

Benefit Plan Summary – 2009 Plan Year

Plan Type and Lifetime Maximum Benefit:

- **New for 2009 -- One plan design** consisting of co-pays, deductible, and co-insurance with a **lifetime maximum benefit** paid of **\$5,000,000** per person.

Administrator:

- **CBCA Administrators Inc.** is the administrator for the City's self-funded medical and dental plans.

Physician & Hospital Network – Front Path:

- **Front Path** network has an extensive list of doctors, hospitals and ancillary providers (labs, therapists, clinics, etc.).
- **Front Path** network of hospitals includes Bay Park Community Hospital, Flower Hospital, The University of Toledo Medical Center, Mercy Children's Hospital, St. Anne Mercy Hospital, St. Charles Mercy Hospital, St. Luke's Hospital, St. Vincent Mercy Medical Center, The Toledo Children's Hospital, and The Toledo Hospital.
- **Front Path** network of hospitals includes regional and community hospitals including, but not limited to, Firelands Regional Medical Center, Fulton County Health Center, Henry County Hospital, H. B. Magruder Memorial Hospital, and Wood County Hospital.
- **Front Path** network of hospitals also includes the following out of area specialty hospitals: The Cleveland Clinic Foundation, University of Michigan Hospitals, Mayo Clinic, The Ohio State University Medical Center, and The James Cancer Hospital.
- **Front Path network** services are subject to either **(1)** a co-pay (\$) or **(2)** deductible and co-insurance (%).
- **Non-network** services are subject to a separate deductible and co-insurance.
- For specialties not available in the network, a non-network waiver *may* be issued on a case-by-case basis upon appeal, allowing services to be covered at in-network levels.

The following services are subject to a co-pay only; deductible and co-insurance do not apply.

Plan Services Subject to Co-Pay Only (using Front Path network provider only):

- **These services are not subject to deductible or co-insurance.**
- Physician office visit: \$15 per patient per visit.
- "Physician" is defined as family practitioner, general practitioner, internist, obstetrician / gynecologist, or pediatrician.
- Specialist office visit: \$25 per patient per visit.
- Urgent care: \$50 per patient per visit.
- Emergency room (for emergency services): \$75 per patient per visit.
- Emergency room (for non-emergency services): \$100 per patient per visit.

Routine Well Care Services Subject to Co-Pay Only (using Front Path network provider only):

- **These services are not subject to deductible or co-insurance.**
- Routine well adult care: \$15 per patient per visit.
- The following services are covered 100% up to a \$500 annual maximum per adult (age 18 and older): office visit, pap smear, prostate screening, gynecological exam, routine physical exam, laboratory blood tests, and sigmoidoscopy.
- Mammogram (screening): 1 annually covered 100% for ages 35 and older. This is a separate benefit not subject to the \$500 well care maximum.
- Routine well child care (from birth to 24 months): \$15 per patient per visit.
- The following services are covered 100% up to a \$750 annual maximum per child (from birth to 24 months): office visit, routine physical exam, laboratory blood tests, hearing tests, vision, and immunizations.
- Routine well child care (from 24 months to 18 years): \$15 per patient per visit.
- The following services are covered 100% up to a \$500 annual maximum per child (from 24 months to 18 years): office visit, routine physical exam, laboratory blood tests, hearing tests, vision, and immunizations.
- Outpatient diagnostic x-rays and laboratory tests are generally covered 100% with no co-pay.

NEW for 2009 – Smoking Cessation:

- Any type of smoking cessation service, over-the-counter medication, or prescription: covered 100% up to \$250 maximum in a lifetime.
- Payment must be made by patient who may file a manual claim form for reimbursement.

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The following services are subject to deductible and co-insurance only; a co-pay does not apply.

Plan Services Subject to Deductible and Co-Insurance Only (using Front Path network provider only):

- These services are *not* subject to a co-pay.
- Ambulance: Plan pays 90% after deductible is met.
- Inpatient Hospital: Plan pays 90% after deductible is met.
- Surgery: Plan pays 90% after deductible is met.
- Physical Therapy: Plan pays 90% after deductible is met for a maximum of 8 visits annually.
- Occupational Therapy: Plan pays 90% after deductible is met for a maximum of 8 visits annually.
- Speech Therapy: Plan pays 90% after deductible is met for a maximum of 8 visits annually.
- Chiropractic: Plan pays 90% after deductible is met for a maximum of 25 visits annually.
- Durable Medical Equipment (DME): Plan pays 90% after deductible is met up to a maximum of \$1,000 annually.
- Pregnancy: Plan pays 90% after deductible is met.
- Newborn Well Care: Plan pays 90% after deductible is met.
- CT scan, PET scan, and MRI: Plan pays 90% after deductible is met.
- Inpatient diagnostic x-ray and laboratory tests: Plan pays 90% after deductible is met.
- Generally, when the above services are obtained through **non-network providers**, the plan pays 70% after deductible is met. The plan pays 90% after deductible is met for ambulance and emergency services incurred when traveling out of the network area and for eligible full-time dependent students attending college out of the network area.

