



2027 BENEFITS GUIDE





Inside the Guide

Welcome

At Clermont County we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available.

Use this guide to help you choose the type of plan and level of coverage that is right for you.

As you prepare to enroll: Review and compare all your available insurance options. Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers. Be prepared to provide dependent documentation if requested – such as marriage license or birth certificates.

You can view benefit plans by accessing the County Employee Benefits website, <https://hr.clermontcountyohio.gov/>.

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Log in to ESS Benefits



Elect your Benefits



Check dependent



Save and submit



Print your elections

Print

<https://clermontcountyoh.munisselfservice.com/ess/login.aspx>

Some of the information herein may not apply to employees who are part of a Collective Bargaining Group (union): Please refer to your Department Head or Collective Bargaining agreement for specific information for your office/department.

Enrollment Period

Open Enrollment

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefit elections. All elections and changes take effect on the first day of the plan year.

New Hires & Newly Eligible

Coverage begins 1st of the month following 30 days of full-time employment. Ex.: If your hire date were 03/15/2027, your benefits would be effective 05/01/2027 (this is your "eligibility date").

- You have 30 days from your eligibility date to elect your benefits; we recommend that you elect coverage ASAP to avoid delays with ID cards, coverage and to avoid back-deductions.

Returning from Military Leave

Return from disability or military leave: Your coverage resumes immediately or when any existing coverage ends.

Mid-Year Changes Due to a Qualifying Event (QE)

- A QE is a circumstance affecting your family status or income such as marriage, birth, adoption, legal separation, divorce, death, loss of other coverage, newly available coverage, etc. A qualifying event must be reported to your benefits department within 30 days of the actual event.

Coverage Ends

All health and life insurance benefits will end on the last day of the month in which you leave county employment or become ineligible for benefits. Dependent coverage will end on the day of the event when the event is divorce, legal separation or death of dependent; dependent coverage for all other QEs will end on the last day of the month in which the dependent becomes ineligible for coverage.

Eligibility

Eligible Employees:

Clermont County Health, Life and Disability benefits are available to all permanent, full-time employees and persons elected or appointed to elected office, unless otherwise mandated by the **Patient Protection and Affordable Care Act** (PPACA).

Supplemental Benefits:

All permanent employees with regularly scheduled hours equaling 20 hours per week or more, including persons elected or appointed to an Elected Office. **See supplemental benefits section for enrollment details.*

Eligible Dependents:

If you are eligible for our benefits, then your dependents maybe too. In general, eligible dependents include:

- Legal spouse (per federal guidelines)
- Domestic Partners are not eligible dependents (per federal guidelines)
- Your children up to age 26. Children may include natural, adopted, stepchildren and children obtained through Court appointed guardianship.
- Dependent children who were deemed disabled prior to age 19 may also qualify for benefits past the age of 26.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status
- Change in number of dependents
- Change in employment or job status

If such a change occurs, you must make the changes to your benefits **within 30 days of the event date**. Enter your request into ESS/Benefits under "Life Event: and provide documentation to: Teresa Igo, Benefits Coordinator, Human Resources

Medical



To access your member portal with Anthem, please visit www.anthem.com/login or scan the QR code:

	Anthem BCBS Medical Premium Copay	Anthem BCBS Medical Basic Copay	Anthem BCBS Medical HDHP/HSA
	In-Network	In-Network	In-Network
Annual Deductible			
Individual / Family	\$3,000 / \$6,000	\$5,000 / \$10,000	\$3,500 / \$7,000
Coinsurance (after deductible)	80%	80%	80%
Maximum Out-of-Pocket			
Individual / Family	\$6,000 / \$12,000	\$9,500 / \$19,000	\$4,000 / \$8,000
Physician Office Visit			
	AFTER DEDUCTIBLE		
Primary Care / Virtual Visit	\$30 copay	\$30 copay	80%
Specialty Care	\$60 copay	\$60 copay	80%
Preventive Care	No charge	No charge	No charge
Diagnostic Services			
	AFTER DEDUCTIBLE		
Outpatient Radiology and Lab	80%	80%	80%
Urgent Care Facility	\$75 copay	\$75 copay	80%
Emergency Room Facility Charges	\$300 copay	\$300 copay	80%
Inpatient & Outpatient Facility	80%	80%	80%
Carelon Rx Retail Pharmacy (30 Day Supply)			
	AFTER DEDUCTIBLE		
Generic (Tier 1)	\$15 copay	\$15 copay	80%
Preferred (Tier 2)	\$50 copay	\$50 copay	80%
Non-Preferred & Specialty (Tier 3)	\$90 copay	\$90 copay	80%
Carelon Rx Mail Order Pharmacy (90 Day Supply)			
	AFTER DEDUCTIBLE		
Generic (Tier 1)	\$30 copay	\$30 copay	80%
Preferred (Tier 2)	\$100 copay	\$100 copay	80%
Non-Preferred (Tier 3)	\$180 copay	\$180 copay	80%

