

# EMPLOYEE BENEFITS GUIDE

January 1, 2020 - December 31, 2020

*A guide to enrolling in your employee benefit programs.*



MEDICAL

DENTAL

VISION

BASIC LIFE AND AD&D  
VOLUNTARY LIFE

VOLUNTARY ACCIDENT /  
CRITICAL ILLNESS /  
CANCER / DISABILITY

EMPLOYEE ASSISTANCE  
PROGRAM



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  - Dental / Vision
- **Personal Insurance**
  - Home / Renters
  - Auto / Motorcycle / Boat / RV / Aviation

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9700 ORMSBY STATION RD., STE. 200, LOUISVILLE, KY 40223

# CONTACTS & ELIGIBILITY

## Service Provider Information

### MEDICAL INSURANCE

Group #806447  
HUMANA  
1-866-427-7478  
www.humana.com

### DENTAL INSURANCE

Group #806447  
HUMANA  
1-800-233-4013  
www.humanadental.com

### VISION INSURANCE

Group #806447  
HUMANA  
1-877-398-2980  
www.humana.com

### BASIC LIFE AND AD&D VOLUNTARY LIFE VOLUNTARY SHORT AND LONG TERM INSURANCE

Group #G00617892  
ONE AMERICA  
www.oneamerica.com

### ACCIDENT / CRITICAL ILLNESS

COLONIA LIFE  
1-800-325-4368  
www.colonialife.com

### HEALTH REIMBURSEMENT ACCOUNT (HRA)

MCGREGOR & ASSOCIATES  
1-859-233-4377  
www.mcgregoreba.com

### HEALTH SAVINGS ACCOUNT (HSA)

HUMANA ACCESS  
1-800-604-6228

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

COMPSYCH  
1-855.387.9727  
www.guidanceresources.com

### FIFTH THIRD INSURANCE

1-502-805-3742 - Louisville

JUNE LANHAM - Account Executive

1-502-371-4035  
June.Lanham@53.com

### CLAIMS & ENROLLMENT

SHERRY TRACY - Account Manager  
1-502-493-7966  
Sherry.Tracy@53.com

Oldham County Fiscal Court knows that our employees have different needs, so we offer employees a wide range of comprehensive benefit plans to let you choose the benefits that best suit your particular situation.

### ELIGIBILITY

The eligibility period for enrollment is first of the month following 30 days from date of hire. Employees working 30 hours a week or more are eligible for all benefits outlined in this summary. Eligible employees may elect to cover a spouse and dependents.

Dependents are covered to age 26 on the medical, dental, and vision plans.

### HOW TO ENROLL

Everyone must complete their elections on Paylocity. If you would like to join the plan, add or delete dependents, you must complete your election/change on Paylocity. Instructions can be found on page 28.

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a valid Qualifying Event.

### QUALIFYING EVENTS

Changes to your elections may not be made outside Open Enrollment unless you have a Qualifying Event. Qualifying Events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits. If you need to make a change outside Open Enrollment due to a Qualifying Event please contact the Human Resource Department within 30 days of that event. If the request is not received within 30 days of the event then all changes must wait until Open Enrollment.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 46 for additional information.

*The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR Department for the actual plan documents.*

# MEDICAL INSURANCE



Services	HDHP
<b>HSA Contribution</b>	
Single	\$600
Family	\$1,000
<b>Post Deductible HRA*</b>	
Single	\$3,200
Family	\$6,000
<b>Physician Visit*</b>	20%, After Deductible
<b>Doctor on Demand*</b>	\$49 Copay
<b>Deductible*</b>	
In-Network**	
Individual	\$4,000
Family	\$8,000
<b>Coinsurance*</b>	
The Plan Pays	20%, After Deductible
<b>Preventive Care</b>	Covered at 100% (Deductible Waived)
<b>Urgent Care*</b>	20%, After Deductible
<b>Emergency Room*</b>	20%, After Deductible
<b>Out-of-Pocket Max</b>	
In-Network**	
-Individual	\$5,000
-Family	\$10,000
<b>Prescription Drug Copays</b>	
Tier 1	All covered drugs are covered at 20% after deductible
Tier 2	
Tier 3	
Tier 4	

*\*Per ACA guidelines these costs apply to your Out-of-Pocket Limit*  
*\*\*As noted above these are In-Network benefits. For Out-of-Network benefits please see the complete benefit summary.*

Your Semi-Monthly Premium (24 per year)	
	HDHP
Employee	\$ 0.00
Employee + Spouse	\$111.21
Employee + Child(ren)	\$100.09
Family	\$244.66

To locate a network provider in your area go to:  
[www.humana.com](http://www.humana.com)  
 Select: Choice Care PPO Network

*This summary is intended only to highlight some of the most commonly used benefits.  
 Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

# HEALTH REIMBURSEMENT ACCOUNT (HRA)



Oldham County Fiscal Court will include a Health Reimbursement Arrangement to assist employees and dependents to cover the cost of the deductible and out of pocket costs for the 2020 Humana Health plan.

**For Single Coverage** - the plan has an upfront deductible of \$4,000, 20% coinsurance after the deductible, and total maximum out of pocket of \$5,000. The HRA will reimburse you after you reach \$1,800 in total cost. The remaining \$3,200 is covered through reimbursements of the HRA. The Humana plan will pay at 100% thereafter for normal covered claims.

**For Family Coverage** - the plan has an upfront deductible of \$8,000, 20% coinsurance after the deductible, and total maximum out of pocket of \$10,000. The HRA will reimburse the first family member who incurs claims after \$2,800 in total cost. If a second family members incurs claims, they will be responsible for \$1,200 in total cost. Once a family reaches a total of \$4,000 in total cost, they will be covered at 100%. The HRA covers the remaining \$6,000. The Humana plan will pay at 100% thereafter for normal covered claims.

Employee Only Coverage				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$1,800	100%	\$1,800	0%	\$ 0.00
\$3,200	0%	\$ 0.00	100%	\$3,200
<b>\$5,000</b>		<b>\$1,800</b>		<b>\$3,200</b>
ALL REIMBURSEMENTS WILL BE PROCESSED BY DIRECT DEPOSIT TO THE MAIN PAYROLL ACCOUNT ON FILE				

Employee & Dependent Coverage				
Family Member #1				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$2,800	100%	\$2,800	0%	\$ 0.00
\$2,200	0%	\$ 0.00	100%	\$2,200
<b>\$5,000</b>		<b>\$2,800</b>		<b>\$2,200</b>
Family Member #2 (or combination of all other family members)				
Expenses	Employee %	Employee Pays	HRA %	HRA Pays
\$1,200	100%	\$1,200	0%	\$ 0.00
\$3,800	0%	\$ 0.00	100%	\$3,800
<b>\$5,000</b>		<b>\$1,200</b>		<b>\$3,800</b>
ALL REIMBURSEMENTS WILL BE PROCESSED BY DIRECT DEPOSIT TO THE MAIN PAYROLL ACCOUNT ON FILE				

**Employees are responsible for filing a claim form and an EOB with McGregor for HRA. Please see Human Resources Department for the claim form.**

*This summary is intended only to highlight some of the most commonly used benefits. Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

# HEALTH SAVINGS ACCOUNT

## Humana Access

Oldham County Fiscal Court gives employees funds to help offset the deductible on the High Deductible Health Plans (HDHP). The HSA funds are deposited once the employee and covered spouse have completed their annual physical/bloodwork **and have completed the Health Risk Assessment on the Humana website**. The required forms for the physical must be submitted to Humana Go365. Employees hired after 1/1/2020 will receive a monthly contribution beginning the first month of coverage. These requirements can be met anytime during the plan year to receive the contributions listed below:

\$4,000 Deductible	
Employee Only Coverage:	\$50 / month or \$600 lump sum
Employee & Dependent Coverage:	\$83 / month or \$1,000 lump sum

### ADDITIONAL CONTRIBUTION TO HEALTH SAVINGS ACCOUNT FOR ACHIEVING SILVER STATUS

Oldham County Fiscal Court will contribute funds to the employee's Health Savings Account if Silver Status in Humana's Go365 wellness program is achieved by 8/1/20 per the chart below:

Coverage Type	Points needed to reach Silver Status	Contribution Amount
Employee Only:	5,000	\$250.00
Employee / Spouse	8,000	\$400.00
Employee / Child(ren) (under 18)	5,000	\$250.00
Family-OR Emp / Child(ren) (over 18)	5,000 + 3,000 for each member 18 years and older (see example below)	\$0.05 per point earned to reach Silver Status

**Example:** Family with 2 dependents over the age of 18 need 14,000 points to reach Silver Status (5,000 + 3,000 + 3,000 + 3,000).

Contributions for those employee who have reached Silver Status will be made the first payroll of the month after the employee is listed on the eligibility report from Humana.

New hires that reach silver status by 8/1/2020 are eligible for the lump sum bonus contribution.

Employees may continue to contribute money to their Health Savings Account as in the past. The limits for 2020 are \$3,550 for single coverage and \$7,100 for family coverage. Persons age 55 or older may contribute an additional \$1,000 annually. Please refer to the following pages for additional information regarding Health Saving Accounts.

Your unused HSA dollars rollover the following year.

## Humana Access

### Health Savings Account Eligible Expenses

#### Which expenses can be reimbursed by an HSA?

The IRS defines qualified medical care expenses as amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

The products and services below are examples of medical expenses eligible for payment under your HSA, when such services are not covered by your High Deductible Health Plan.

Under a rule that went into effective Jan. 1, 2011, claims for over-the-counter medicine or drug expenses (other than insulin) cannot be reimbursed without a prescription. This rule does not apply to items for medical care that are not medicines or drugs.

