we maintain.

Complaints – If you would like to submit a comment or complaint about our privacy practices, or if you feel your rights have been violated, please address your concerns to: HIPAA Privacy Officer, One Government Center, Suite 800, Toledo, Ohio 43604. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20203, calling 1-877-696-8775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. LCHP will not retaliate against anyone who submits a complaint or reports a suspected violation.

This notice is effective on or after May 12, 2015.

LCHP is committed to safeguarding the privacy of your personal information. We limit the use of customer information to what is necessary to service customer accounts and conduct the business of Lucas County. LCHP does not disclose, share, sell, transfer, or rent your sensitive personal and financial information to nonaffiliated third parties, except and only to the extent we are required to furnish such information in response to a subpoena, court order, levy, attachment, or other legal process.