Employee Contributions (per pay / 24 pays per year)	Medical Premium Copay	Medical Basic Copay	Medical HDHP/HSA
Single	\$46.49	\$10.56	\$31.68
EE + Spouse	\$143.16	\$121.69	\$104.48
EE + Child(ren)	\$115.80	\$98.43	\$83.55
Family	\$207.96	\$176.77	\$149.47

Health Savings Account Contribution (per pay) (when electing HDHP): Single Coverage: \$25 / All Other Coverage: \$50

Medical Plan Spousal Surcharge: \$125 per pay extra for spousal coverage if the spouse has medical available through their own employer

Tobacco User Rates: \$25 surcharge per pay (in addition to selected plan rate)

Savings & Spending Accounts

We offer several tax-advantaged options to help you save money. These accounts let you use pre-tax dollars for health eligible for and how they work.

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)
What can I use this account for?	Eligible out-of-pocket medical, prescription drug, dental and visions expenses for yourself and eligible your dependents Example of eligible expenses include: • Deductibles • Copays • Coinsurance • Orthodontia • Glasses and contact lenses • Over-the-counter products <i>See IRS Publication 969 for details</i>	Eligible out-of-pocket medical, prescription drug, dental and visions expenses for yourself and eligible your dependents Example of eligible expenses include: • Deductibles • Copays • Coinsurance • Orthodontia • Glasses and contact lenses • Over-the-counter products <i>See IRS Publication 969 for details.</i>
Who's eligible? Full time employees.	Employees enrolled in a High-Deductible Medical Plan (HDHP). Employees NOT eligible: • If your spouse has a Health Care FSA • If you are enrolled in any part of Medicare* • If you are enrolled in TRICARE • Will be claimed as a dependent on someone else's 2027 tax return <i>*You may need to stop HSA contributions up to 6 months before your Medicare enrollment date to avoid tax penalties.</i>	Employees not enrolled in a Health Savings Account (HSA)
How much can I contribute in 2027?	Clermont County contributes to your HSA: • \$25 per pay for Single coverage • \$50 per pay for Single + dependent coverage The total maximum in 2027 including the employer contribution is: • \$4,500 for Single Coverage • \$9,000 for Employee + Dependent coverage for 2027 <i>If you are 55 years of age or older, you can contribute an additional \$1,000 annually.</i>	\$3,400 (subject to change per IRS regulation updates)
Can I carry over any money I don't use in 2027 to the next year?	Yes, the money in this account belongs to you to use now or in the future to pay for eligible health care expenses without tax implications.	Yes, you can roll over up to \$500 of unused funds into 2028. <i>All incurred claims must be submitted by March 30th the following year.</i>
Can I change my contribution amount during the year?	Yes, you can change the amount you contribute to your HSA anytime during the year. Log in to Employee Self Service (ESS) to make changes.	No, you can only change this election during Annual Open Enrollment or if you have a life event.

	Limited Purpose FSA	Dependent Care FSA
What can I use this account for?	Eligible out-of-pocket dental and visions expenses for yourself and your eligible dependents Examples of eligible expenses for dental and vision only include: • Dental / Vision Deductible • Dental / Vision Copays • Dental / Vision Coinsurance • Orthodontia • Glasses and contact lenses • Over-the-counter dental and vision products <i>See IRS Publication 969 for details</i>	Eligible day care expenses for children under 13 or children, elders or disabled children who can't care for themselves Example of eligible expenses include: • Childcare when you need to be at work (income must be reported by care provider) • Preschool or nursery school • Summer day camp <i>See IRS Publication 503 for details</i>
Who's eligible? Full time employees.	Employees enrolled in the Health Savings Account (HSA)	Employees who have a tax dependent under the age of 13, disabled dependents or dependent requiring eldercare.
How much can I contribute in 2027?	\$3,400 (subject to change per IRS regulation updates)	You can set aside money, tax-free up to \$7,500 to pay for eligible day care costs (\$3,750 if married, filing separately) (subject to change per IRS regulation updates)
Can I carry over any money I don't use in 2027 to the next year?	Yes, you can roll over up to \$500 in unused funds into 2028. <i>All incurred claims must be submitted by March 30th the following year</i>	No, you lose any money you don't use by December 31st each year. <i>All incurred claims must be submitted by March 30th the following year</i>
Can I change my election throughout the year?	No, you can only change this election during Annual Open Enrollment or if you have a life event.	Yes, you are eligible to add, stop, increase, or decrease your elections. As refunds cannot be made, reduction to your election cannot be below your year-to-date contribution amount.