This list is not all-inclusive; additional expenses may qualify, and the items listed below are subject to change in accordance with IRS regulations. For more information or clarification on individual list items, refer to Publication 502 or consult a tax professional.

- Acupuncture
- Alcoholism treatment
- Ambulance
- Annual physical examination
- Artificial limb
- Artificial teeth
- Bandages
- Body scan
- Braille books and magazines
- Breast pumps and supplies
- Breast reconstruction surgery
- Capital expenses (improvements or special equipment installed to a home, if meant to accommodate a disabled condition)
- Car modifications or special equipment installed for a person with a disability
- Chiropractor
- Christian Science practitioner
- Contact lenses
- Crutches
- Dental treatment (not including teeth whitening)
- Diagnostic devices
- Disabled dependent care expenses
- Drug addiction treatment
- Eye exam
- Eye glasses
- Eye surgery
- Fertility enhancement (in vitro fertilization or surgery)
- Guide dog or other service animal
- Health institute fees (if treatment is prescribed by a physician)
- Intellectually or developmentally disabled care, treatment or special home
- Laboratory fees
- Lactation expenses
- Lead-based paint removal (if a child in the home has lead poisoning)
- Learning disability care or treatment
- Legal fees associated with medical treatment
- Lifetime care, advance payments or “founder’s fee”
- Lodging at a hospital or similar institution
- Long-term care
- Medical conference expenses, if the conference concerns a chronic illness of yourself, your spouse or your dependent
- Medical information plan
- Medications, if prescribed
- Nursing home fees
- Nursing services
- Operations
- Optometrist
- Organ donors
- Osteopath
- Oxygen
- Pregnancy test kit
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- Special education
- Sterilization
- Surgery
- Special telephone for hearing-impaired individual
- Television for hearing-impaired individuals
- Therapy received as medical treatment
- Transplants
- Transportation for medical care
- Tuition for special education
- Vasectomy
- Vision correction surgery
- Weight-loss program if it is a treatment for a specific disease
- Wheelchair
- Wig
- X-ray

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HOTEL ROOM  
OFFICE  
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EXAM ROOM**

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**Four easy steps to get started**

Download from the App Store or Google Play.

**1** Download the app



**2** Enter your health insurance information; select Humana and enter your group ID and member ID



**3** Enter a payment method



**4** See a doctor within minutes



**The doctor is always in**

No waiting. No scheduling hassles. Less time off work. Doctor On Demand offers the opportunity to see a board-certified doctor in minutes, with video access from a mobile device or computer. It's easy.

Doctor On Demand may treat members, except children under the age of 2, for non-emergency health conditions. If needed, your physician may send a prescription to your pharmacy.

**Issues that may be treated:**

- Colds, flu and sore throat
- Upper respiratory infections
- Skin and eye problems
- Urinary tract infections

Telemedicine is not for emergencies such as chest pain, abdominal pain or shortness of breath.

**Save you and your clients time and money!**



**Approximately 70%** of ER visits are non-emergent and could be avoided.<sup>1</sup>



**Four out of five** smartphone users are interested in mobile health technologies that allow them to interact with a healthcare provider.<sup>2</sup>

Behavioral health visits are not covered. Limitations on healthcare and prescription services delivered by telemedicine and communication options vary by state. This material is provided for informational use only and should not be considered medical advice or used in place of consulting a licensed medical professional.

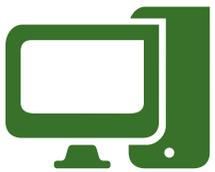
Telemedicine is not a substitute for emergency care and not intended to replace your primary care doctor or other providers in your network.

<sup>1</sup>"Avoidable Emergency Department Usage Analysis." Truven Health Analytics. (April 25, 2013)

<sup>2</sup>"Most smartphone users want mHealth interactions," FierceMobileHealthcare (June 29, 2014)

# MyHumana

## Your secure member account



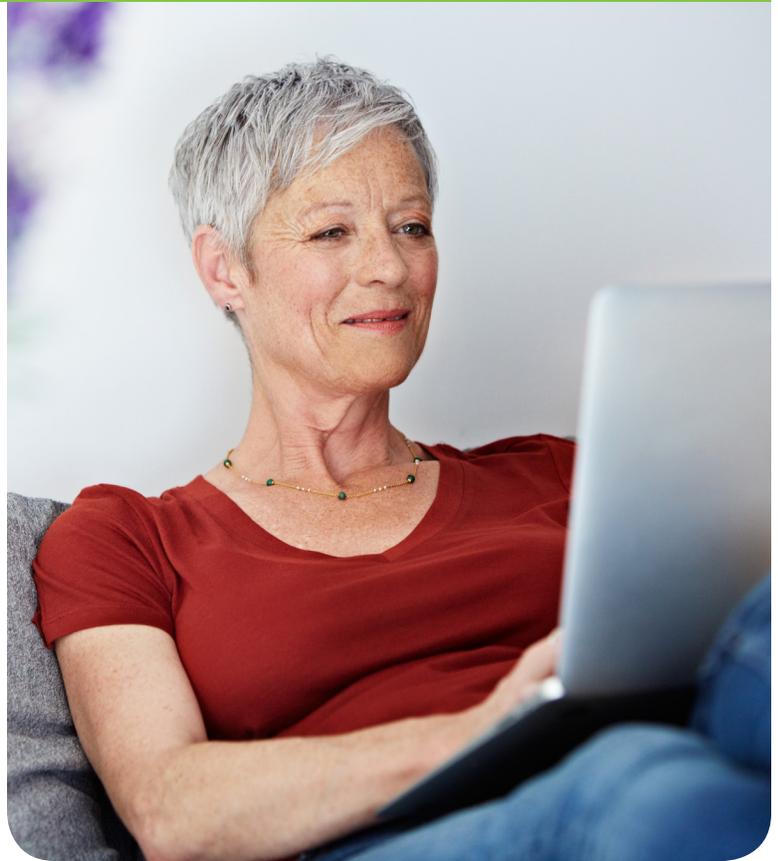
**MyHumana** is a secure and personalized account that lets you view your plan information online in one place, anytime you want.

### With MyHumana, you can:

- View your plan details
- Choose how you want to get your plan information: online or in print
- See your latest claims, status and other details
- Find in-network providers, hospitals, pharmacies and urgent care centers
- Give a family member access to your health information
- Update your contact information

### Registering is easy

- Have your Humana member ID or Social Security number available
- Go to **Humana.com/registration**
- Click “Get Started”
- Fill in some basic information and click “continue”
- Create a username, password and security prompt and click “continue” to finish



**Register today!**  
[Humana.com/registration](https://www.humana.com/registration)

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MyHumana Mobile app!

**Humana.com/mobile**

Text and data rates may apply.



# Humana®

# Preventive services guide

## Humana makes it easier than ever to get the preventive services you need to maintain your overall health.

As part of healthcare reform—and depending on your Humana health plan—a range of preventive services will be available to you at no cost.

The services listed here will be covered 100 percent when they're provided for preventive care. This means no copayments, coinsurance or deductible when services are performed by providers in the Humana network.

Note: You may need to pay all or part of the costs when services are completed to diagnose, monitor or treat an illness, pregnancy or injury, rather than prevent an illness, pregnancy or injury.

## Adult preventive services

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

### Screenings

Abdominal aortic aneurysm	One time screening for men of specified ages who have ever smoked
Alcohol misuse	Screening and counseling for all adults
Blood pressure	Screening for high blood pressure for all adults
Cholesterol	Screenings for adults certain ages or at higher risk <sup>1</sup>
Colorectal cancer	Screening for adults at 50–75
Depression	Screening for all adults
Diabetes	Screening for adults 40–70 at higher risk <sup>1</sup>
Hepatitis B	Screening for all adults at higher risk <sup>1</sup>
Hepatitis C	Screening for adults at higher risk <sup>1</sup> or one-time screenings for adults born 1945–1965
HIV	Screening for all adults at higher risk <sup>1</sup>
Lung cancer	Annual screenings for adults at all specified ages who smoke or have quit within the past 15 years
Obesity	Screening for all adults
Syphilis	Screening for all adults at higher risk <sup>1</sup>
Tobacco use	Screening for all adults and cessation interventions for tobacco users
Tuberculosis	Screening for latent infection for adults at higher risk <sup>1</sup>

### Medications and supplements (covered with a doctor's prescription)

Aspirin	Use of aspirin to prevent cardiovascular disease for women and men at specified ages
Colonoscopy preparation	Bowel preparation medications for adults age 50–75
Smoking cessation	Over-the-counter and prescription smoking cessation medications for members 18 years and older
Statin	Low- to moderate-dose statin use for adults 40–75 at higher risk <sup>1</sup>
Vitamin D	Supplementation to prevent falls in community dwelling for adults age 65 and older at increased risk for falls



<sup>1</sup>For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at [www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/)

## Adult preventive services continued

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

### Counseling

Healthy diet and physical activity	Counseling to prevent cardiovascular disease for adults who have cardiovascular risk factors or higher risk for chronic disease <sup>1</sup>
Obesity	Referral to intensive, multicomponent behavioral interventions for patients with a body mass index (BMI) of 30 kg/m or higher
Sexually transmitted infection (STI)	Prevention counseling for adults at higher risk <sup>1</sup>

### Other

Exercise or physical therapy	Fall prevention for adults age 65 or older at increased risk for falls
Skin cancer	Brief counseling for young adults through age 24 to minimize their exposure to ultraviolet radiation



Preventive care keeps you healthy, prevents illness and detects disease in the early stages when it is easier to treat.

