

OPEN ENROLLMENT GUIDE | 2017



HBC.DublinOhioUSA.gov





To Your Health

Dear City Employees,

Benefits Open Enrollment is here, giving you the opportunity to review and make changes to your health benefits elections for 2017. These elections include medical, dental, vision, health savings accounts (HSA), health reimbursement accounts (HRA), and flexible spending accounts. This year, we will see some changes with the final ruling from the EEOC and how it will impact HSA and HRA funding. We will also begin moving our wellness program away from a participation-based approach in order to focus more on outcome-based results.

We are proud of the strong health benefits and wellness program that the City offers, and we remain committed to providing high-quality, affordable health care. This guide will provide you with additional information on the changes and how they may affect you. Being an informed consumer is the best way to get the health care you need and the most value from your City of Dublin benefits.

Sincerely,

Dana
All in, All the time



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What's New for 2017

On May 17, 2016, the Equal Employment Opportunity Commission (EEOC) issued a change in rules effective for the plan year starting January 1, 2017. You can read more about this final rule set, which includes questions and answers at <https://www.eeoc.gov/laws/regulations/qanda-ada-wellness-final-rule.cfm>

The rules were set to ensure wellness programs were complying with the Americans with Disability Act (ADA) and the Genetic Information and Nondiscrimination Act (GINA). The rules are designed to protect employees who might not be able to meet guidelines set by a wellness program due to a disability.

Under the new rule set, employers cannot incentivize an employee wellness program more than 50 percent of the total cost for self-only coverage, which is the single COBRA rate for medical and prescription coverage with the City of Dublin's plan. Spouses on the medical plan can only be incentivized 50 percent of the single COBRA rate for medical and prescription coverage with our plan as well. This ruling impacts employees that are covered under the City's family plan with dependents and no spouse.

COBRA is the Consolidated Omnibus Budget Reconciliation Act passed in 1986 by Congress. COBRA contains provisions giving certain former employees, spouses, dependent children, and retirees the right to temporary continuation of health coverage. This coverage, however, is only available when coverage is lost due to certain specific events. The COBRA rate is determined from fixed costs (stop-loss premiums and administrative fees) and variable costs (estimated claims costs) and a 2 percent administrative fee is added. There are other factors, such as the City's benefits claim experience, that go into the calculation. The City's third-party administrator looks at the entire plan costs and then determines the COBRA rates based on single or family coverage.

Impact on the HBC wellness program and HSA/HRA Contributions for 2017

The City will introduce a middle-tier plan and adjust wellness contributions in 2017 for employees covered by the family plan with no spouse. Employees with single coverage and family coverage with a spouse will have no change to their HSA/HRA contributions under the wellness program in 2017.

The participation and structure of the wellness program will remain the same in 2017. Participation in the wellness program from October 1, 2015, through September 30, 2016, and biometric screening results from October 3, 2016, through October 13, 2016, will be paid out based on a new middle-tier plan for employees covered by the family plan with no spouse for 2017. Employees with single coverage and family coverage with a spouse will again have no change to their HSA/HRA contributions in 2017.

Employees covered by the family plan with no spouse will be placed in a middle-tier plan with a \$3,750 deductible and a \$5,912.50 out-of-pocket maximum. Employees will earn \$1,875 for participating in the wellness program. These employees will also receive an additional \$937.50 that is not tied to the wellness program. Employees can earn up to \$2,812.50 into their HSA/HRA, which is 75 percent of the new deductible. Employees will still attend screenings, complete a health risk assessment, turn in a preventive care form, and complete education credits.

The following tables show the 2016 HSA/HRA contributions compared to the new middle-tier plan for 2017. Only employees covered under a family plan without a spouse will have a change in 2017. The Real Cost to Employee section of the tables shows the difference between the out-of-pocket maximum and the HSA/HRA contributions from the City. It also assumes full participation and compliance with the HBC Wellness Program.