Deductible, Co-Insurance, and Maximum Out-of-Pocket Amounts:

Description	Front Path Network Provider	Non-Network Provider
Deductible (Employee pays first before plan pays.)		
Per Person	\$200	\$400
Per Family	\$400	\$800
Co-Insurance (% of the charges for services employee pays after deductible is met.)	(10% of charges)	(30% of charges)
Per Person	\$500	\$1,000
Per Family	\$1,500	\$3,000
Max Out-of-Pocket (Deductible + Co-Insurance)		
Per Person	\$700	\$1,400
Per Family	\$1,900	\$3,800
Note: Non-Network deductible is separate from Front Path Network deductible.		
Lifetime Maximum Benefit: \$5,000,000		

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Dental Coverage:

- Dental coverage is a self-funded plan administered by **CBCA Administrators Inc.** and is unchanged except for the increase in orthodontia.
- No dental network, patient may use any area dentist. The plan will pay “usual, customary and reasonable (UCR)” costs to provider with the **patient responsible for any amount over UCR.**
- Annual **dental limit is \$1,500** per person.
- Other dental benefits include:
 - Class A (Preventive – such as routine exams and x-rays): No deductible, covered 100%
 - Class B (Basic – such as fillings and root canals): covered 80% after \$50 per person annual deductible
 - Class C (Major – such as crowns and bridges): covered 50% after \$50 per person annual deductible
- **Orthodontia coverage** is covered 60% (no deductible) up to a lifetime maximum of **\$1,500** per eligible dependent to age 19.

VSP (Vision Service Plan):

- Provides for annual vision examinations through a network of optometrists and physicians.
- **Patient deductible** to network provider is generally \$25 per person for exam and / or eyewear.
- **Benefits include:** well vision exam (every 12 months), prescription lenses (single vision, lined bifocal, and lined trifocal lenses – every 12 months), and frames (\$120 allowance plus 20% over \$120 towards frames – every 24 months). Allowance and discount are also available for prescription contact lens.
- For providers outside the **VSP** network, services are reimbursed at predetermined percentages.

Prescription Drug Benefit by Express Scripts, Inc.:

Type of Drug	2009 Co-pays	
	Retail	Mail-order
Generic (Lower-cost medications that are clinically equivalent to brand-name drugs.)	\$ 10.00	\$ 20.00 (3-month supply)
Preferred “Formulary” Brand (Medications that are clinically equivalent to non-preferred brand-name drugs but are usually less expensive.)	\$ 25.00	\$ 50.00 (3-month supply)
Non-Preferred Brand (Drugs that usually cost more than other clinically equivalent drugs.)	\$ 40.00	\$ 80.00 (3-month supply)

- We encourage the use of the **Express Scripts Mail-Order Service** for your maintenance drugs. This service allows you to purchase a 3-month supply of medication for the price of 2, thus saving you a 1-month co-pay on every prescription. It also saves you time by allowing you to order when it’s convenient for you and have your prescription delivered to your home. Contact the Finance Office for **mail-order envelopes**.

Care Team Connect (CTC) 24/7 Nurse Help Line:

- The CTC Nurse Help Line – 1-800-543-5444 – is available 24 hours per day, 7 days a week, 365 days per year, to provide a smart, quick way to get answers to health questions. CTC nurses can provide information on medical tests, answer questions on health conditions, and assist in deciding if you should go to the Emergency Room (non-emergencies only).

Provider Network Directories:

- Each network maintains an up-to-date list of providers on the Internet. Please refer to the following websites: www.cbca.com, www.frontpathcoalition.com, www.vsp.com and www.express-scripts.com.