### Immunizations

(vaccines for adults—doses, recommended ages and recommended populations vary)<sup>2</sup>

Chickenpox/varicella

Hepatitis A

Hepatitis B

Human papillomavirus (HPV)

Influenza

Measles, mumps, rubella (MMR)

Meningococcal

Pneumococcal

Shingles/herpes zoster

Tetanus, diphtheria, pertussis (Tdap)



<sup>1</sup>For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at [www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/)

<sup>2</sup>For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html)

## Women preventive services (includes pregnant women)

Preventive office visits are covered, as well as the screenings and counseling listed below.

### Counseling

Genetic counseling for women who have tested positive for BRCA

Breast cancer chemoprevention  
Counseling for women at increased risk for breast cancer

Domestic and interpersonal violence  
Screenings and referral for intervention services

Tobacco use counseling for pregnant women  
Behavioral interventions for cessation

### Other Services

Aspirin to prevent preeclampsia  
Low-dose aspirin after 12 weeks of gestation in women who are at high risk<sup>1</sup>

Breastfeeding<sup>3</sup>  
Equipment and counseling to promote Breastfeeding during pregnancy and in the postpartum period

Contraceptive methods and counseling<sup>3</sup>

### Screenings

Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Screenings for women at higher risk <sup>1</sup>
Breast cancer mammography	Screenings every 1–2 years for women age 40 or over
Cervical cancer	Screening for women with a cervix, regardless of sexual history, at specified ages and intervals <sup>4</sup>
Chlamydia infection	Screening for younger women and other women at higher risk <sup>1</sup>
Depression	Screening for pregnant and postpartum women
Gestational diabetes	Screenings for women after 24 weeks of gestation
Gonorrhea	Screening for all women at higher risk <sup>1</sup>
Hepatitis B	Screening for younger women and other women at higher risk <sup>1</sup>
HIV	Screenings for pregnant women
HPV-DNA test	High risk testing every 3 years for women with normal cytology results who are age 30 or older <sup>1</sup>
Osteoporosis (bone density)	Screening for women age 65 and over and women at higher risk <sup>1</sup>
Preeclampsia	Screening for all pregnant women
Rh incompatibility	Screening for all pregnant women during their first prenatal visit and at 24–28 weeks gestation
Syphilis	Screening for all pregnant women or other women at higher risk
Tobacco use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users

### Medications and supplements (covered with a doctor's prescription)

Aspirin	Low-dose medication for women for prevention of preeclampsia
Breast cancer preventive medications	For women at increased risk for breast cancer
Contraception	FDA-approved contraceptives for women with reproductive capacity to prevent pregnancy
Prenatal vitamins/folic acid	For women who are, may become pregnant or are capable of pregnancy



<sup>1</sup>For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at [www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/)

<sup>3</sup>On Aug. 1, 2011, the U.S. Department of Health and Human Services released new guidelines regarding coverage of preventive health services for women. The new guidelines state that non-grandfathered insurance plans with plan years beginning on or after Aug. 1, 2012, must include these services without cost sharing.

<sup>4</sup>Women 21–65: with cytology (Pap test) every three years; women 30–65: wanting to lengthen the screening interval. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage.

## Child preventive services

Preventive office visits are covered, as well as the screenings, immunizations, counseling and supplements listed below.

### Immunizations

(vaccines for children from birth to age 18, doses, ages and populations vary)<sup>2</sup>

Chickenpox/varicella
Haemophilus influenzae type B
Hepatitis A
Hepatitis B
Human papillomavirus (HPV)
Inactivated poliovirus
Influenza
Measles, mumps, rubella (MMR)
Meningococcal
Pneumococcal
Rotavirus
Tetanus, pertussis, diphtheria (Tdap)

### Counseling

Obesity Referral to intensive behavioral interventions to promote improvements in weight status
Sexually transmitted infection (STI) Prevention counseling for adolescents at higher risk <sup>1</sup>
Skin cancer Brief counseling for young adults age 10–24 years old to minimize their exposure to ultraviolet radiation
Tobacco use Education or brief counseling to prevent initiation of tobacco use in school-aged children and adolescents

### Screenings

Alcohol and drug use	Assessments for adolescents
Autism	Screening for children at 18–24 months
Behavioral	Assessments for children of all ages
Depression	Screening for adolescents
Developmental	Screening for children under age 3, and surveillance throughout childhood
Dyslipidemia	Screening for children at higher risk <sup>1</sup> of lipid disorders
Height, weight and body mass index	Measurements for children of all ages
Hemoglobinopathies	Screening for sickle cell disease in newborns
Hepatitis B	Screening for adolescents at higher risk <sup>1</sup>
Hypothyroidism	Screening for newborns
HIV	Screening for adolescents at higher risk <sup>1</sup>
Lead	Screening for children at risk of exposure
Medical history	For all children throughout development
Obesity	Screening for children age 6 or older
Oral health	Risk assessment for young children
Phenylketonuria (PKU)	Screening for newborns
Sexually transmitted infection	Screening for adolescents at higher risk <sup>1</sup>
Tuberculin	Testing for children at higher risk <sup>1</sup> of tuberculosis
Vision	Screening for all children between the ages 3–5 years old

### Medications and supplements (covered with a doctor's prescription)

Fluoride chemoprevention	Supplements starting at age 6 months for children without fluoride in their water sources
Fluoride varnish	Application by a primary care clinician to primary teeth starting at tooth eruption up to age 5
Gonorrhea	Preventive medicine for the eyes of all newborns
Iron	Supplements for children ages 6–12 months at risk for anemia

Refer to your Certificate of Coverage for details about all the covered services and benefit levels.



<sup>1</sup>For more information on the definition of “higher risk” and age recommendations, please go to the US Preventive Guidelines at [www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/)

<sup>2</sup>For more information on immunization recommendations, resources and schedules, please refer to the Centers for Disease Control and Prevention at [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html)



# Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.



### Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.



### Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.



### Earn rewards.

Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!



### More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

## Here's how many Points you need to move up in Status



### 3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

**5,000**  
One adult per policy

**8,000**  
**combined** two adults per policy

**+3,000**  
for each member 18 years and older per policy

**8,000**  
One adult per policy

**12,000**  
**combined** two adults per policy

**+4,000**  
for each member 18 years and older per policy

**10,000**  
One adult per policy

**15,000**  
**combined** two adults per policy

**+5,000**  
for each member 18 years and older per policy

Adult children can only move a family to Bronze Status by completing a verified workout.



# Unlock Activities.

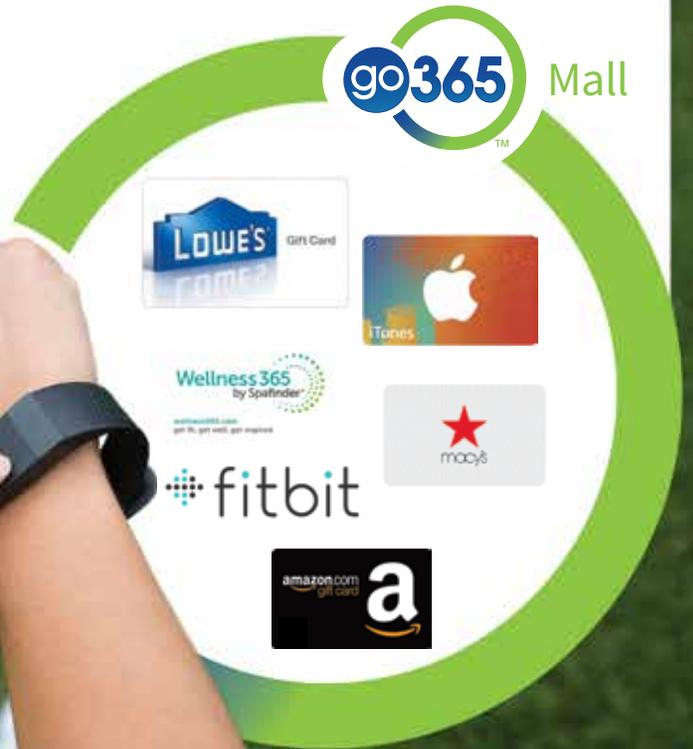
Watch your success lead to your wellbeing.

Go365 is for anyone, at any stage... no matter what shape you're in or how hard you work out. Go365 knows what it takes to motivate and reward you to make healthier choices for life.

<b>Activities</b>	These are simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride – these are easy ways to keep moving forward with Go365.
<b>Recommended Activities</b>	Once you complete your Health Assessment, you'll get personalized Activities based on your responses. Because Recommended Activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete.
<b>Go365 Kids*</b>	Kids can earn Points when they do “kid” things, like playing on a soccer or baseball team. When you do things that are good for their health, like keeping up with their immunizations and getting a dental check-up, your kids earn more Points.
<b>Challenges</b>	Earn Points by going head-to-head against your friends and co-workers and compete for the most steps taken or pounds lost.

## Have some healthy fun.

Getting healthier is a lot more fun with Go365. Earn Bucks you can use in the Go365 Mall for e-giftcards from Amazon.com, Target, Lowes and Spafinder, the latest activity trackers from Garmin and Fitbit, and more. Plus, you could win a prize in our monthly Jackpot drawings or get a surprise reward.



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# DENTAL INSURANCE



	CORE	BUY-UP
<b>Deductible</b> (Single/Family)		
In-Network*	\$50 / \$150	\$50 / \$150
Out-of-Network	\$50 / \$150	\$50 / \$150
<b>Annual Benefit Maximum</b>	\$1,000	\$1,500
<b>Preventive Services</b>		
In-Network*	100%, Deductible Waived	100%, Deductible Waived
Out-of-Network	80%, Deductible Waived	100%, Deductible Waived
<b>Basic Services</b>		
In-Network*	80%, After Deductible	80%, After Deductible
Out-of-Network	60%, After Deductible	80%, After Deductible
<b>Major Services</b>		
In-Network*	50%, After Deductible	50%, After Deductible
Out-of-Network	50%, After Deductible	50%, After Deductible
Out-of-Network Fee Schedule	Same as In-Network	90 <sup>th</sup> Percentile of UCR
*As noted above these are In-Network benefits. For Out-of-Network benefits please see the complete benefit summary.		
**Please note when seeing an Out-of-Network dentist you may be billed the full amount at the time of service and then have to wait to be reimbursed.		