2016 HSA/HRA Contributions

Coverage	Employee	Spouse	Deductible	Out-of-Pocket Max	Real Cost to Employee
Single	\$1,875	\$0	\$2,500	\$3,425	\$1,550
Family w/o Spouse	\$1,875	\$1,875	\$5,000	\$6,850	\$3,100
Family w/ Spouse	\$1,875	\$1,875	\$5,000	\$6,850	\$3,100

2017 HSA/HRA Contributions

Coverage	Employee	Spouse	Deductible	Out-of-Pocket Max	Real Cost to Employee
Single	\$1,875	\$0	\$2,500	\$3,425	\$1,550
Family w/o Spouse	\$1,875	\$937.50	\$3,750	\$5,912.50	\$3,100
Family w/ Spouse	\$1,875	\$1,875	\$5,000	\$6,850	\$3,100

■ Tied to Wellness to Earn HSA/HRA Deposit
■ Not tied to Wellness Program

What's New for 2018

The City will introduce a premium that will be tied to the wellness program starting in 2018. All employees with single, family without a spouse, and family with a spouse coverage will move to the new premium incentive for the HBC wellness program. Premiums in 2018 will be **WAIVED** for participating in the wellness program October 1, 2016, through September 30, 2017, and for biometric screening results from October 2017. The deductible and out-of-pocket maximum for employees covered under family with no spouse will go back to \$5,000 and \$6,850.

Employees will still receive \$1,875 for single coverage and \$3,750 for family without a spouse and family with a spouse coverage into their HSA/HRA accounts. These amounts will not be tied to the HBC wellness program.

A premium of \$1,875 for employees with single coverage and family with no spouse coverage and a premium of

\$3,750 for employees with family with a spouse coverage will be tied to the wellness program. Premiums will be applied January 1, 2018. Participation in the wellness program in 2017 will determine the waiver of premium for 2018.

Participation of the wellness program will remain the same. Employees will still attend health screenings, complete a health risk assessment, turn in a preventive care form, and complete education credits.

The City remains compliant with the EEOC rule set for 2018 with this plan. The following table details the premium and HSA/HRA contributions for 2018. The Real Cost to Employee section of the table shows the difference between the out-of-pocket maximum and the HSA/HRA contributions from the City. It also assumes full participation and compliance with the HBC Wellness Program.

New 2018 HSA/HRA Premiums and Contributions

Coverage	Premium (waived with HBC participation)	Employee HSA/HRA Contribution	Spouse HSA/HRA Contribution	Deductible	Out-of-Pocket Max	Real Cost to Employee
Single	\$1,875	\$1,875	\$0	\$3,425	\$3,425	\$1,550
Family w/o Spouse	\$1,875	\$3,750	\$0	\$6,850	\$6,850	\$3,100
Family w/ Spouse	\$3,750	\$1,875	\$1,875	\$6,850	\$6,850	\$3,100

■ Tied to Wellness to Earn HSA/HRA Deposit
■ Not tied to Wellness Program

The premiums are made up of **results-based** (biometrics screenings) and **participation-based** (biometric screenings, health assessment, preventive care check-up, and education credit) components.

Employees and spouses will still have the option of participating in an alternative standard if they do not meet a health standard. Participating in an alternative standard is not a requirement.

Employees (and spouses) must meet all health standards with biometric screenings, or participate in an alternative standard, and complete all portions of participation (biometric screenings, health assessment, preventive care check-up, and education credit) to have the full premium waived.

A partial premium will be applied if a health standard is not met or alternative standard completed and/or all portions of the participation with the wellness program are not completed.

Premiums in 2018 will be **WAIVED** for participating in the wellness program October 1, 2016, through September 30, 2017, and for biometric screening results from October 2017.

Also in 2018, the results-based (biometrics screenings) portion of the wellness program will have a greater value than the participation-based (biometric screenings, health assessment, preventive care check-up, and education credit) portion with the HBC Wellness Program.

The following chart details the new figures for the biometric screenings and participation portion of the wellness program.

Coverage	Premium	Results-Based	Participation-Based
Single	\$1,875 or \$72.12/pay period	\$1,125	\$750
Family w/o Spouse	\$1,875 or \$72.12/pay period	\$1,125	\$750
Family w/ Spouse	\$3,750 or \$144.23/pay period	\$2,250	\$1,500

Participation-Based

Single Coverage: \$750
 Family without a Spouse Coverage: \$750
 Family with a Spouse Coverage: \$1,500

Results-Based

Single Coverage: \$225 per health factor for blood pressure, cholesterol and tobacco-free status and \$450 per health factor for BMI/waist circumference.