CEBCO Rewards 200

Focus on wellness and earn rewards up to \$200



Complete activities to earn rewards

The CEBCO Rewards 200 program connects you with digital health and wellness tools that can help you live healthier. Complete any of the activities listed below between July 1, 2026, and June 30, 2027, and you'll earn up to \$200 in rewards to apply to electronic gift cards. This program, sponsored by your employer, is open to you and your covered spouse or partner.

Activity type	Activities	Amount
Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor.	\$50
	Get an annual cholesterol test (men over 35 and women over 40). ^{1,2}	\$25
	Have a colorectal cancer screening (ages 45 and older).	\$25
	Have a routine mammogram (women ages 40 to 74).	\$25
	Have an prostate cancer screening (men ages 55 to 69).	\$25

Activity type	Activities	Amount
Condition management Rewards are added to your account as you meet benchmarks or complete a program.	Work one-on-one with your ConditionCare health coach and earn rewards for participating in and completing the program. ³	\$25
	Receive two annual A1c tests (for members diagnosed with diabetes). ¹	\$25

Activity type	Activities	Amount
Digital and wellness activities Rewards are added to your account as you complete activities on the Sydney® Health app or online at anthem.com.	Log in to the Sydney Health app.	\$25
	Complete a health assessment and receive tailored health recommendations.	\$25
	Track your steps.	Up to \$50 (\$2 per 50,000 steps tracked)
	Complete team challenges throughout the year (four challenges are offered).	Up to \$100 (\$25 per challenge)

Earn and redeem your rewards

1. To view your rewards, log in to **Sydney Health**, or go to **anthem.com**.
2. Next, go to **Access Care** and select **My Health Dashboard**.
3. You can select **My Rewards** to see a snapshot of your reward status, as well as ways to earn more rewards.
4. You also can select **Redeem Rewards** to see how much you have earned.⁴

Use your rewards toward electronic gift cards for popular retailers, such as Amazon, Apple®, all Gap brands, Target, The Home Depot®, T.J. Maxx®, Uber, and Uber Eats. Minimum gift card amounts are set by each individual retailer.

You must redeem your rewards by September 30, 2027.



Scan this QR code to view your rewards on the **Sydney Health** app.⁴



¹ All preventive care activities and diagnostic A1c lab tests should be processed through Anthem Blue Cross and Blue Shield claims in order to trigger the respective reward.

² Annual cholesterol test eligibility: men 35 years and older and women 40 years and older with a full cholesterol (lipid) panel.

³ Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for completion of one of five ConditionCare programs: chronic obstructive pulmonary disease, coronary artery disease, asthma, diabetes, and congestive heart failure. Reward is \$25 for program completion.

⁴ Rewards must be redeemed by September 30, 2027. Minimum gift card amounts are set by each individual retailer.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited three months after the end of your plan year.

All preventive care activities are claims based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse or domestic partner. Members must be active on the plan, and their activity must take place during the plan year. A subscriber and spouse or domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

The reward amount you receive may be considered income and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to see the electronic gift card options available to you.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem CarelonRx Cost Relief Program

Learn more about the Cost Relief program

Answers to frequently asked questions



What is Cost Relief?

The Cost Relief program offers you select specialty medicines at no cost to you. That means a \$0 copay when you fill the prescription with the exclusive specialty pharmacy in your network.^{1,2}

How does Cost Relief work?



A Cost Relief representative reaches out about the program by mail, phone, and email.³



Once enrolled, we work with drug manufacturers to sign you up for manufacturer copay assistance.⁴



You will receive ongoing support to manage enrollment and renewals for copay programs.



The copay assistance will be applied to your current and future prescription fills, resulting in a \$0 copay.

Is there additional information about payment that I should know?

Any amount paid by manufacturer copay assistance will not count toward your deductible and out-of-pocket maximums. This may be a change to how your prescriptions were handled previously.

Do I have to use the Cost Relief program?

If you do not wish to participate in this program, you can opt out, but in doing so, you will be responsible for a portion of the cost of the specialty medicine. If you choose not to complete your enrollment in Cost Relief, you may have to pay up to 45% of the cost of your medicines if it is included in the Cost Relief program, even if you have already met your deductible or out-of-pocket limit with other claims.

Is there a deadline to sign up for Cost Relief?

No. You can enroll at any time, but only eligible prescriptions filled after you sign up for Cost Relief will have a \$0 out-of-pocket cost.

Who should I contact if I have more questions?

Our specially trained Cost Relief representatives can answer your questions. Please call **877-638-4008** Monday through Friday from 8 a.m. to 8 p.m. ET. If you speak a language other than English, language assistance is available at no extra cost (TTY: 711).

Skip monthly trips to the pharmacy with our 90-day benefit

You can even save money!