Your Semi-Monthly Premium (24 per year)		
	CORE	BUY-UP
Employee	\$ 5.82	\$ 9.40
Employee + Spouse	\$19.58	\$27.40
Employee + Child(ren)	\$15.78	\$22.76
Family	\$29.97	\$41.27

To locate a network provider in your area go to:  
[www.humanadental.com](http://www.humanadental.com)  
 Select: PPO/Traditional Preferred Network

*This summary is intended only to highlight some of the most commonly used benefits. Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

# VISION INSURANCE



Vision 130	
In-Network*	
<b>Routine Eye Exam</b> Once every 12 months	\$10 Copay
<b>Eyeglass Frames</b> Once every 24 months	\$130 Allowance, then 20% off any remaining balance
<b>Eyeglass Lenses (instead of contact lenses)</b> Once every 12 months:	
Single	\$15 Copay
Bifocal	\$15 Copay
Trifocal	\$15 Copay
<b>Eyeglass Lens Enhancements</b> You may choose to add any of the following lens enhancements at no extra cost:	
Standard scratch-resistance	\$15 Copay
Standard Polycarbonate (under age 19)	\$40 Copay
Standard anti-reflective coating	\$45 Copay
<b>Contact Lenses (instead of eyeglass lenses)</b> Once every 12 months:	
Elective Conventional or	\$130 Allowance, then 15% off any remaining balance
Elective Disposable or	\$130 Allowance
Medically Necessary	Covered in Full
*As noted above these are In-Network benefits. For Out-of-Network benefits please see the complete benefit summary.	
**Please note when seeing an Out-of-Network physician you will need to pay in full at the time of service and obtain an itemized receipt, and file a claim for reimbursement.	

Your Semi-Monthly Premium (24 per year)	
Employee	\$ 3.96
Employee + Spouse	\$ 7.92
Employee + Child(ren)	\$ 7.52
Family	\$11.82

**To locate a network provider in your area go to:**  
**[www.myhumana.com](http://www.myhumana.com)**  
**Select: Humana Insight Network**

*This summary is intended only to highlight some of the most commonly used benefits.  
 Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

# BASIC LIFE BENEFIT SUMMARY

Oldham County Fiscal Court  
All Eligible Full-Time Employees



## Full-time Employee Requirement

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

**Life Amount** \$30,000

**Accidental Death & Dismemberment (AD&D) Principal Sum Amount** \$30,000

**Guaranteed Issue Amount** \$30,000

## Reduction Schedule

The Life Amount and AD&D Principal Sum will reduce to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age.

Age:	65	70	75	80	85
Reduces To:	65%	45%	30%	20%	15%

## Accelerated Life Benefit

The Employee may request payment of 25%, 50%, or 75% of the Life Amount if the Employee is diagnosed with a terminal condition, as defined in the Certificate.

## Waiver of Premium

AUL may waive further premium payments for the Employee's Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 6 months, and submits proof of Total Disability.

## Conversion

If the Employee's Life Insurance or a portion of it ceases, the Employee may be entitled to convert his / her life amount. The Employee can refer to his or her Certificate for specific details of this provision.

**100% Paid for by Oldham County Fiscal Court!**

## Accidental Death & Dismemberment

While insured under the Policy, if the Employee has an accident which results in a loss or condition specified in the chart below, AUL will pay the amount shown. The loss or condition must occur within 365 days from the date of the accident and AUL must receive acceptable proof of loss or condition.

## Loss Schedule

### Loss

Life	AD&D Principal Sum
Both hands or both feet or sight of both eyes	AD&D Principal Sum
Speech and hearing	AD&D Principal Sum
One hand and one foot	AD&D Principal Sum
One hand and sight of one eye	AD&D Principal Sum
One foot and sight of one eye	AD&D Principal Sum
Sight of one eye	Half of AD&D Principal Sum
One hand or one foot	Half of AD&D Principal Sum
Speech or hearing	Half of AD&D Principal Sum
Thumb and index finger	Quarter of AD&D Principal Sum

### Conditions

Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body	AD&D Principal Sum
Paraplegia or Loss of Use of Both Lower Limbs of the Body	Half of AD&D Principal Sum
Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body	Half of AD&D Principal Sum
Monoplegia or Loss of Use of One Limb of the Body	Quarter of AD&D Principal Sum
Severe Burns	AD&D Principal Sum

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by the Employee.

## Benefit Features Offered for Basic Term Life and AD&D

Seat Belt  
Air Bag  
Exposure  
Disappearance  
Repatriation  
Child Higher Education  
Child Care

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.

# VOLUNTARY PRODUCTS



<b>Worksite Benefits</b>	
Voluntary Employee Life and Voluntary Dependent Life	<b>Please make your elections on Paylocity.</b>
Voluntary Short Term Disability	
Voluntary Long Term Disability	



<b>Worksite Benefits</b>	
Voluntary Accident	<b>Please see Human Resources for enrollment form(s).</b>
Voluntary Critical Illness	

*This summary is intended only to highlight some of the most commonly used benefits.  
Please refer to your Certificate of Coverage for an exact description of coverage, exclusions and limitations.*

# VOLUNTARY LIFE INSURANCE

**Oldham County Fiscal Court**  
**All Eligible Full-Time Employees**



**Full-time Employee Requirement**

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

**Life Amount**

A flat amount in \$1,000 increments with a Minimum of \$10,000 and a Maximum of \$150,000 not to exceed 5 times your annual base salary, rounded to the next higher \$10,000.

**Guaranteed Issue Amount**

\$100,000

**Reduction Schedule**

The Life Amount will reduce to 40% of the amount shown above when the Employee reaches age 70. See Certificate for further benefit reductions due to age.

Age:	70	75	80
Reduces To:	40%	25%	15%

**Accelerated Life Benefit**

The Employee may request payment of 25%, 50%, or 75% of the Life Amount if the Employee is diagnosed with a terminal condition, as defined in the Certificate.

**Waiver of Premium**

AUL may waive further premium payments for the Employee's Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 6 months, and submits proof of Total Disability.

**Conversion**

If the Employee's Life Insurance or a portion of it ceases, the Employee may be entitled to convert his / her policy. The Employee can refer to his or her Certificate for specific details of this provision.

**Portability**

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

**Guaranteed Increase Benefit (GIB)**

If eligible, you may apply for an additional amount of coverage offered by AUL at each approved scheduled enrollment period without providing Evidence of Insurability. The amount of coverage after the increase can not be greater than the maximum amount of coverage available.

**Life Event Benefit (LEB)**

If eligible and a qualifying Life event has occurred, you may apply for an additional amount of coverage. The amount of coverage after the increase can not be greater than the maximum amount of coverage available.

**Voluntary Dependent Term Life**

Employee's Spouse Under age 70

A flat amount in \$500 increments with a Minimum of \$5,000 and a Maximum of \$50,000 not to exceed 50% of your Life amount.

The spouse Guaranteed Issue amount is \$25,000.

Plan 1

Dependent Child* - 6 months to age 19, or 25 if full-time student	\$5,000
Dependent Child - Live birth to 6 months	\$1,000

Plan 2

Dependent Child* - 6 months to age 19, or 25 if full-time student	\$10,000
Dependent Child - Live birth to 6 months	\$1,000

\*Age and definition of Child(ren) may vary by state.

**Benefit Features Offered for  
Voluntary Term Life**

Dependent Spouse Accelerated Life Benefit (ALB)

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.

### Voluntary Term Life Benefits - EMPLOYEE

You may select a minimum benefit of \$10,000 up to a maximum amount of \$150,000, in \$1,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

#### Payroll Deduction Illustration: 2 Times Per Month Employee Options

Life	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$10,000	\$0.40	\$0.40	\$0.35	\$0.40	\$0.50	\$0.75	\$1.15	\$1.85	\$2.90	\$4.45	\$7.35	\$14.30	\$27.65
\$20,000	\$0.80	\$0.80	\$0.70	\$0.80	\$1.00	\$1.50	\$2.30	\$3.70	\$5.80	\$8.90	\$14.70	\$28.60	\$55.30
\$30,000	\$1.20	\$1.20	\$1.05	\$1.20	\$1.50	\$2.25	\$3.45	\$5.55	\$8.70	\$13.35	\$22.05	\$42.90	\$82.95
\$40,000	\$1.60	\$1.60	\$1.40	\$1.60	\$2.00	\$3.00	\$4.60	\$7.40	\$11.60	\$17.80	\$29.40	\$57.20	\$110.60
\$50,000	\$2.00	\$2.00	\$1.75	\$2.00	\$2.50	\$3.75	\$5.75	\$9.25	\$14.50	\$22.25	\$36.75	\$71.50	\$138.25
\$60,000	\$2.40	\$2.40	\$2.10	\$2.40	\$3.00	\$4.50	\$6.90	\$11.10	\$17.40	\$26.70	\$44.10	\$85.80	\$165.90
\$70,000	\$2.80	\$2.80	\$2.45	\$2.80	\$3.50	\$5.25	\$8.05	\$12.95	\$20.30	\$31.15	\$51.45	\$100.10	\$193.55
\$80,000	\$3.20	\$3.20	\$2.80	\$3.20	\$4.00	\$6.00	\$9.20	\$14.80	\$23.20	\$35.60	\$58.80	\$114.40	\$221.20
\$90,000	\$3.60	\$3.60	\$3.15	\$3.60	\$4.50	\$6.75	\$10.35	\$16.65	\$26.10	\$40.05	\$66.15	\$128.70	\$248.85
\$100,000	\$4.00	\$4.00	\$3.50	\$4.00	\$5.00	\$7.50	\$11.50	\$18.50	\$29.00	\$44.50	\$73.50	\$143.00	\$276.50
<b>The amounts below require Statement of Insurability form</b>													
\$110,000	\$4.40	\$4.40	\$3.85	\$4.40	\$5.50	\$8.25	\$12.65	\$20.35	\$31.90	\$48.95	\$80.85	\$157.30	\$304.15
\$120,000	\$4.80	\$4.80	\$4.20	\$4.80	\$6.00	\$9.00	\$13.80	\$22.20	\$34.80	\$53.40	\$88.20	\$171.60	\$331.80
\$130,000	\$5.20	\$5.20	\$4.55	\$5.20	\$6.50	\$9.75	\$14.95	\$24.05	\$37.70	\$57.85	\$95.55	\$185.90	\$359.45
\$140,000	\$5.60	\$5.60	\$4.90	\$5.60	\$7.00	\$10.50	\$16.10	\$25.90	\$40.60	\$62.30	\$102.90	\$200.20	\$387.10
\$150,000	\$6.00	\$6.00	\$5.25	\$6.00	\$7.50	\$11.25	\$17.25	\$27.75	\$43.50	\$66.75	\$110.25	\$214.50	\$414.75