Family without a Spouse Coverage: \$225 per health factor for blood pressure, cholesterol and tobacco-free status and \$450 per health factor for BMI/waist circumference.

Family with a Spouse Coverage: \$225 per employee and spouse for each health factor of blood pressure, cholesterol and tobacco-free status and \$450 per employee and spouse for each health factor of BMI/waist circumference.

The change is an effort to move the emphasis to the outcome-based measures of the HBC Wellness Programs with the biometric screening results.

We highly encourage you to visit DubNet (dubnet.dublinohiousa.gov/open-enrollment) often in the next few months to learn of how plan changes will directly affect you. All employees will also receive updates through our Monday Morning Updates, City-wide emails, and DubNet.

Wellness

The City's Healthy by Choice Wellness Program will offer innovative programming to give employees the opportunity to make their own paths towards well-being. The new approach will enhance the current wellness program structure while maintaining the integrity that has developed over the past decade. The City is making small changes to the Healthy by Choice wellness program participation requirements and alternative standards for the health screenings.

Starting with the October 1, 2016, to September 30, 2017, plan year, employees will have a choice of one of the following:

1. Attending HBC classes – two (2) one-hour classes required for Non-Union and USW; one (1) one-hour class for FOP #9 and FOP-OLC
2. Attending two (2) one-hour health coaching sessions for Non-Union and USW only
3. Attending two (2) one-hour nutrition consultations with a dietitian for Non-Union and USW only. This will allow the wellness program to become more personalized and touch on health topics that have more meaning to individual employees.

Any of the above options will fulfill the required education credit for the employee.

It is imperative that employees continue to visit DubNet's open enrollment page to find the most up-to-date information on our benefits (dubnet.dublinohiousa.gov/open-enrollment). We highly encourage you to visit this website often in the next few months to learn how plan changes will directly affect you. All employees will also receive updates through our Monday Morning Updates, City-wide emails, and DubNet.



Changes in 2017

Wellness Program Participation – There will be more options to the education component of the wellness program in 2017. Employees will have three options:

1. Attend the HBC classes we have offered in the past – two (2) one-hour classes required for Non-Union and USW; one (1) one-hour class for FOP #9 and FOP-OLC
2. Attend two (2) one-hour health coaching sessions – one (1) session in November and one (1) session in January. Participation will be limited to the first 20 Non-Union and USW employees that sign up.

Work with a health coach to make steady progress towards your wellness goals. Coaches offer a profound level of support, guidance, and encouragement to making long-lasting changes.
3. Attend two (2) one-hour nutrition consultations with a dietitian – one (1) session in November and one (1) session in February. Participation will be limited to the first 20 Non-Union and USW employees that sign up.

The personal nutrition counseling sessions will help to put you on the right track to achieving your health and lifestyle goals. Together, with the help of a registered dietitian, you will be able to create an individualized plan to address your nutrition-related health and wellness needs.

Alternative Standards – Requesting an alternative standard (required if you do not meet one or more of the City's Healthy by Choice health factors at the screenings) will be easier. Employees and spouses will request an alternative standard immediately following their HBC screening on site. **Requests received after that date will not be accommodated.**

For those employees and/or spouses who need additional accommodations beyond the general alternative standard classes offered, please contact Janan Hay, wellness coordinator, at 614-410-4463 or jhay@dublin.oh.us or contact Jason Nahvi, benefits administrator, at 614-410-4467 or jnahvi@dublin.oh.us.

DCRC Memberships – Employees will elect or decline a membership to the Dublin Community Recreation Membership for 2018. Employees will be taxed at their current W-4 withholding allowance for the cost of a membership.

Wellness Banks – Employees will not use the Wellness Bank of time in Kronos to track attendance at required wellness program classes, health coaching sessions, or nutrition consultations with a dietitian. Attendance will be tracked through sign-in sheets and turned into Janan Hay, wellness coordinator. Please remember to arrive on time for the appointment, and note that employees must stay for the entire length of the class to receive credit.



Continuing in 2017

Dental Visit or Premium – Continuing in 2017, there will be a monthly premium for employees and/or spouses who did not complete at least one dental screening during the previous plan year October 1, 2015 – September 30, 2016. The premium will be deducted starting with the first pay period of 2017. The cost is \$36.40 per month for family coverage and \$11.36 per month for single coverage.