Not one for going to the pharmacy every month and standing in line to refill your prescriptions? There's no need. With our 90-day benefit options, you'll have the convenience of getting the medicine you need with fewer trips to the drugstore. You can even have it delivered to your door!

Here's something else that's great: When you get a 90-day supply of your medication, you're more likely to stay on track with your therapy and avoid emergency room visits, hospital stays or tests that may be needed when you miss doses.*

Best of all? This benefit is offered at no extra cost to you.



90-day fill required after two courtesy fills (30 days)

Rx Maintenance 90: Save time, stress and money!

Refill your prescriptions for a 90-day supply of maintenance drugs through Rx Maintenance 90. Maintenance drugs treat long-term conditions like asthma, heartburn or diabetes. Depending on your plan, you may even save on the cost of your prescriptions compared to what it would cost for three 30-day supplies.

When you use your Rx Maintenance 90 benefit, you must fill prescriptions for maintenance drugs at a Rx Maintenance 90 pharmacy, or through home delivery. Whether you choose a Rx Maintenance 90 pharmacy or home delivery, you'll pay the same home delivery copay! It's easy and convenient.

There are more than 25,000 pharmacies to choose from. Here's how to find one near you:

- Log on to anthem.com and choose **Pharmacy**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code or city.

On the go? Use the Sydney app to find nearby pharmacies.

Just download the app and log in. Next, choose **Prescriptions** and then **Find a Pharmacy**.

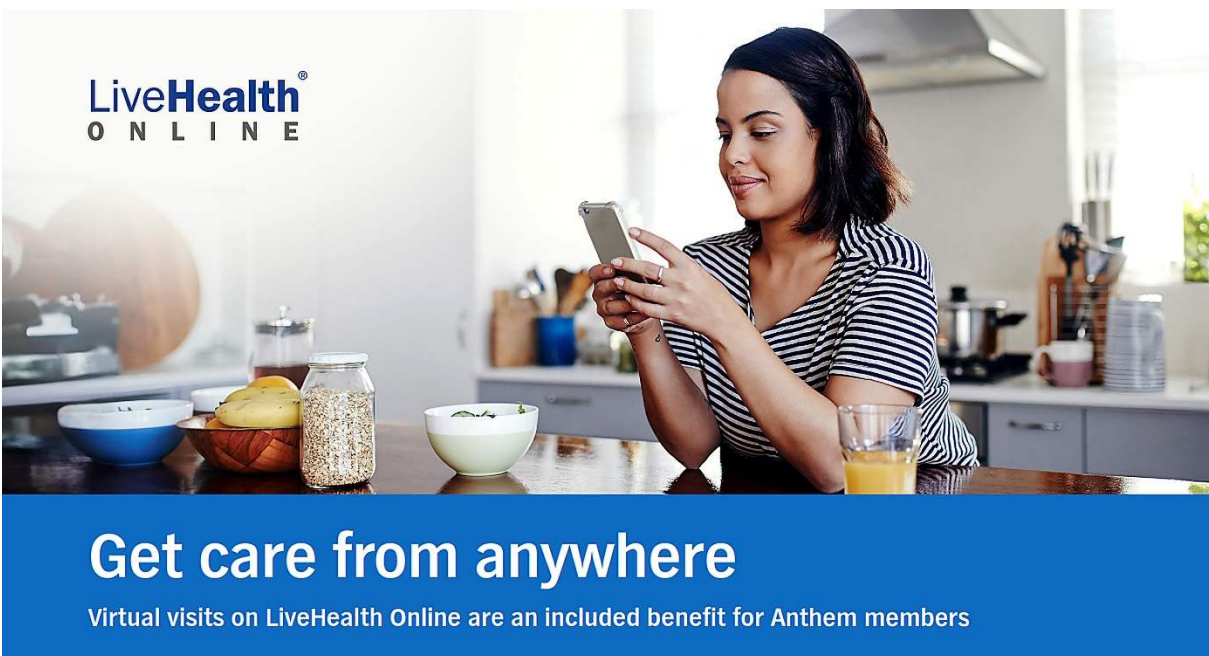
Start using your 90-day prescription benefit today and spend less time at the pharmacy!



* Schwab P et al. A retrospective database study comparing diabetes-related medication adherence and health outcomes for mail-order versus community pharmacy. *J Manag Care Spec Pharm*. 2019 Mar;25(3):332-340.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Live Health Online



Get care from anywhere

Virtual visits on LiveHealth Online are an included benefit for Anthem members

Get the care you need, virtually.

Looking for a quick and easy way to get care? With LiveHealth Online, you can access telehealth visits from anywhere. All you need is a smartphone, tablet, or computer!

Care options available to you through LiveHealth Online:

Annual Wellness. Visit with a primary care provider who can help with preventative screenings, chronic health concerns, and referrals for lab work and specialists as clinically appropriate. Annual wellness visits are an important part of maintaining good health, managing chronic conditions, and preventing potential health issues.