### Voluntary Term Life Benefits - SPOUSE

You may select a minimum Spouse benefit of \$5,000 up to a maximum amount of \$50,000, in \$500 increments, not exceed 50% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

#### Payroll Deduction Illustration: 2 Times Per Month Spouse Options

Life	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$5,000	\$0.20	\$0.20	\$0.18	\$0.20	\$0.25	\$0.38	\$0.58	\$0.93	\$1.45	\$2.23	\$3.68	\$3.68	\$3.68
\$10,000	\$0.40	\$0.40	\$0.35	\$0.40	\$0.50	\$0.75	\$1.15	\$1.85	\$2.90	\$4.45	\$7.35	\$7.35	\$7.35
\$15,000	\$0.60	\$0.60	\$0.53	\$0.60	\$0.75	\$1.13	\$1.73	\$2.78	\$4.35	\$6.68	\$11.03	\$11.03	\$11.03
\$20,000	\$0.80	\$0.80	\$0.70	\$0.80	\$1.00	\$1.50	\$2.30	\$3.70	\$5.80	\$8.90	\$14.70	\$14.70	\$14.70
\$25,000	\$1.00	\$1.00	\$0.88	\$1.00	\$1.25	\$1.88	\$2.88	\$4.63	\$7.25	\$11.13	\$18.38	\$18.38	\$18.38
<b>The amounts below require Statement of Insurability form</b>													
\$30,000	\$1.20	\$1.20	\$1.05	\$1.20	\$1.50	\$2.25	\$3.45	\$5.55	\$8.70	\$13.35	\$22.05	\$22.05	\$22.05
\$35,000	\$1.40	\$1.40	\$1.23	\$1.40	\$1.75	\$2.63	\$4.03	\$6.48	\$10.15	\$15.58	\$25.73	\$25.73	\$25.73
\$40,000	\$1.60	\$1.60	\$1.40	\$1.60	\$2.00	\$3.00	\$4.60	\$7.40	\$11.60	\$17.80	\$29.40	\$29.40	\$29.40
\$45,000	\$1.80	\$1.80	\$1.58	\$1.80	\$2.25	\$3.38	\$5.18	\$8.33	\$13.05	\$20.03	\$33.08	\$33.08	\$33.08
\$50,000	\$2.00	\$2.00	\$1.75	\$2.00	\$2.50	\$3.75	\$5.75	\$9.25	\$14.50	\$22.25	\$36.75	\$36.75	\$36.75

#### Child Options

Life	Child(ren) 6 months to age 19, or 25 if full-time student	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$5,000	\$1,000	\$0.53
Option 2:	\$10,000	\$1,000	\$1.05

**Note:** Premiums are based on your age as of 01/01 and amount of coverage chosen.

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# VOLUNTARY SHORT TERM BENEFIT SUMMARY

Oldham County Fiscal Court  
All eligible full-time employees



## **Full-time Employee Requirement**

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

## **Benefit Amount**

Increments of \$50 per week, from a minimum of \$300 to a maximum benefit of \$1,150, not to exceed 60% of Covered Weekly Earnings, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.

## **Elimination Period**

14 days for injury or 14 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.

## **Maximum Benefit Duration**

13 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.

## **Maternity Coverage**

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

## **Total Disability**

You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular job; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.

## **Partial Disability**

A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of your regular job on a full-time basis, is performing at least one of the material and substantial duties of your regular job, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.

## **Residual Disability**

The elimination period can be met using total disability, partial disability, or a combination of both.

## Recurrent Disability

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.

## Pre-Existing Condition Exclusions

The pre-existing period is 12/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 12 months just prior to the Individual's effective date of insurance.

## Portability

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

## Continuation of Coverage During:

FMLA  
Temporary Lay Off or LOA  
LOA for Military Service

## Exclusions

This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

**Option 1 Payroll Deduction Illustration: 2 Times Per Month**

If your annual salary is at least:	You may select a weekly benefit of:	Option 1 Payroll Deduction Illustration: 2 Times Per Month											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$26,000	\$300	\$11.85	\$11.85	\$11.85	\$11.85	\$13.05	\$13.05	\$13.50	\$13.50	\$14.70	\$14.70	\$18.15	\$18.15
\$30,333	\$350	\$13.83	\$13.83	\$13.83	\$13.83	\$15.23	\$15.23	\$15.75	\$15.75	\$17.15	\$17.15	\$21.18	\$21.18
\$34,667	\$400	\$15.80	\$15.80	\$15.80	\$15.80	\$17.40	\$17.40	\$18.00	\$18.00	\$19.60	\$19.60	\$24.20	\$24.20
\$39,000	\$450	\$17.78	\$17.78	\$17.78	\$17.78	\$19.58	\$19.58	\$20.25	\$20.25	\$22.05	\$22.05	\$27.23	\$27.23
\$43,333	\$500	\$19.75	\$19.75	\$19.75	\$19.75	\$21.75	\$21.75	\$22.50	\$22.50	\$24.50	\$24.50	\$30.25	\$30.25
\$47,667	\$550	\$21.73	\$21.73	\$21.73	\$21.73	\$23.93	\$23.93	\$24.75	\$24.75	\$26.95	\$26.95	\$33.28	\$33.28
\$52,000	\$600	\$23.70	\$23.70	\$23.70	\$23.70	\$26.10	\$26.10	\$27.00	\$27.00	\$29.40	\$29.40	\$36.30	\$36.30
\$56,333	\$650	\$25.68	\$25.68	\$25.68	\$25.68	\$28.28	\$28.28	\$29.25	\$29.25	\$31.85	\$31.85	\$39.33	\$39.33
\$60,667	\$700	\$27.65	\$27.65	\$27.65	\$27.65	\$30.45	\$30.45	\$31.50	\$31.50	\$34.30	\$34.30	\$42.35	\$42.35
\$65,000	\$750	\$29.63	\$29.63	\$29.63	\$29.63	\$32.63	\$32.63	\$33.75	\$33.75	\$36.75	\$36.75	\$45.38	\$45.38
\$69,333	\$800	\$31.60	\$31.60	\$31.60	\$31.60	\$34.80	\$34.80	\$36.00	\$36.00	\$39.20	\$39.20	\$48.40	\$48.40
\$73,667	\$850	\$33.58	\$33.58	\$33.58	\$33.58	\$36.98	\$36.98	\$38.25	\$38.25	\$41.65	\$41.65	\$51.43	\$51.43
\$78,000	\$900	\$35.55	\$35.55	\$35.55	\$35.55	\$39.15	\$39.15	\$40.50	\$40.50	\$44.10	\$44.10	\$54.45	\$54.45
\$82,333	\$950	\$37.53	\$37.53	\$37.53	\$37.53	\$41.33	\$41.33	\$42.75	\$42.75	\$46.55	\$46.55	\$57.48	\$57.48
\$86,667	\$1,000	\$39.50	\$39.50	\$39.50	\$39.50	\$43.50	\$43.50	\$45.00	\$45.00	\$49.00	\$49.00	\$60.50	\$60.50
\$91,000	\$1,050	\$41.48	\$41.48	\$41.48	\$41.48	\$45.68	\$45.68	\$47.25	\$47.25	\$51.45	\$51.45	\$63.53	\$63.53
\$95,333	\$1,100	\$43.45	\$43.45	\$43.45	\$43.45	\$47.85	\$47.85	\$49.50	\$49.50	\$53.90	\$53.90	\$66.55	\$66.55
\$99,667	\$1,150	\$45.43	\$45.43	\$45.43	\$45.43	\$50.03	\$50.03	\$51.75	\$51.75	\$56.35	\$56.35	\$69.58	\$69.58

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.

For additional benefit information, please contact your HR Representative or call OneAmerica at 800-553-5318.

# VOLUNTARY LONG TERM BENEFIT SUMMARY

**Oldham County Fiscal Court**  
**All eligible full-time employees**



**Full-time Employee Requirement**

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

**Benefit Amount**

Increments of \$100 per month, from a minimum of \$300 to a maximum benefit of \$5,000, not to exceed 60% of an Employee's Covered Monthly Earnings, then reduced by Other Income Benefits as outlined in the certificate. The minimum monthly benefit is \$100.

**Elimination Period**

90 days for injury or 90 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.

**Maximum Benefit Duration**

SSFRA. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.