Claims Information:

- **CBCA Administrators Inc.** is offering extended customer service hours and claim information access as follows:
 - Toll free number: 1-800-428-8194.
 - Customer service hours: 8:00 am – 6:00 pm.
 - Access to your claim information via telephone on a 24 hour – 7 day basis.
 - Access to your claim information via the Internet through CBCA Connect at www.cbca.com

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Premiums:

- The premiums below are based on a 90% / 10% split in the cost of coverage between the City and the employee. (2008 Employee Share amounts were \$59.00 for single and \$143.00 for family)

Type of Coverage	Total Premium	2009 % Change	2009 Employee Share	
			Per Month	Per Pay
Single:	\$ 560.00	- 5.1%	\$ 56.00	\$ 28.00
Family:	\$ 1,370.00	- 4.2%	\$ 137.00	\$ 68.50

Making the Most of Your Health Care Dollars:

- **Shots for Tots:** Sponsored by the Ohio Department of Health with a grant from the Healthy Communities Foundation. This program provides immunizations for area children along with pre-adolescent shots. No appointments are necessary. Each shot costs \$5. Available on the third Thursday of each month from 10:30am to 12:30pm and 1:30pm to 6:30pm at St. Luke's Hospital, Classroom 2.
- **St. Luke's Hospital Rewards Program:** This innovative, cost-savings program helps employees (electing health care coverage through the City of Maumee) to reduce health care costs. The *Employee Guarantor Reward* offer a 2% reward of total charges incurred (by covered employee or qualified dependent) at St. Luke's or at one of its ancillary facilities. Only charges which are billed through St. Luke's apply. (Example: Emergency room charges incurred at St. Luke's apply but the ER physician billed through Metco does not apply.) Reward dollars may be used for most out-of-pocket expenses (deductibles, co-insurance, etc.) incurred at St. Luke's. The City of Maumee is automatically enrolled and employees may activate Rewards dollars by calling the St. Luke's Rewards phone line at 419-893-5937.
- **Generic Drug Programs:** A number of local grocery and retail stores offer generic drugs for \$4 (30-day supply) and \$10 (90-day supply). Check out their websites for lists of the generic drugs that are included:
 - Giant Eagle: <http://www.gianteagle.com/Main/PrintPreview.aspx?cntid=194630&tc=&qdn=&bn=&st=OH&sortfield=&sortdir>
 - Kroger: <http://www.kroger.com/Generic/Pages/pdfs/medicationlistalpha.pdf>
 - Target: http://sites.target.com/site/en/health/generic_drugs.jsp
 - Walmart: http://i.walmartimages.com/i/if/hmp/fusion/customer_list.pdf
- **Free Antibiotics and Prenatal Vitamins:** Meijer stores offer a limited variety of free antibiotics (http://www.meijer.com/content/content_leftnav_manual.jsp?pageName=free_antibiotics) as well as free prenatal vitamins (http://www.meijer.com/content/content_leftnav_manual.jsp?pageName=free_prenatal_vitamins)
- **City of Maumee Wellness Program:** Take advantage of flu shots, health screenings, educational seminars, and more offered onsite by St. Luke's Hospital on a quarterly basis. Program costs are deferred with *Employer Reward* dollars earned through the *St. Luke's Hospital Rewards Program*.
- **Compare Quality / Price of Local Hospitals:** Check out "*The Consumer's Guide to Quality Health Care in Ohio*". Listings of hospital charges, rankings, and quality reports may be found on the web at <http://www.ohiohealthcareguide.org/>.
- **Establish a Flexible Spending Account for Medical and / or Dependent Care:** Pledge *pre-tax dollars* through payroll deduction to cover eligible out-of-pocket expenses for healthcare and / or dependent care. **New for 2009 – Benny Prepaid Benefit Card** – a MasterCard pre-loaded with your flexible spending healthcare benefit dollars which may be used as a debit card for many of your flexible spending eligible expenses.

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Flexible Spending Account (Section 125):