Virtual Primary Care. Get regular health visits and checkups with virtual primary care. It's like an office visit with a primary care provider (PCP) — without the office. You can even choose to see a network PCP regularly, so you have the same provider taking care of you over time.

Urgent Care. Get care 24/7 for common health issues, including allergies, COVID-19 symptoms, the flu, sinus infections, and UTIs. Physicians assess your symptoms, provide a treatment plan, and send prescriptions to the pharmacy of your choice when needed.

Allergy. Doctors can provide a treatment plan and send prescriptions to the pharmacy of your choice anytime. No need to wait to feel better. Doctors can treat common allergy symptoms including itchy, puffy, and watery eyes, congestion, runny nose, itchy throat, and more.

Therapy and Psychiatry. See a therapist online from the comfort of your couch to get help for anxiety, depression, panic attacks, stress relief, and more. Psychiatrists are also available by appointment and can prescribe medication when talk therapy isn't enough.



Get started today! LiveHealth Online is available through the SydneySM Health and LiveHealth Online apps, or Anthem.com and LiveHealthOnline.com

Tobacco Cessation Resources with CEBCO



Ohio Tobacco Quit Line

The Ohio Tobacco Quit Line is free of charge to CEBCO members over the age of 18.

Call 1-800-QUIT-NOW to speak with a specialist to discuss assistance to help you quit tobacco. Members should state that CEBCO is their health plan when calling to take advantage of the full benefit such as:

- Five (5) sessions of one-on-one personalized coaching, along with educational materials.
- 8 weeks of Nicotine Replacement Therapy
 - Patches – Two (2) 28-day supplies
 - Gum – Two (2) shipments (100 count); or
 - Lozenges – Two (2) boxes (72 count)



Prescription Benefits

Members wishing to try medications should make an appointment with their physician as these medications require a prescription.

Medications with a \$0 co-pay for two (2) 90-day prescriptions:

- Nicotine Inhaler
- Nicotine Nasal Spray
- Bupropion (known as Zyban)
- Varenicline (known as Chantix)

Medications that have a co-pay:

- Nortriptyline (known as Aventyl)
- Clonidine (known as Catapres)



CEBCO Members wishing to explore additional tobacco cessation resources can visit us on the web at www.cebc.org and go to the Wellness tab, then click on Tobacco Cessation.



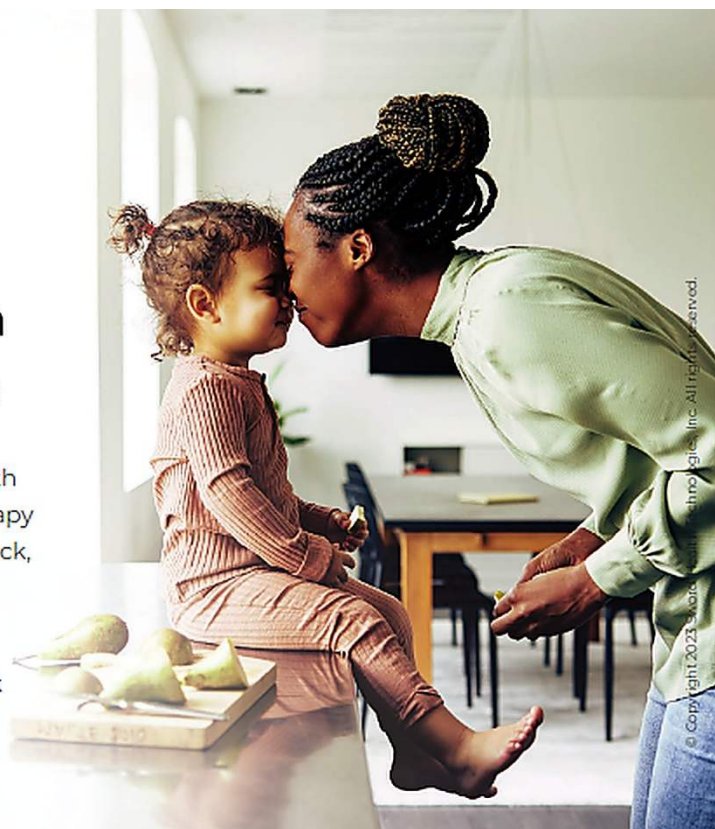
Sword Program



Relieve aches + pain from the comfort of your home

Tired of chronic pain or loss of mobility? Struggling with discomfort? Meet Sword, the new digital physical therapy program designed to help you overcome your joint, back, or muscle pain—all from home.

Combining licensed PT with easy-to-use technology, Sword is more than just convenient. It's proven to work better than in-person physical therapy, too.¹



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Here's how it works



Pick Your PT

Thanks to your dedicated PT, your Sword program is entirely customized to you, your goals and your abilities.