**Maximum Benefit Duration**

<b>Age When Total Disability Begins</b>	<b>Maximum Duration</b>
	Greater of Social Security Full Retirement Age or:
Less than age 60	To age 65
60	5 years
61	4 years
62	3.5 years
63	3 years
64	2.5 years
65	2 years
66	21 months
67	18 months
68	15 months
69 and over	12 months

**Maternity Coverage**

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

**Total Disability**

You are considered disabled if, because of injury or sickness, you cannot perform the the material and substantial duties of your regular occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.

**Partial Disability**

A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of your regular occupation on a full-time basis, is performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.

**Residual Disability**

The elimination period can be met using total disability, partial disability, or a combination of both.

**Recurrent Disability**

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 consecutive months of return to active work.

**Pre-Existing Condition Exclusions**

The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

**Portability**

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

**Special Conditions**

Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months as outlined in the contract. Benefit payments for Disabilities due to Special Conditions are cumulative for the lifetime of the contract.

**Cost of Living Freeze**

Any inflationary increases in other benefit payment(s) (i.e., Social Security) that an Employee may be receiving will not further reduce monthly disability benefits paid under the contract.

**Continuation of Coverage During:**

FMLA  
Temporary Lay Off or LOA  
LOA for Military Service

**Additional Benefits:**

Return to Work Benefit  
Survivor Benefit  
Workplace Modification

**Exclusions**

This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

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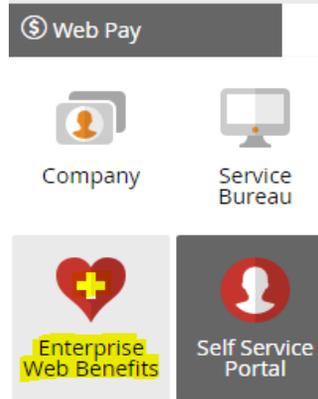
For additional benefit information, please contact your HR Representative or call OneAmerica at 800-553-5318.





## Oldham County Fiscal Court Enrollment Guide

To access the system, log into WebPay as you would to view your payroll information. On the top left corner, click on the Applications bar and then Enterprise Web Benefits, this will take you to your Web Benefits home page.



This site supports the following browsers: Microsoft Internet Explorer, version 6.0 and up, Mozilla Firefox version 2.0.0.4 and up, Google Chrome and Safari version 4.0.1 and up. We encourage you to keep your browser updated.

**\*\*For successful navigation of the site, do NOT use the "back" button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located on the left hand side of the screen.**

From the Home Page, click on **START YOUR ENROLLMENT**.

### Welcome to your enrollment!

Enrollment Deadline **2/28/2019**

Your Status **Not Started**

[Start Your Enrollment](#)



Annual enrollment is broken down into the following 4 steps/tabs. You will be taken through each tab to make changes or confirm your information on file and choose your benefits for the new plan year.

1. Employee (Personal Information)
2. Family (Family Information)
3. Enroll
4. Confirm

### Verify your Personal Associate Information

- Before beginning your enrollment, please verify the accuracy of all of your personal information (e.g., address, DOB, etc.)
- If you need to make any changes, you will need to make those in WebPay (or Payroll) and that change will be reflected here within 48 hours

- When done, check “I agree” at the bottom of the page and click “Continue”

**Please Note: Any field that has an asterisk next to it is required.**

## Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete any required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue .

### Demographics

First Name TESTOE

Middle Initial

Last Name Full Time Employees

Social Security Number 000-00-0001

Date of Birth 7/17/1982

Gender Male

\* Tobacco User

- 1 Your Info
- Employee Information
- Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

### Verify your Family Information

- You will want to add all dependents that you wish to cover under your benefits in this tab before proceeding to the next section
- Click on the [Add dependents](#) link to add dependents, when all of your family information is accurate, check “I agree” and click “Continue.”

## Family Information

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependent. To verify or edit the information of a family member who has already been entered, click on the person's name. If you do not have any family members, click Continue.

**TESTOE Full Time Employees**

Male Employee  
34 years old (7/17/1982)  
SSN: 000-00-0001

[Edit >](#)

**Spouse Test**

Female Spouse  
37 years old (5/1/1979)  
SSN: 123-11-1111

[Edit >](#)

**Child Test**

Male Child  
9 years old (3/10/2007)  
SSN: 123-11-1113

[Edit >](#)

+

Add Dependents

Continue

- 1 Your Info
- Employee Information
- Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

I agree that the above information is accurate.

I agree

## Enrolling into Benefits

- Start your enrollment by clicking on the “Enroll” tab, this will take you to your first incomplete benefit
- Any benefits that are currently enrolled and do not require beneficiary designations will already have a green check mark, you can click the plan name to learn more about this benefit



# Medical

\$100.09   
Your Cost per pay period

PLAN 1) HDHP Core / Humana / [View plan details](#)

COVERAGE Employee + Child(ren)

TESTOE Full Time Employees	Employee	 Cover
Spouse Test	Spouse	 Waive
Child Test	Child	 Cover

 Completed

[I don't want this benefit \(waive\)](#) [View Plan Options](#)

## Medical, Dental and Vision

- You can choose to elect the benefit or waive out
- To elect the benefit, please select the dependent(s) to cover and then the plan you wish to enroll in
- Coverage level will be determined based on the dependents you cover and once you click next you can review this and all cost associated with the plan you have selected

### Who will be covered by this plan?

TESTOE Full Time Employees Employee  Spouse Test Spouse  Child Test Child [+ Add Dependents](#)

[Back](#) [Continue](#)

Click Save and Continue enrollment to go on to the next benefit plan. Medical will now show as complete with a green checkmark, and the next benefit plan will appear



# Health Savings Account

\$75.00   
Your Cost per pay period

PLAN Health Savings Account - Core / UMB

CONTRIBUTION \$1,800.00

[View your answer\(s\) to question\(s\) >](#)

 Completed

[I don't want this benefit \(waive\)](#) [View Plan Options](#)

**PLEASE NOTE – IF YOU DO NOT WISH TO CONTRIBUTE TO AN HSA, BUT DO WANT TO RECEIVE THE EMPLOYER CONTRIBUTION: SELECT THE PLAN AND ENTER 0 IN THE EMPLOYEE CONTRIBUTION AMOUNT BOX.**

## Basic Life Plan

- You will be automatically enrolled into this plan.
- For basic life you will be asked to make your beneficiary assignments. Your dependents on file will automatically be listed as beneficiaries. Enter your assignments to total 100 %. When done, click 'Continue.' If you would like to add another beneficiary, click on the 'Add Beneficiary' box to be taken to the Beneficiary Maintenance page.

**Basic Employee Life**

1 Plan Selection View

2 Beneficiaries

Basic Employee Life and AD&D \$20,000.00 \$0.00

Primary Beneficiaries **REQUIRED** Secondary Beneficiaries (optional)

"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any benefits due after death of the employee/retiree. "Contingent Beneficiary" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive. Please review the options below and make changes as needed. You must choose a Primary Beneficiary; Secondary Beneficiaries are optional.

Beneficiary	Percentage
My Estate (Employee)	<input type="text"/> %
Jane Doe (Spouse)	<input type="text"/> %

+ Add New Beneficiary

Total: 0% (must equal 100%)

Next >

- If at any time, you want to review, change your elections, or find more information about the plan, click on the plan name on the left.
- Once you have completed the enrollment for each benefit plan you will be taken to the final review step

## Almost Finished!

- Review all of your benefit elections and covered dependents
- Once you've completed your review, check the **I agree and I am finished with my enrollment** box at the bottom of the page and click the "Save My Enrollment!" button at the bottom of this page

**Once You've Reviewed All Your Selections:**

**Participation**

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

I agree, and I'm finished with my enrollment.

Save My Enrollment!

## Confirmation

It is highly recommended that you send yourself an e-mail confirmation of your elections. To do so, click on the envelope icon on the top right side. If you don't have an e-mail address in the system, please print out the confirmation page before you leave the site by clicking on printer icon also on the top right side. You will be also prompted to save your confirmation statement as well if you would like to save a copy.



### Your enrollment is complete!



You may make changes to your elections until: **December 9, 2017**

You have completed your enrollment. Click the picture of a printer to printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the Enrollment Complete button.

#### Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

 VIEW

 EMAIL

 PRINT

# Group Critical Illness Insurance

## Plan 2 Full



If you're diagnosed with a covered critical illness or cancer, group critical illness insurance\* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

\*The policy name is Critical Illness and Cancer Group Specified Disease Insurance.

**Face amount:** \$ \_\_\_\_\_

### Critical illness benefit

For the diagnosis of this covered critical illness condition: <sup>1</sup>	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coma	100%
Permanent paralysis due to a covered accident	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease <sup>2</sup>	25%

For more information,  
talk with your  
benefits counselor.

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### Subsequent diagnosis of a different critical illness<sup>3</sup>

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

### Subsequent diagnosis of the same critical illness<sup>3</sup>

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease<sup>2</sup> and occupational infectious HIV or occupational infectious hepatitis B, C or D.

## Diagnosis of cancer benefit

Covered cancer benefits	
For this condition: <sup>1</sup>	The amount payable is:
Diagnosis of cancer (internal or invasive)	100% of the face amount
Diagnosis of carcinoma in situ	25% of the face amount
Skin cancer	\$500

**Cancer vaccine benefit:** ..... \$50

This benefit is payable if you or your covered family members incur a charge for any FDA-approved cancer vaccine while your certificate is in force.



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1 Please refer to the certificate for complete definitions of covered conditions.

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

### EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

### EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.

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# Critical Illness Insurance

## Health Screening Benefit



The optional health screening benefit can help you reduce the risk of serious illness through early detection.

**Health screening benefit**..... **\$100.00**

Maximum of one screening test per covered person per calendar year.

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For more information,  
talk with your  
benefits counselor.

