



Butler County

— BOARD OF COMMISSIONERS —

BENEFITS ENROLLMENT PACKET FOR BOARD OF COMMISSIONERS JOINT FULLY INSURED PROGRAM

PLAN YEAR JANUARY 1, 2024 – DECEMBER 31, 2024

2024 OPEN ENROLLMENT
October 24, 2023 – November 7, 2023

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Butler County strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we have put together this Open Enrollment Guide. Open Enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits offered, so you can identify which offerings are best for you and your family.

The Open Enrollment Period for Butler County benefits is Tuesday, October 24th – Tuesday, November 7th. All eligible employees must elect or waive their Medical, Dental and Vision coverage through the ESS benefits enrollment portal during this period. Make sure you also enroll in the FSA and/or HSA accounts for 2024 where applicable.

All benefit elections will be effective January 1, 2024.

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WHO IS ELIGIBLE?

Your benefits eligibility is determined by hire date, employment status, number of hours worked, and/or benefit plan design. Your dependents' eligibility is determined by marital status, age restrictions, and/or benefit plan designs. As a general rule, eligible dependents include a legal spouse and/or children within the allowable ages below for each line of coverage.

Medical - 26

Dental – 26

WHEN TO ENROLL

Open enrollment begins on October 24th and runs through November 7th. The benefits you choose during open enrollment will become effective on January 1, 2024.

HOW TO ENROLL

All elections for Medical, Dental, Vision, plus FSA and/or HSA accounts must be made in ESS.



OPEN ENROLLMENT GLOSSARY OF TERMS

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common open enrollment terms to help you navigate your benefits options.

- **Coinsurance**—The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.
- **Copayment**—A flat fee that you pay toward the cost of covered medical services.
- **Covered Expenses**—Health care expenses that are covered under your health plan.
- **Deductible (DED)**—A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.
- **Dependent**—Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.
- **Flexible Spending Account (FSA)**—An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.
- **Health Savings Account (HSA)**—An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).
- **High Deductible Health Plan (HDHP)**—A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.
- **In-network**—Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.
- **Inpatient**—A person who is treated as a registered patient in a hospital or other health care facility.
- **Medicare**—An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.
- **Member**—You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.
- **Out-of-network**—Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.
- **Out-of-pocket Expense**—Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.
- **Out-of-pocket Maximum (OOPM)**—The highest out-of-pocket amount paid for covered services during a benefit period.
- **Preferred Provider Organization (PPO)**—A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.
- **Premium**—The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.
- **Primary Care Physician (PCP)**—A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

HEALTH INSURANCE

Butler County is proud to offer two medical plan options, administered by **CEBCO Anthem Blue Cross and Blue Shield**, for all eligible employees – the PPO Plan (1000D) and the High Deductible Health Plan (HSA E2). Both plans:

- Offer in- and out-of-network coverage, but members should try and use in-network providers to achieve the lowest out-of-pocket expense.
- Preventive care: eligible, in-network preventive services are 100% covered and include routine physicals, recommended screenings, vaccinations, and other qualified services.
- The plans have an embedded deductible, meaning the individual deductible does apply to family coverage.
- Covered services (except preventive) are subject to your annual calendar year deductible or will have a copay.
- Prescription copays apply to the PPO plan.
- Visit anthem.com or call 1-855-603-7982 for more information.

It is important to take this time to consider all your expected medical expenses for the upcoming year and to make the proper selection for you and your family. The below chart highlights the benefits allowed for each plan option:

	PPO 1000D	HDHP HSA E2
Deductible (per plan year)	In-Network	In-Network
Individual	\$1,000	\$3,200
Family	\$2,000 (embedded)	\$6,400 (embedded)
Coinsurance (after deductible)	20%	20%
Out of Pocket Maximums (includes copays & deductibles)		
Individual	\$3,750	\$5,000
Family	\$7,500	\$10,000
	PPO Copay NPOS	HDHP EHDHP NPOS
Preventive Care		
Annual Exam & Well Baby Care (P/S) & Immunizations	Fully Covered	Fully Covered
Mammograms, Routine Lab & X-Ray	Fully Covered	Fully Covered