Get Your Sword Kit

Your kit comes with your own tablet, and will provide you and your PT with real-time feedback.



Stay Connected

Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.



Feel the Relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

Pain doesn't wait. Why should you?
Enroll today to get started!

join.swordhealth.com/cebco/register



Bloom



Bloom is your no-cost, digital pelvic health benefit.

1 in 3 women suffer from pelvic health disorders¹ including bladder issues, bowel dysfunction, and pelvic pain. Sword Health developed Bloom to give you relief with an easy-to-use, at-home pelvic therapy solution.



Here are some signs you may need pelvic therapy:



Leakage (bladder or bowel)



Pain or difficulty emptying bladder



You are, were, or are planning to be pregnant



Pain or pressure in the lower abdomen



Pain during or after intimacy

What you get with Bloom



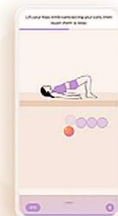
Expert Care

Bloom's Pelvic Health Specialists all have Doctor of Physical Therapy degrees and provide guidance throughout the program.



Innovative Tech

Women perform short pelvic-therapy sessions from home, using a safe, intravaginal pod that connects to a mobile app.



Real Results

Bloom sessions are fun and interactive. Members track progress and receive guidance through the app.

Activate your no-cost benefit today:

join.hibloom.com/cebco



Scan to enroll

SmartShopper



Meet your new favorite health plan benefit!

During open enrollment it's important to know all your options. As an Anthem member, you'll have SmartShopper. It's a simple to use tool that compares locations so you can save money and earn cash rewards on routine medical care.

Save money and earn cash rewards

SmartShopper is part of your benefits so there are no extra steps or fees. It's quick & easy to compare costs and cash reward amounts before you go. You wouldn't start your day without a cup of coffee, and you shouldn't schedule care without checking SmartShopper first!

It's Simple To Use



Compare locations at **SmartShopper.com** or call the Care Concierge Team at **866-285-7078**.



Schedule your appointment or let the Care Concierge Team do it for you.



Earn your cash reward by having your appointment within the year.



The Care Concierge Team is here to support you. Not only can they help you compare costs, but they can even take care of prior authorizations and scheduling your procedure for you. Call today!

Go green by going paperless! Scan the QR code or contact us to register your email today.

The Care Concierge Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.*



SmartShopper

*Summer hours: The Care Concierge Team closes at 3 p.m. ET on Fridays from Memorial Day to Labor Day.

The SmartShopper program is offered by MDX Medical, LLC, a Zelis company. Reward-eligible options and reward amounts are subject to change. Rewards are available for select procedures only. Rewards may be a taxable form of income. MDX Medical, LLC, a Zelis company, does not provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

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The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICESM Managed Care, Inc. (RIT), Healthy AllianceSM Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trademark of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar anthem.com/es.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

For technical support call: 866-755-2680



Receive virtual care and support

through our Sydney Health mobile app

When you aren't feeling your best—physically, mentally, or emotionally—or you need guidance managing a health condition, help is available. You can connect to the care you need using our **SydneySM Health** mobile app. You can have a video visit with a doctor 24/7 for common health issues and annual wellness visits. Care for mental and emotional health is available by appointment.¹ Plus, the Sydney Health app is your avenue to specialized programs designed to help you improve your habits and your health.



Visit with a doctor for common medical concerns

Doctors are available anytime, with no long wait times and no appointments needed. They can help you with health issues, such as a cold or the flu, allergies, sore throat, migraines, or skin rashes. During your private and secure video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.³



Receive care for your behavioral health

If you're feeling anxious or depressed, or having trouble coping, you can set up a video visit with a therapist, psychologist, or psychiatrist.⁴ Appointments can be scheduled within one to two weeks.¹ Psychiatrists help manage medications; they do not provide counseling or talk therapy.⁵

What people say about virtual care visits²

92%

were able to book a virtual visit sooner than an in-person visit

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

How to download our Sydney Health app:

Scan the QR code with your phone's camera.



Life is challenging. We can help.

We're your GuidanceResources® program.

Talk to us for the tools you need to handle any of life's challenges, big or small.

Our Services:



Confidential Counseling

- Anxiety, depression, stress
- Grief, loss, life adjustments
- Relationship/marital conflicts



Work and Lifestyle Support

- Child, elder, and pet care
- Moving and relocation
- Shelters, government assistance



Legal Guidance

- Divorce, adoption, family law
- Wills, trusts, estate planning
- Free consultation and discounted local representation



Financial Resources

- Financial planning, retirement, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy



Digital Tools and Support

- Immediate connection to counseling, work-life support, and more
- Personalized guided behavioral health and well-being programs
- Interactive articles, videos, on-demand trainings, digital self-care tools
- Accessible resources for anxiety, stress, mindfulness, sleep, and more

Explore your program:
Scan for video tour!