In order to waive this premium for the 2018 benefit year, BOTH the employee and enrolled spouse must have at least one preventive dental screening completed during the benefit plan year, October 1, 2016 – September 30, 2017. If either the employee or the spouse does not receive at least one preventive dental screening, the employee will be charged the premium associated with his/her elected plan coverage. The 2018 premium rates will be 20 percent of the plan cost for single or family coverage

Premium for Tobacco Users – There will be a premium surcharge of 15 percent of your elected plan coverage for tobacco use of either the employee or covered spouse. In the event that the employee and/or spouse uses tobacco and cannot sign the tobacco affidavit during the 2016 HBC screening process, they must complete a tobacco

cessation class to waive the premium. Employees must submit a request onsite following their 2016 HBC screening to complete the tobacco cessation class. The class must be completed in 2017 to waive the premium in 2018. All details for the tobacco cessation class will be communicated by December 31, 2016. Those who did not complete the class in 2016 will be charged a premium in 2017. Premiums for 2017 are \$69.18/monthly for an individual or \$207.54/monthly for family coverage.

Deductible and Out-of-Pocket Maximum

The deductible and out-of-pocket maximums will stay the same in 2017.

Deductible	Out-of-Pocket Maximum
In-Network Single: \$2500 Family without Spouse: \$3,750 Family with Spouse: \$5,000	In-Network Single: \$3,425 Family without Spouse: \$5,912.50 Family with Spouse: \$6,850
Out-of-Network Single: \$5,000 Family without Spouse: \$7,500 Family with Spouse: \$10,000	Out-of-Network Single: \$6,850 Family without Spouse: \$11,825 Family with Spouse: \$13,700

Checklist for HBC Participation Financial Incentives

Health Screening

- Attend screenings for employees and spouses (October 3 – October 13, 2016)**

**Alternative Standards for Health Factors–

Employees and covered spouses will have the ability to request an alternative standard if they do not meet one or more of the City's Healthy by Choice health factors at the screenings. Requests for an alternative standard will be submitted onsite following the screenings. Requests received after that date will not be accommodated. The alternative standard dates will be announced by the end of December 2016 and registration will start in early 2017. If an employee is unable to meet the alternative standard due to a medical reason, the City will work with that individual to find a wellness program that is right.

Open Enrollment (October 3– 31, 2016)

- Health Assessment found at dubnet.dublinohiousa.gov/open-enrollment beginning Oct. 3, 2016
 - Employees and spouses must complete during Open Enrollment (October 3– October 31, 2016)

Educational Component (Select one option)

- Wellness Workshops
 - Attend between October 1, 2016 - September 30, 2017 (employee only)
 - Two (2) one-hour classes required for Non-Union and USW; one (1) one-hour class for FOP #9 and FOP-OLC
- Health Coaching Session: Non-Union and USW only
 - Attend two (2) 45 minute sessions total – one (1) session in November and one (1) session in January. (employee only)
- Nutrition consultation with a dietitian: Non-Union and USW only
 - Attend two (2) 45 minute sessions total – one (1) session in November and one (1) session in January. (employee only)

Physician Visit

- Preventive Care Check-Up
 - October 1, 2016 - September 30, 2017, verifying that age/gender appropriate screenings were conducted. (employee and spouse)

During Open Enrollment you MUST take action if you want to:

- Keep your City of Dublin insurance
- Change your current plan election (e.g., single to family)
- Change to/from the Health Savings Account to/from Health Reimbursement Account (employees turning 65 or those enrolled in tri-care)
- Update voluntary Health Savings Account contributions
- Add or delete your dependent(s)
- Decline coverage
- Enroll/Re-enroll in Flexible Spending for Dependent Child Care (elections are required each plan year to participate in flexible spending)
- Enroll in dental/vision coverage only (this option is only available to individuals declining medical and pharmacy coverage)

Your Responsibilities

To ensure you receive and maintain benefits for which you are eligible, please familiarize yourself with these important guidelines:

- Fill out the Benefit Election Form, Dublin Community Recreation Center membership form, and the Health Savings Account (HSA) Payroll Deduction Authorization. Optional forms include the annual sick/compensation leave conversion form and Flexible Spending for Dependent Care.
- If you choose to add a dependent, you'll need to provide the required supporting eligibility documents to your HR Business Partner by October 31, 2016.
 - Adding a spouse requires a marriage certificate
 - Adding children requires a birth certificate and/or other legal documentation that the child requires coverage
- If you experience a change of address, you must submit your new address to HR within 30 days of the change.
- If you experience a mid-year qualifying event/family status change that affects your benefits, you must notify HR within 30 days. This includes marriage, divorce, birth, death, and loss of medical coverage.
- If you become eligible for Medicare, you must contact HR.