Physician Services	In-Network PPO	In-Network HDHP
PCP & SPC	PCP: \$35 / SPC: \$45	DED & 20% Coinsurance
Inpatient/Outpatient/ER Services	20% Coinsurance	DED & 20% Coinsurance
Emergency/Urgent Care		
ER (true emergency)	\$150	DED & 20% Coinsurance
Urgent Care	\$45	DED & 20% Coinsurance
Hospital Facility Services		
Inpatient	20% Coinsurance	DED & 20% Coinsurance
Outpatient surgery Facility	20% Coinsurance	DED & 20% Coinsurance
	PPO	HDHP
Outpatient Non-Surgical Labs & X-Rays	20% Coinsurance	DED & 20% Coinsurance
Therapy		
Physical, Occupational, Speech	\$45	DED & 20% Coinsurance
MRI/CT Scans	20% Coinsurance	DED & 20% Coinsurance
Prescription Drugs		
Copays for Rx	\$10/\$25/\$50	DED & 20% Coinsurance
Mail Order	\$20/\$50/\$100	DED & 20% Coinsurance

MEDICAL EMPLOYEE CONTRIBUTIONS

(Per 24 pay periods)

Butler County offers a \$30 per pay reduction in premium to employees who certify they are tobacco-free

Medical Employee Contributions Tobacco Free		
	PPO	HDHP*
Employee	\$64.14	\$34.08
Employee + Spouse	\$175.23	\$108.50
Employee + Children	\$115.27	\$61.23
Family	\$238.63	\$147.76

Medical Employee Contributions Tobacco User		
	PPO	HDHP*
Employee	\$94.14	\$64.08
Employee + Spouse	\$205.23	\$138.50
Employee + Children	\$145.27	\$91.23
Family	\$268.63	\$177.76

*Butler County will make quarterly HSA contributions for those employees who elect the HDHP and establish a qualifying Optum HSA account. The total annual contributions are:

- Employee only: \$600
- All other tiers: \$1,200

CEBCO Annual Routine Preventive Eye Exam

Over the years this benefit has created confusion for our members and for the provider community. With the implementation of benefits mandated by the ACA, there has been a misconception that the benefit provided under the medical program is a chart exam. This is not accurate.

The intent of the benefit provided under the CEBCO Medical benefit is for each of our members to be eligible for an annual routine preventive eye exam.

This benefit is only available with 1) an in-network provider and 2) when billed with CPT Codes 92202-92014, 99201-99215 and HCPC Codes S0620 and S0621 when billed with the following ICD.10 Codes:

	Z01.00	Z01.01
H52.01	H52.02	H52.03
H52.11	H52.12	H52.13
H52.201	H52.202	H52.203
H52.211	H52.212	H52.213
H52.221	H52.222	H52.223

To make sure your doctor(s) are in the Anthem Network or to find a new doctor, go to <https://www.anthem.com/find-care/>

Halfway down the page, click on



Basic search as a guest

Select a plan and find out if a doctor, hospital, or other care provider is in-network.

The below menu will open. Fill in the options that are listed below and click continue to search for physicians in your area

Basic search as a guest

Select the type of plan or network

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

Select how you get health insurance

Select a plan or network

Feedback

Cancel

Continue

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. The below chart details the dental benefits administered by Delta Dental of Ohio. Visit www.deltadentaloh.com or call 1-800-524-0149 for more information.

Dental Benefits - In-Network	
Deductible (per calendar year)	
Individual	\$25
Family	\$50
Services	
Preventive	100%
Basic	80%
Major	50%
Annual Maximum (per individual)	\$1,500
Orthodontics (dependents under age 19)	50%
Ortho Lifetime Maximum	\$1,000

Dental Employee Contributions (Per 24 pay periods)	
Coverage Tier	Premium/pay
Employee	\$6.92
Employee + Spouse	\$13.84
Employee + Children	\$14.54
Family	\$24.57



VISION INSURANCE

Davis Vision provides vision insurance options to Butler County employees who wish to purchase comprehensive vision coverage. Since Vision coverage is a voluntary benefit, employees pay 100% of the premium.

Benefit	Frequency Once every -	In-Network Copay	In-Network Coverage
Eye Examination	January 1	\$20	<i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	January 1	\$0	Clear glass or plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	other January 1	\$0	<p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision’s Collection (retail value, up to \$160).</p> <p>OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance. No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	January 1	\$0	<p>Davis Vision Collection Contacts: Covered in full.</p> <p>Standard, Soft Contacts: 15% discount</p> <p>Specialty Contacts: 15% discount</p>
Contact Lenses (in lieu of eyeglasses)	January 1	\$0	<p>Covered in Full Contacts: From Davis Vision’s Collection, up to: Planned Replacement Two boxes/multi-packs* Disposable Four boxes/multi-packs*</p> <p>OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider’s supply plus 15% off balance.</p> <p>OR, Visually Required Contacts: Covered with prior approval.</p> <p><i>*Number of contact lens boxes may vary based on manufacturer’s packaging.</i></p>

The In-Network coverage has been expanded to include Costco for the 2024 plan year. Please visit www.davisvision.com after 1/1/2024 for a complete list of in-network providers.