**Confidential
24/7 support,
when and where
you need it.**

Call 877.327.4452 to speak to a highly trained, caring professional.

Go to guidanceresources.com
and enter your company
ID: EAPCEB

Assistance is always confidential.
View our privacy notice at
guidanceresources.com/privacy

24/7

Live
Assistance

Call: 877.327.4452

App: GuidanceNowSM

Online: guidanceresources.com

TRS: Dial 711

Web ID: EAPCEB



Scan for more
resources





Website Links

Clermont County Employee Benefit Website: **<https://hr.clermontcountyohio.gov/>**

You must be actively enrolled in a medical plan to be eligible for these benefits and services.

Anthem: <https://www.anthem.com/> and **CarelonRx:** <https://www.carelonrx.com/>

Medical insurance provider and prescription coverage.

Bloom: <https://meet.swordhealth.com/bloom/cebco>

1 in 3 women suffer from pelvic health disorders including bladder issues, bowel dysfunction, and pelvic pain. Sword Health developed Bloom to give you relief with an easy-to-use, at-home pelvic therapy solution.

CarelonRx Cost Relief Program: The Cost Relief program offers you select specialty medicines at no cost to you. That means a \$0 copay when you fill the prescription with the exclusive specialty pharmacy in your network. Please call 877-638-4008 Monday through Friday from 8 a.m. to 8 p.m. ET

ComPsych Guidance Resources is our Employee Assistance Program (EAP):

www.guidanceresources.com

EAP program provides **5 free** sessions per incident for finding child or elderly care/ movers/ home repair/ pet care, free legal consultation: divorce/ adoption/ wills/ trusts, retirement planning/ insurance/ budgeting/ bankruptcy and an online library with articles/ podcasts/ videos/ on-demand training.

LiveHealth Online: <https://livehealthonline.com/>

Online Medical lets you visit a doctor 24/7.

SmartShopper: <https://smartshopper.com/>

Earn a reward check every time you and your family choose an eligible lower-cost, high-value doctor or facility for a variety of health services. – Ex. MRI, Physical Therapy, X-Ray, Lab Work

Sword: <https://meet.swordhealth.com/thrive/cebco>

The Sword digital physical therapy programs combine guidance from dedicated physical therapists with easy-to-use technology that results in real, meaningful results. Available to dependents 13+ years of age.

Sydney Health: <https://www.sydneyhealth.com/>

Access the Wellness Plan for your rewards and so much more!

Dental

The Clermont County dental plan will change to Sun Life for 2027. The group number for our dental plan is **829334**.

You have the freedom to select any dentist; but you pay less out of pocket when you choose an in-network provider. Follow the following steps on <https://member.sunlifeconnect.com/findadentist/> to find a list of providers:

1. Select your plan type



2. Select your Network

Sun Life Dental Network*

3. Set Criteria

Search for the closest dentist

To access the Sun Life portal, visit <https://login.sunlifeconnect.com/commonlogin/#> or scan the QR code:



Dental Comparison

	Basic Plan	Premium Plan
	In / Out of Network Benefits	In / Out of Network Benefits
Individual	\$50 applies to Basic and Major Benefits only	\$50 applies to Basic and Major Benefits only
Family	\$150 applies to Basic and Major Benefits only	\$150 applies to Basic and Major Benefits only
Annual Maximum Per Covered Member	\$1,000	\$1,500
Preventive Coverage	100%	100%
Basic Coverage	80%	80%
Major Coverage (Inc. Implants)	50%	50%
Orthodontia Benefit	Not Covered	50%
Orthodontia Dependent Child(ren)	Not Covered	Covered Limited to eligible dependent children under age 26
Orthodontia Lifetime Maximum	Not Covered	\$1,500

Employee Contributions (per pay / 24 pays per year)	Basic Plan	Premium Plan
Single	\$15.20	\$17.68
EE + Spouse	\$41.66	\$48.50
EE + Child(ren)	\$38.36	\$44.64
Family	\$46.52	\$54.18

Please Note: It is recommended that when a course of treatment is expected to cost \$300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation

Vision

Clermont County will provide vision insurance through **EyeMed**. To access a listing of providers (private practice and retail centers) log in to www.eyemed.com.