How to Enroll

Step 1 Review and complete open enrollment materials

Open enrollment materials are available online (**dubnet.dublinohiousa.gov/open-enrollment**). You can access the website either at work or at home to view open enrollment information as well as your benefit plan. Fill out the required forms:

- Benefit Election Form
- Dublin Community Recreation Center Form
- Health Savings Account (HSA) Payroll Deduction Authorization
- Optional forms include:
 - Annual sick/compensation leave conversion form for HSA deposit
 - Flexible Spending for Dependent Care

Step 2 Complete the Healthy by Choice Plus requirements for open enrollment

1. Schedule and attend a screening.
2. Complete the online health assessment. The health assessment is located at **www.webmdhealth.com/OhioHealthWellness/healthybychoice.aspx**. You will be directed to an Ohio Health Web MD portal for the assessment.
3. Employees and spouses who completed the health assessment during last year's open enrollment, 10/1/15 – 10/30/15, must use their same username and password to log-in and complete the health assessment for this year's open enrollment period 10/1/16 through 10/31/16.
4. To log in, employees will use their member ID located on their United Health Care card. Spouses will use the member ID followed by their birthday. For example, spouses use the Member ID followed by their (spouses) birthday (mmddyyyy) with no spaces. (i.e.: If the Member ID# is 123456 and the DOB is 02071976 the end result would be 12345602071976.)
5. Employees and spouses who are not currently enrolled on the medical plan, but will be added to the plan for a 1/1/17 effective date will not be able to take the Health Assessment until 1/1/17. Those employees or spouses will have access to the Health Assessment beginning in 1/1/17 and will need to complete it no later than January 20, 2017.



Step 3 Choose your coverage

Determine which dependents to cover and whether they are eligible. All dependents must provide a date of birth and social security number. You will find the required documentation at **dubnet.dublinohiousa.gov/open-enrollment/**.

Dental & Vision — If you and/or your spouse elect only dental/vision coverage and are not on the City's medical plan, the cost will be \$36.40 per month for family coverage or \$11.36 per month for employee-only coverage. Dental/vision-only coverage does not require HBC participation.

Step 4 Decide if you want to contribute to a Health Savings Account (HSA) or participate in a Health Reimbursement Account (HRA)

HSA contributions allow you to set aside money on a pre-tax basis to help pay for eligible medical expenses. You may elect to contribute to your HSA through a payroll deduction during the open enrollment period only. Your selection from last year will not be carried over and you cannot change your selection during the year.

Check that you meet the IRS eligibility rules for contributing to an HSA. If you do, there are several options you can choose from that will allow you to make pre-tax contributions into your HSA in 2017:

- Payroll deductions
- Sick and compensatory time conversion. You must select the entire conversion amount to go into your HSA account.

The IRS eligibility rules for opening an account or making a contribution are:

- You must be covered under a high-deductible health plan
- You have no other health coverage that is a non-high-deductible health plan
- You are not enrolled in Medicare, TriCare or TriCare for Life
- You have not received Veterans Affairs benefits within the past three months
- You cannot be claimed as a dependent on someone else's tax return

The City of Dublin offers a Health Reimbursement Account for employees who are ineligible for a health savings account (HSA) based on their enrollment in either Medicare or TriCare. An HRA is an account that helps pay for eligible health care expenses, including those that may apply to your annual deductible.