Vision Employee Contributions (Per 24 pay periods)	
Coverage Tier	Premium/pay
Employee	\$3.09
Employee + Spouse	\$5.88
Employee + Children	\$6.16
Family	\$9.47

Should you have questions or need further assistance regarding Davis Vision Insurance policies, please contact Debbie Lang, Performance Benefit Solutions, at 513-779-3781 or dlang@pbsinc.com.

FLEXIBLE SPENDING ACCOUNTS

Paying for health care can be stressful. That is why Butler County offers three employer-sponsored flexible spending account options (FSAs): Health Care FSA, Limited FSA, and Dependent Care FSA. **Please note that you are required to re-elect FSA benefits every year.**

WHAT ARE THE BENEFITS OF AN FSA?

There are a variety of different benefits of using an FSA, including the following:

- **It saves you money.** Allows you to put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. Only \$610 of unused FSA funds can be rolled over from year to year – any amount over the \$610, **you use it or lose it.** You should only contribute the amount of money you expect to pay out of pocket that year. It is important to note that the annual maximum benefit amount allowed to be funded into the FSA is \$3,050.

HEALTH CARE FSA vs LIMITED FSA vs DEPENDENT CARE FSA

Health Care FSAs allow those who elect the PPO plan to contribute pre-tax dollars for qualified medical, dental and vision expenses. The maximum amount you may contribute is \$3,050.

Limited FSAs allow those who elect the HDHP plan to contribute pre-tax dollars for qualified dental and vision expenses only. The maximum amount you may contribute is \$3,050.

Dependent Care FSAs allow those who elect any of Butler County medical plans to contribute pre-tax dollars for qualified dependent care. This includes child daycare, nursery school, licensed in-home care, and elderly/disabled family member caregiver expenses. The maximum amount you may contribute each year is \$2,500 if single or filing separately (or \$5,000 if married and filing jointly).

These FSA benefits are administered by Chard Snyder. Visit www.chard-snyder.com or call 1-800-982-7715

FSA CASE STUDY

The example below illustrates how an FSA can save money.

Bob and Jane live in Ohio and have a combined annual gross income of \$45,000. They are married and file their income taxes jointly. Since Bob and Jane expect to spend \$3,000 in eligible medical expenses in the next plan year, they decide to direct a total of \$3,050 (the maximum allowed amount per individual for that taxable year) into their FSAs. The table demonstrates their savings.

	Without FSA	With FSA
Gross income	\$45,000	\$45,000
FSA contributions	\$0	(-\$3,050)
Gross income	\$45,000	\$41,950
Estimated taxes	(-\$5,532)*	(-\$4,999)*
After-tax earnings	\$39,468	\$36,951
Eligible out-of-pocket expenses	(-\$3,000)	(-\$400)
Remaining spendable income	\$36,468	\$36,551
Spendable income increase	--	\$283

[Tax Savings Calculator](#)

HEALTH SAVINGS ACCOUNTS

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in). Optum Bank administers the HSA.

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** When you use these funds to pay for medical expenses, you are using tax-free dollars.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your contributions decrease your taxable income, you'll pay less in taxes.

Butler County has partnered with Optum Bank to provide each employee an HSA who enrolls in the High Deductible Health Plan (HDHP). Your HSA is funded by your own pre-tax contributions through payroll deductions, up to a certain annual limit. In addition to personal contributions, Butler County also contributes funds toward the employees' HSA accounts. The total of all contributions cannot exceed the limits defined by the IRS. The maximum contribution to an HSA in 2024 is **\$4,150** for individual coverage and **\$8,300** for family coverage. Please remember what you contribute, plus the Butler County contribution, cannot exceed the annual maximums listed below. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution(s).** You may change your contribution amount at any time throughout the year if you do not exceed the annual maximum.

These HSA benefits are administered by Optum Bank. Visit www.optumbank.com or call 800-791-9361.

Tier	2024 HSA Maximum Contribution (including employer and employee contributions)	2024 Butler County Contribution
Single	\$4,150	\$600
Family	\$8,300	\$1,200
Catch Up (individuals 55 and older)	\$1,000	

**If you are 55 or older by the end of the year, you can make an additional \$1,000 catch-up contribution to your HSA. The IRS also has a special rule for married people who have coverage together under an HDHP. If you are married, and both of you are 55 or older, then you and your spouse can each make an additional contribution of \$1,000. This will increase your maximum HSA contribution to \$9,100 if both covered spouses enroll in "catch up."