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For cost and complete details, see your Colonial Life benefits counselor. Applicable to form CI-1.0-P and GCC1.0-P (including state abbreviations where used, for example: CI-1.0-P-TX and GCC1.0-P-TX). Coverage may vary by state and may not be available in all states.

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# Group Accident Insurance

## Preferred Plan



For more information,  
talk with your  
benefits counselor.

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Group accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.

*Benefits are per covered person per covered accident unless stated otherwise*

**Accident emergency treatment** ..... \$150

One visit per covered person per covered accident and  
Up to four visits per covered person per calendar year

**Accident follow-up doctor visit** ..... \$50

Up to four visits per covered person per covered accident and  
Up to 16 visits per covered person per calendar year

**Accidental death**

Per covered person

	Accidental death	Accidental death common carrier
■ Named insured .....	\$50,000	\$200,000
■ Spouse .....	\$50,000	\$200,000
■ Dependent child(ren) .....	\$10,000	\$40,000

*Examples of common carriers are mass transit trains, buses and planes*

**Accidental dismemberment**

**Loss or loss of use**

■ One hand, arm, foot, leg or sight of an eye .....	\$9,000
■ Both hands, arms, feet, legs or the sight of both eyes; or any combination .....	\$18,000
■ One finger or one toe .....	\$1,050
■ Two or more fingers; two or more toes; or any combination .....	\$2,100

**Air ambulance** ..... \$1,500

Transportation to or from a hospital or medical facility

**Ambulance (ground)**..... \$300

Transportation to or from a hospital or medical facility

**Appliance aid in personal locomotion or mobility** ..... \$100

Walking boot, neck brace, back brace, leg brace, cane, crutches, walker and wheelchair

**Blood/plasma/platelets** ..... \$400

Required during treatment of a covered accident

**Burn**

■ 2nd-degree burns (covering at least 36% of the body's surface) .....	\$1,000
■ 3rd-degree burns (based on size) .....	\$2,000 – \$15,000

**Burn-skin graft**..... 50% of applicable burn benefit

As a result of 2nd-degree or 3rd-degree burns

# Alex was cleaning out the gutters when he fell.



## EMERGENCY ROOM VISIT

Alex was taken by ambulance to the nearest emergency room and received immediate care.



## DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Alex had fractured his leg.



## HOSPITAL CONFINEMENT

Alex was admitted to the hospital for surgery on his leg. He was confined for three days.



## APPLIANCE FOR MOBILITY

Alex used crutches.



## PHYSICAL THERAPY

Alex had eight sessions of PT to help him regain the strength in his leg.



## DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

## ALEX'S OUT-OF-POCKET EXPENSES

When Alex totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Alex had accident coverage to help with these expenses.

ALEX'S BENEFITS	
Ambulance	\$300
Emergency room visit	\$150
X-ray	\$60
Hospital admission	\$1,000
Hospital confinement	\$750
Leg fracture (surgical)	\$3,600
Physical therapy	\$360
Appliance (crutches)	\$100
Doctor's follow-up office visit	\$150
	<b>\$6,470</b>

## Catastrophic accident

Total and irrecoverable loss or loss of use

- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears or loss of ability to speak

Subject to a 365-day elimination period; payable once per lifetime per covered person

- Named insured .....\$50,000
- Spouse .....\$50,000
- Dependent child(ren).....\$25,000

**Coma** ..... \$10,000

Lasting for 14 or more consecutive days

**Concussion** ..... \$375

**Dislocation (separated joint)** Non-surgical Surgical

- Hip .....\$3,000 \$6,000
- Knee (except patella) .....\$1,500 \$3,000
- Ankle, bone or bones of the foot (other than toes) .....\$1,200 \$2,400
- Collarbone (sternoclavicular) .....\$800 \$1,600
- Collarbone (acromioclavicular and separation) .....\$200 \$400
- Lower jaw .....\$720 \$1,440
- Shoulder (glenohumeral) .....\$1,200 \$2,400
- Elbow .....\$450 \$900
- Wrist .....\$600 \$1,200
- Bone(s) of the hand, (other than fingers) .....\$810 \$1,620
- Finger, toe .....\$200 \$400
- Incomplete dislocation or dislocation reduction without anesthesia .....25% of the applicable non-surgical amount

## Emergency dental work

- Dental crown or denture .....\$300
- Dental extraction .....\$100

**Eye injury** ..... \$300

With surgical repair or removal of a foreign object

**Fracture (broken bone)** Non-surgical Surgical

- Skull, depressed fracture (except face/nose) .....\$3,750 \$7,500
- Skull, simple non-depressed fracture (except face/nose) .....\$1,800 \$3,600
- Hip, thigh (femur) .....\$3,150 \$6,300
- Body of vertebrae (excluding vertebral processes) .....\$2,700 \$5,400
- Pelvis .....\$2,400 \$4,800
- Leg (tibia and/or fibula) .....\$1,800 \$3,600
- Bones of the face or nose (except mandible or maxilla) .....\$910 \$1,820
- Upper jaw, maxilla, upper arm between elbow and shoulder .....\$1,050 \$2,100
- Lower jaw, mandible .....\$1,200 \$2,400
- Kneecap, ankle, foot .....\$1,200 \$2,400
- Shoulder blade, collarbone .....\$1,200 \$2,400
- Vertebral processes .....\$630 \$1,260
- Forearm, hand, wrist .....\$1,200 \$2,400
- Rib .....\$375 \$750
- Coccyx .....\$320 \$640
- Finger, toe .....\$200 \$400
- Chip fracture .....25% of the applicable non-surgical amount

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The certificate has exclusions and limitations.

<b>Hospital admission</b> .....	<b>\$1,000</b>
Per covered person per covered accident	
<b>Hospital confinement</b> .....	<b>\$250 per day</b>
Up to 365 days per covered person per covered accident	
<b>Hospital intensive care unit admission</b> .....	<b>\$1,750</b>
Per covered person per covered accident	
<b>Hospital intensive care unit confinement</b> .....	<b>\$400 per day</b>
Up to 15 days per covered person per covered accident	
<b>Knee cartilage (torn)</b> .....	<b>\$750</b>
<b>Laceration (no repair, without stitches)</b> .....	<b>\$50</b>
<b>Laceration (repaired by stitches)</b>	
■ Total of all lacerations is less than two inches long .....	<b>\$150</b>
■ Total of all lacerations is at least two but less than six inches long .....	<b>\$300</b>
■ Total of all lacerations is six inches or longer .....	<b>\$600</b>
<b>Lodging (companion)</b> .....	<b>\$200 per day</b>
Up to 30 days per covered person per covered accident	
<b>Medical imaging study (CT, CAT scan, EEG, MR or MRI)</b> .....	<b>\$200</b>
One benefit per covered person per covered accident per calendar year	
<b>Occupational or physical therapy</b> .....	<b>\$45 per day</b>
Up to 10 days per covered person per covered accident	
<b>Pain management for epidural anesthesia</b> .....	<b>\$150</b>
<b>Prosthetic device/artificial limb</b>	
One benefit per covered person per covered accident	
■ One .....	<b>\$1,250</b>
■ More than one .....	<b>\$2,500</b>
<b>Rehabilitation unit confinement</b> .....	<b>\$150 per day</b>
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
<b>Ruptured disc with surgical repair</b> .....	<b>\$900</b>
<b>Surgery</b>	
■ Cranial, open abdominal and thoracic .....	<b>\$1,500</b>
■ Hernia with surgical repair .....	<b>\$300</b>
<b>Surgery (exploratory and arthroscopic)</b> .....	<b>\$225</b>
<b>Tendon/ligament/rotator cuff</b>	
■ One with surgical repair .....	<b>\$900</b>
■ Two or more with surgical repair .....	<b>\$1,800</b>
<b>Transportation for hospital confinement</b> .....	<b>\$600 per round trip</b>
Up to three round trips for more than 50 miles from home per covered person per covered accident	
<b>X-ray</b> .....	<b>\$60</b>



For more information,  
talk with your  
benefits counselor.

# Group Accident Insurance

## Health Screening Benefit



This benefit can help pay for routine preventive tests and services.

**Health screening** ..... **\$50.00**

Payable once per covered person per calendar year; subject to a 30-day waiting period

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For more information,  
talk with your  
benefits counselor.

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### HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

The covered person must incur a charge and the certificate must be in force for benefits to be payable.

This information is not intended to be a complete description of the insurance coverage available. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form GACC1.0-P and certificate form GACC1.0-C (plus state abbreviations where applicable, such as GACC1.0-C-TX). Coverage may vary by state and may not be available in all states. Premium at the effective date will vary according to family coverage type and benefit amount selected.