- Enables employees, eligible for the health care plan, to pay expected expenses with pre-tax dollars through a payroll savings plan. Employees will experience significant savings, realized from reduced Federal, Medicare, State and Maumee City payroll taxes, when paying “out-of-pocket” medical (including “over-the-counter” medicines), dental, vision and/or daycare expenses. Employees need not be enrolled in the City-sponsored health care plan to participate.
- The City of Maumee Flexible Spending Account is administered by Chard-Snyder (outsourced by CBCA). There will continue to be easy access to account claims history and balance information at www.chard-snyder.com.
- **New for 2009 – Benny Prepaid Benefit Card** – a MasterCard pre-loaded with your flexible spending healthcare benefit dollars which may be used as a debit card for many of your flexible spending eligible expenses. The new **Benny Prepaid MasterCard** makes it easy – just swipe and go. No more paying for purchases and waiting for your reimbursement. Use your **Benny card** just like a debit card to pay co-pays, deductibles, and co-insurance at your physician's office, for your mail order prescriptions, and even at some stores (such as Meijer, Kroger, Walgreen) for flexible spending eligible expenses. (A full list of stores is available at <https://www.sharemethods.net/nepal/servlet/open?keeppath=false&aid=23651>.)
- With the implementation of the **Benny Prepaid Benefit Card**, most flexible spending eligible expenses will be purchased directly with the card with a limited number of expenses reimbursed via a claim reimbursement form. *There will no longer be an automatic pass through of charges for reimbursement.*
- **Save your receipts** – occasionally Chard Snyder will request receipts to verify purchases for eligibility. However, IAS (inventory information approval system) compliant stores (such as Meijer, CVS, or Costco) use an IRS-approved auto-substantiation method which approves all eligible expenses at the point of sale. (A full list of stores is available at <https://www.sharemethods.net/nepal/servlet/open?keeppath=false&aid=23651>.)
- For those employees opting for a Flexible Spending Account for **dependent care** in addition to healthcare expenses, a Dependent Care Recurring Expense Form may be completed once (and signed by the daycare provider once) for the entire plan year. Chard-Snyder will keep it on file and every time your payroll contribution hits their account, Chard-Snyder will automatically reimburse your dependent care expense.
- **Want to open an account but not certain how much to pledge?** An expense estimate worksheet along with lists of eligible / ineligible expenses is enclosed with this packet for your use.
- The contribution limit for a Flexible Spending Account for healthcare expenses is \$2,000. Once you set up your account, you cannot change your contributions to it during the plan year unless a qualifying event (resulting in a change in family or employment status) has occurred. Once your account is established, out-of-pocket healthcare costs are paid (through use of the **Benny Prepaid Benefit Card**) or reimbursed (via claim reimbursement form) as the costs are incurred.
- The contribution limit for a Flexible Spending Account for dependent care is determined by the following IRS rules with a maximum contribution of \$5,000.
 - If married and filing an income tax return jointly, the election must be the lessor of \$5,000, the participant's earned income, or the spouse's earned income for the plan year.
 - If married and filing an income tax return separately, the election must be the lessor of \$2,500 the participant's earned income, or the spouse's earned income for the plan year.
 - If the participant's spouse is **not** employed and is disabled, an income equivalent of \$200 per month for one dependent or \$400 per month for more than one dependent may be used.
 - If filing an income tax return as a single parent, the election must be the lessor of \$5,000 OR the participant's earned income.
- The **Flexible Spending Account** plan year runs from January 1 through December 31, 2009 and **annual enrollment in the Flexible Spending Account is required**. Flexible Spending enrollment forms (yellow) are due by **Monday, December 8, 2008**.
- **Flexible spending Benny Prepaid Benefit cards will be issued in January**. Please use the claim reimbursement form until receipt of your card.

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Enrollment:

- Every eligible employee must submit a completed and signed (purple) 2009 Selection/Waiver Form to the Finance Department by **Monday, December 8, 2008**.
- An affidavit regarding spousal coverage through another employer is included on the back of the (purple) Selection/Waiver Form. **All employees must read and sign this form.** Even if you enroll for single coverage or decline coverage altogether, you are subject to this language should a qualifying event (such as marriage, divorce, employment change for spouse resulting in change of available insurance coverage, etc.) occur. The affidavit **must be notarized**. Notaries are available in the Income Tax, Utility Billing, and Finance offices weekdays between 8am and 5pm.
- If you are making any changes in insurance coverage from 2008 (enrolling, dropping or changing dependents), you **must** notify the Finance Department immediately in person to complete enrollment and/or change forms. If you were not enrolled in a City-sponsored health plan in 2008 and wish to elect coverage for 2009, comprehensive plan summaries are available in the Finance Office.
- Meetings on the new health care plan will be held on the following dates / time / locations:

Tuesday, December 2	7:00 a.m.	Fire Station
Wednesday, December 3	3:00 p.m.	Police Training Room (2 nd floor)
Thursday, December 4	6:00 p.m.	Council Chambers

Please bring your completed (purple) **2009 Selection / Waiver Form** with you for review and submission. This form and your (yellow) **Medical and Dependent Flexible Spending Enrollment Form** are due on **Monday, December 8, 2008**.

- **New ID cards will be issued in January.**
- Coverage and provider information may be found at the following web sites: www.cbca.com, www.frontpathcoalition.com, www.vsp.com, www.express-scripts.com, and www.chard-snyder.com.
- All documents, forms, and websites will be included on the City of Maumee website (Human Resources page) by the end of December for your reference and use.
- Please contact Susan Noble at 419-897-7116 with any questions.