A Health Reimbursement Account is an employer-owned and funded medical reimbursement program that is designed to work with the High Deductible Health Care Plan in the same manner as the HSA program. The City will set aside a specific amount of dollars to pay for health care expenses on an annual basis. The amount set aside by the City is based on the Healthy by Choice incentive structure. Unlike an HSA, individuals are not allowed to contribute their own money into the account and cannot take the money with them when they leave the City of Dublin. The amount contributed by the City is tax-free if the program passes federal standards. For a list of eligible medical expenses please go to <http://www.irs.gov/pub/irs-pdf/p502.pdf>

Health Savings Account (HSA)

The IRS increased the maximum amounts that can be contributed to an HSA for 2017.

	For 2017	\$ Change for 2017
HSA contribution limit (employer + employee)	Individual: \$3,400 Family: \$6,750	Individual: + \$50 Family: no change
HSA catch-up contributions (age 55 or older)	\$1,000	No change

This limit includes both the City's contribution and any funds the employee deposits in an HSA.

Step 5 Complete your Open Enrollment Forms by 5 p.m. Monday, Oct. 31.

You must complete an enrollment form, Health Savings Account (HSA) Payroll Deduction Authorization (optional) and any conversion forms (sick or compensation time that you plan to deposit into your HSA). You will receive a confirmation email when you submit your online enrollment form and HSA elections. In November, you will receive a summary statement of your 2017 elections.

Optional: Select a Dependent Care Flexible Spending Account

You may choose to elect a dependent care Flexible Spending Account (FSA) that allows you to set aside money on a pre-tax basis to help pay for eligible dependent care expenses. The account can be used for the following:

- Dependent care expenses for your eligible children under the age of 13
- A spouse or a dependent who is physically or mentally incapable of caring for him/herself and who lives with you for more than half of the tax year.
- For details on what is allowed to be purchased from these accounts go to **dubnet.dublinohiousa.gov/2015/wp-content/uploads/2015/09/Dependent-Care-Flexible-Spending-Accounts.pdf**



How to earn Financial Contributions

Participate in the Healthy by Choice Plus program and you may be eligible to earn a contribution into your HSA or HRA. The City will fund your HSA/HRA based on two types of contributions—participation in the Healthy by Choice Plus program and meeting all health factors.

Step 1 Complete the Healthy by Choice Plus participation requirements and earn a contribution into your HSA.

2017 Participation Contribution

The participation programs include four wellness activities. The chart below illustrates the steps required to earn your participation contribution.

Wellness Activities	Dates	Activity
Screenings	Onsite Screenings Oct. 3, 2016 - Oct. 13, 2016	On-site screenings conducted by Ohio Health
Health Risk Assessment (HA)	Oct. 1 – Oct. 31, 2016 (open enrollment period)	Complete HA online while available at http://dubnet.dublinohiousa.gov/open-enrollment/
Education Credit	Oct. 1, 2016 – Sept. 30, 2017	Choose from a variety of education classes, health coaching, or nutrition consults held during the year (employee only)
Prevention Checkup	Oct. 1, 2016 – Sept. 30, 2017	Visit your physician and verify you have met your age and gender-appropriate screenings

Important: Both employee and spouse must participate in Healthy by Choice Plus to qualify for the City’s family contribution.

Step 2 Receive a contribution for meeting your health factor targets at open enrollment.

The City of Dublin health plan is committed to helping you achieve your best health. Rewards for participating in the Healthy by Choice Plus wellness program are available to participants in the health plan. Employees and covered spouses will have the ability to request an alternative standard if they do not meet the City’s Healthy by Choice health factors at the screenings. Employees and spouses will request an alternative standard immediately following their HBC screening on site. Requests received after that date will not be accommodated. If an employee is unable to meet the alternative standard due to a medical reason, the City will work with that individual to find a wellness program that is right.



2017 Health Factor Contribution

The chart below explains the four key health factors.

Health Factor	HBC Target	Ideal Measure+
Controlled Blood Pressure* Based on three separate readings	<140/90**	<120/80
Controlled Total Cholesterol* Based on Finger Stick Draw	≤ 200 mg/dL Or LDL is ≤ 130	< 200 Total Cholesterol
Body Mass Index (a calculation of height v. weight) Or Waist Circumference	≤ 25 Or If BMI is > than 25, then Waist Circumference must be ≤ 35 for females or ≤ 40 for males	BMI of < 25
Tobacco Use	Currently Tobacco Free and have been for one year	No nicotine/tobacco use

+ Health Industry Standards
* With or without medication to control
**Individual may test up to two times during screening appointment.