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## Group Critical Care for KY

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$100 Health Screening Benefit, HSA Compliant

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$4.23	\$6.53	\$4.38	\$6.68
	30-39	\$5.18	\$7.93	\$5.31	\$8.06
	40-49	\$7.23	\$11.03	\$7.38	\$11.18
	50-59	\$10.61	\$16.31	\$10.76	\$16.46
	60-74	\$15.23	\$23.36	\$15.41	\$23.51
\$10,000	16-29	\$5.13	\$7.88	\$5.43	\$8.18
	30-39	\$7.03	\$10.68	\$7.28	\$10.93
	40-49	\$11.13	\$16.88	\$11.43	\$17.18
	50-59	\$17.88	\$27.43	\$18.18	\$27.73
	60-74	\$27.13	\$41.53	\$27.48	\$41.83
\$20,000	16-29	\$6.93	\$10.58	\$7.53	\$11.18
	30-39	\$10.73	\$16.18	\$11.23	\$16.68
	40-49	\$18.93	\$28.58	\$19.53	\$29.18
	50-59	\$32.43	\$49.68	\$33.03	\$50.28
	60-74	\$50.93	\$77.88	\$51.63	\$78.48
\$30,000	16-29	\$8.73	\$13.28	\$9.63	\$14.18
	30-39	\$14.43	\$21.68	\$15.18	\$22.43
	40-49	\$26.73	\$40.28	\$27.63	\$41.18
	50-59	\$46.98	\$71.93	\$47.88	\$72.83
	60-74	\$74.73	\$114.23	\$75.78	\$115.13

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$4.81	\$7.38	\$4.93	\$7.51
	30-39	\$6.21	\$9.46	\$6.33	\$9.58
	40-49	\$9.61	\$14.58	\$9.76	\$14.73
	50-59	\$15.11	\$23.26	\$15.26	\$23.41
	60-74	\$22.98	\$35.28	\$23.16	\$35.46
\$10,000	16-29	\$6.28	\$9.58	\$6.53	\$9.83
	30-39	\$9.08	\$13.73	\$9.33	\$13.98
	40-49	\$15.88	\$23.98	\$16.18	\$24.28
	50-59	\$26.88	\$41.33	\$27.18	\$41.63
	60-74	\$42.63	\$65.38	\$42.98	\$65.73
\$20,000	16-29	\$9.23	\$13.98	\$9.73	\$14.48
	30-39	\$14.83	\$22.28	\$15.33	\$22.78
	40-49	\$28.43	\$42.78	\$29.03	\$43.38
	50-59	\$50.43	\$77.48	\$51.03	\$78.08
	60-74	\$81.93	\$125.58	\$82.63	\$126.28

(Continued...)

## Group Critical Care for KY

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$100 Health Screening Benefit, HSA Compliant

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$30,000	16-29	\$12.18	\$18.38	\$12.93	\$19.13
	30-39	\$20.58	\$30.83	\$21.33	\$31.58
	40-49	\$40.98	\$61.58	\$41.88	\$62.48
	50-59	\$73.98	\$113.63	\$74.88	\$114.53
	60-74	\$121.23	\$185.78	\$122.28	\$186.83

## Group Accident for KY

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage, Health Screening Benefit (\$50 Benefit)

### Preferred

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$6.70	\$10.92	\$11.83	\$16.05

### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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Call: **855.387.9727**

Go online: [guidanceresources.com](http://guidanceresources.com)

TDD: 800.697.0353

Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

## Confidential Counseling

### 3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants<sup>SM</sup>—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- > Stress, anxiety and depression
- > Relationship/marital conflicts
- > Problems with children
- > Job pressures
- > Grief and loss
- > Substance abuse

## Financial Information and 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:

- > Getting out of debt
- > Credit card or loan problems
- > Tax questions
- > Retirement planning
- > Estate planning
- > Saving for college

## Legal Support and Resources

### Expert info when you need it.

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
- > Landlord/tenant issues
- > Real estate transactions
- > Civil and criminal actions
- > Contracts

## Work-Life Solutions

### Delegate your “to-do” list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- > Child and elder care
- > Moving and relocation
- > Making major purchases
- > College planning
- > Pet care
- > Home repair

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GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- > Timely articles, HelpSheets<sup>SM</sup>, tutorials, streaming videos and self-assessments
- > “Ask the Expert” personal responses to your questions
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### Get peace of mind.

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to [www.guidanceresources.com](http://www.guidanceresources.com) and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- > Name an executor to manage your estate
- > Choose a guardian for your children
- > Specify your wishes for your property
- > Provide funeral and burial instructions

*Just call or click to access your services.*



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# EXCHANGE NOTICE



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

### PART A: General Information

Beginning in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year (adjusted to 9.86% for 2019), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: **Tina Schaaf**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

### PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>3. Employer Name</b> Oldham County Fiscal Court		<b>4. Employer Identification Number (EIN)</b> 61-6013124	
<b>5. Employer Address</b> 100 West Jefferson Street, Suite 4		<b>6. Employer Phone Number</b> 502-222-9357	
<b>7. City</b> LaGrange	<b>8. State</b> KY	<b>9. Zip Code</b> 40031	
<b>10. Who can we contact about employee health coverage at this job?</b> Tina Schaaf			
<b>11. Phone Number (if different from above)</b> 502-222-9357		<b>12. Email Address</b> tschaaf@oldhamcountyky.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Any employee who works 30 hours or more per week

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse and dependent children

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process.

## MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM

OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

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](http://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](http://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 Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA(3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.**

INDIANA - Medicaid	KENTUCKY - Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	Website: <a href="http://chfs.ky.gov">http://chfs.ky.gov</a> Phone: 1-800-635-2570

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019)



# FEDERAL REQUIREMENT NOTICES

## **Women's Health and Cancer Rights Act**

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 individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

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## **Women's Preventive Care**

The Affordable Care Act requires insurance companies to cover additional preventive health benefits for women. Health plans must cover the guidelines on women's preventive services with no cost sharing in plan years starting on or after August 1, 2012. The eight additional services for women that will be covered are:

- Annual Well-Woman Preventive Care Visit
- Gestational Diabetes Screening
- High-Risk Human Papillomavirus DNA Testing
- Sexually Transmitted Infections Counseling
- HIV Screening and Counseling
- Contraception and Contraceptive Counseling
- Breastfeeding Support, Supplies and Counseling
- Interpersonal and Domestic Violence Screening and Counseling

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## **The Newborns' and Mothers' Health Protection Act of 1996**

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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## **Your Rights Under the Uniformed Services Employment and Reemployment Act (USERRA)**

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

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## **Continuation of Coverage**

Your individual coverage terminates when your employment terminates, when you are no longer eligible, when the group policy(ies) terminates, or when you fail to make the required contribution, if any, except to the extent required by the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") (see, e.g., Code §4980B). If medical or dental coverage for an employee or his or her eligible family members ceases because of certain "qualifying events" specified in COBRA (such as termination of employment, reduction in hours, divorce, death or a child's ceasing to meet the definition of dependent), then the employee and his or her eligible family members may have the right to purchase continuation coverage for a temporary period of time.

A copy of the COBRA Continuation Notice is available to you upon request and at no cost through the office of the Plan Administrator. If you or your dependents' insured benefits end because you cease active work due to injury, sickness, layoff or leave of absence; or you or your dependents cease to be eligible for some other reason, a notice outlining your rights to continue insured coverage through COBRA will be mailed to you. Continuation and reinstatement rights may also be available if an employee is absent from employment due to service in the uniformed services pursuant to the Uniformed Services Employment and Re-employment Rights Act of 1994.

## **Qualified Medical Support Order (QMCSO)**

Federal law requires that medical coverage be provided to an Alternate Recipient in accordance with the requirements of a QMCSO. You are responsible for making sure that any medical child support order relating to your child meets the requirements of a QMCSO. The written requirements and procedures governing QMCSOs may be obtained from the Plan Administrator upon request at no charge.

## **The Health Insurance Portability and Accountability Act of 1996 HIPAA**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was signed into law on August 21, 1996. The focus of this law was to facilitate the portability of health coverage when employees move from one job to another. HIPAA addresses portability, access and renewability of health coverage and affects all group health plan sponsors. The Act also addresses significant benefit areas including long term care, medical savings accounts and COBRA. The following information focuses on the portability, access and renewability provisions of HIPAA.

A major feature of HIPAA is that it limits the length of pre-existing condition exclusions for coverage to 12 months after enrollment (or 18 months for a late enrollee) for conditions for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the enrollment date in any new health plan. If an individual had a medical condition in the past, but has not received any medical advice, diagnosis, care or treatment within 6 months prior to enrolling in the plan, the old condition is not a "pre-existing condition" for which an exclusion can be applied.

Pre-existing condition exclusions cannot be applied to pregnancy, regardless of whether the individual had previous coverage. In addition, a pre-existing condition exclusion cannot be applied to a newborn or adopted child under age 18 as long as the child became 21 covered under the health plan within 30 days of birth or adoption, provided the individual does not incur a subsequent 63 day or longer break in coverage. To prove creditable coverage to offset the exclusion period, each participant is entitled to receive a certificate indicating the period of creditable coverage. Coverage under a health plan that occurs before a 63 consecutive day break in coverage is not counted, unless the state insurance laws require otherwise.

The certification of creditable coverage must be in writing and must specify the period of creditable coverage under the group health plan, including periods of COBRA continuation coverage. Group health plans must provide the written certification: 1) at the time a participant's coverage under the plan ends; 2) at the time COBRA continuation coverage ends; and 3) upon request of the individual within two years after coverage ceases.

# FEDERAL REQUIREMENT NOTICES

## Important Notice from Oldham County Fiscal Court About Your Creditable Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Oldham County Fiscal Court 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:

1. 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 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.
2. Humana has determined that the prescription drug coverage offered by the Humana EHDHP 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 Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### 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 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also 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 current coverage will not be affected. However, the pharmacy plans do not coordinate. If you do decide to join a Medicare drug plan and drop your current Oldham County Fiscal Court coverage, be aware that you and your dependents will be required to wait until the next open enrollment period to re-enroll.

### 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 current coverage with Oldham County Fiscal Court 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 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 Tina Schaaf for further information. **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 Oldham County Fiscal Court 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 & 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](http://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 Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide 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).**

# WELLNESS DISCLAIMER

## NOTICE REGARDING WELLNESS PROGRAM

Humana Go365 is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "Health Risk Assessment" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol, glucose, and triglycerides. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of Deposit in HSA for biometric screening and silver status with Go365. Although you are not required to complete the biometric screening and reach silver status, only employees who do so will receive HSA deposit. The information from your Health Assessment and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, Humana Go365 will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual who will receive your personally identifiable health information is your doctor in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Tina Schaaf at [tschaaf@oldhamcountky.gov](mailto:tschaaf@oldhamcountky.gov).







**Offices in:**

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