Butler County has collaborated with several insurance and deferred compensation companies to provide employees greater financial security now and throughout their future.

Following are the providers Butler County employees can elect to purchase coverage and have their premiums or contributions payroll deducted.

Deferred Compensation

**CCAO Deferred Compensation Plan
Empower Retirement**

John Arbuckle

614-560-3941

john.arbuckle@empower.com



**Great American Fund Connection 457
Deferred Compensation Program**

Debbie Lang

513-779-3781

dlang@pbsinc.ws

Ohio Deferred Compensation

Tom Bugher

513-829-6499

bugher@nationwide.com



**OHIO DEFERRED
COMPENSATION**

Life, Disability & Critical Illness Insurance

	<p>Aflac RJ Grethel 513-509-4962 ronald_grethel@us.aflac.com</p>
<p>Western & Southern Beth Reed 937-336-0507 beth.reed@wslife.com</p>	 <p>Western & Southern Life INSURANCE RETIREMENT INVESTMENTS</p>
	<p>Lincoln Life Group Performance Benefits Solutions Term Life Debbie Lang 513-779-3781 dlang@pbsinc.ws See instructions below</p>

**Lincoln Life Enrollment Data – Login will be active only during Open Enrollment Period of
October 24 – November 7, 2023**

- To enroll, review, increase or decrease benefits or change beneficiary information go to:
<https://lfg.benselect.com/BDCMBUTLR2>
- **To login:** use employee Social Security Number or Munis ID
- **Password:** use the last 4 digits of the employee SSN + the 2-year digit of your birth
 - Example: employee Social Security Number is 400-20-1234 and year of birth is 1972, the password would be 123472
- After logging in, the review page will show all current selections, please be sure to add dependent information to continue coverage for the 2024 plan year or to add coverage for spouse and children.
- To submit: you must sign with your MUNIS ID. **If you do not enter your MUNIS ID as your signature, changes or enrollment will not be submitted.**

2024

ANNUAL

NOTICES

Notice Regarding Wellness Program

Your wellness program 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 biometric screening, which will include a blood test to determine if you have metabolic syndrome. You are not required to complete the biometric screening or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will pay the engaged premiums. Although you are not required to complete the biometric screening, only employees who do so will receive the engaged premium rates unless they complete a reasonable alternative.

If you are unable to participate in any of the health-related activities required to earn the engaged premiums, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

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 and Butler County may use aggregate information it collects to design a program based on identified health risks in the workplace, your wellness program 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(s) who will receive your personally identifiable health information is a registered nurse and/or a health coach 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 Human Resources at 513-887-3245.

Health-Contingent Wellness Program Notice

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights Act (WHCRA) Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the WHCRA of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- 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. Therefore, the following deductibles and coinsurance apply: PPO - \$1,000 single/\$2,000 family, 20% coinsurance; HSA \$3,000 single/\$6,000 family, 10% coinsurance.

If you would like more information on WHCRA benefits, please contact Human Resources.

Important Notice from Butler County About Your 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 Butler County 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. Butler County has determined that the prescription drug coverage offered by the Humana's Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is 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.

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 15th through December 7th.

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 Butler County coverage may be affected.

See the Certificate of Coverage to determine how your plan coordinates with Medicare Part D coverage should you elect Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Butler County coverage, be aware that you and your dependents may NOT be able to get this coverage back.

If you decide to join a Medicare drug plan and drop your current Butler County coverage, be aware that you and your dependents will NOT be able to get this coverage back if Butler County is a Medigap issuer.

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 Butler County 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 the person listed below for further information or call Butler County at 5138873245. NOTE: You will 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 Butler County 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
- 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, 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).

Date: October 2, 2023

Name of Entity/Sender: Butler County

Contact--Position/Office: Human Resources

Address: 315 High Street, 6th Floor, Hamilton, OH 45011

Phone Number: 513-887-3245

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, **and you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at 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, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhhip.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA-Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA-Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov</p>
<p align="center">KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcjp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

<p align="center">NEW JERSEY-Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">SOUTH DAKOTA-Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW YORK-Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">TEXAS-Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NORTH CAROLINA-Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">UTAH-Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">NORTH DAKOTA-Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p align="center">VERMONT-Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p align="center">OKLAHOMA-Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">VIRGINIA-Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p align="center">OREGON-Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">WASHINGTON-Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">PENNSYLVANIA-Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p align="center">WEST VIRGINIA-Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">RHODE ISLAND-Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItc Share Line)</p>	<p align="center">WISCONSIN-Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">SOUTH CAROLINA-Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">WYOMING-Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email cbasa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)