To access your EyeMed portal, visit www.eyemed.com/login or scan the QR code:



In-Network Member Cost		Out-of-Network Member Reimbursement
Exam Services once every plan year	\$10 copay	Up to \$40
Frame once every other plan year	\$0 copay; 20% off balance over \$160 allowance	Up to \$80
Standard Plastic Lenses in lieu of contact once every plan year		
Single Vision	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal/Lenticular	\$20 copay	Up to \$70
Progressive – Standard	\$20 copay	Up to \$50
Progressive – Premium Tier I, II or III	\$105, \$115, \$130 copay	Up to \$50
Progressive – Premium Tier IV	\$205 copay	Up to \$50
Progressive – Premium Tier V	\$245 copay	Up to \$50
Lens Options		
Polycarbonate – Standard <19 years of age	\$0 copay	Up to \$20
Contact Lenses in lieu of lenses once every plan year		
Contacts – Conventional	\$0 copay; 15% off balance over \$160 allowance	Up to \$80
Contacts – Disposable	\$0 copay; 100% of balance over \$160 allowance	Up to \$80
Contacts – Medically Necessary	\$0 copay; paid-in-full	Up to \$300
Discounts:		
Additional pairs of glasses	40% off	N/A
Any item not covered by the plan, including Non-prescription sunglasses	20% off	N/A
Retail price or 5% off promotional price for Lasik or PRK from US Laser Network	15% off	N/A
Hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network	Up to 66% off	N/A

Employee Contributions (per pay / 24 pays per year)	Vision Plan
Single	\$2.53
EE + Spouse	\$5.31
EE + Child(ren)	\$6.08
Family	\$7.29



Life and Accidental Death & Dismemberment (AD&D)

Clermont County provides **\$25,000 Basic Life and \$25,000 AD&D benefits to all eligible full-time employees at no cost to you* through Mutual of Omaha.** The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

*Does not apply to CCDD employees – see your personnel department for details.

Voluntary Life Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to “buy-up” voluntary life insurance and AD&D coverage through Mutual of Omaha. The cost of coverage depends on the amount of coverage you elect and your current age. Election, however, could be subject to medical questions and evidence of insurability. Your contributions will depend on your age and the amount of coverage you elect. If you elect voluntary employee life insurance, you also have the option to purchase coverage for your spouse and/or dependent children up to age 26.

New Hire / New Benefit Eligible

- New Hires can elect up to **\$250,000 without Evidence of Insurability (EOI) or apply up to the \$500,000 maximum** by applying online and completing EOI.
- Elect up to **\$50,000 for spouse life** without EOI.
- Elect **child life up to \$20,000** without EOI.
- **Spouse and/or child(ren) coverage cannot be more than the employee’s own voluntary life coverage.**

CHANGES PERMITTED DURING OPEN ENROLLMENT:

Employee

- Existing **employee** coverage can be increased **by \$10,000** without an EOI.
- Maximum coverage with an approved EOI application up to \$500,000.

Spouse

- Maximum coverage is **\$300,000 with approved EOI**, but not more than the employees’ own coverage.
- **Dependent coverage cannot be more than the employee’s coverage.**

Child(ren)

- Can elect up to \$20,000 (increments of \$5,000).
- Maximum is \$20,000 (one policy covers all children in the family).
- **Dependent coverage cannot be more than the employee’s coverage.**

Evidence of Insurability (EOI)

You will be required to submit an EOI if requesting:

1. Any new election or more than a \$10,000 increase in employee coverage.
2. Any new election or increase in spousal coverage.

ENROLLMENT NOTES:

Enter the coverage amount in Employee Self Service (ESS) – the system will calculate the per pay deduction based on age.

*EOI is the acronym for Evidence of Insurability (a medical information declaration).

Long Term Disability

Clermont County provides you with long-term income protection through Mutual of Omaha in the event you become unable to work due to a non-work-related illness or injury until you have 5 years of OPERS service. This benefit covers 60% of your monthly base salary up to \$5,000. Benefit payments begin after 180 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details. Employees with 5 or more years of service may qualify for a similar benefit through the Ohio Public Employees Retirement System.

Supplemental Plans

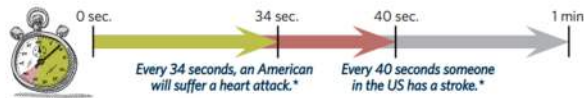
Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

3/4

Outside Work
1/4 At Work

Nearly three-fourths of medically consulted injuries take place outside of work.¹

You can't predict the future, but you can plan for it. We invite you to put yourself in Good Hands with Critical Illness insurance from Allstate Benefits.



Factors that influence cancer survival¹



The number of cancer survivors in the United States is increasing, and is expected to jump to nearly 19 million by 2024²

Clermont County also offers a wide selection of supplemental plans. Supplemental plans are available to all full-time employees and part-time employees who are regularly scheduled to work 20 hours or more per week.

- The Standard Cancer Coverage
- The Standard Critical Illness
- The Standard Accident Insurance
- The Standard Universal Life Insurance
- Trustmark Voluntary STD (Short-term Disability) Insurance
- Trustmark Voluntary LTD (Long-term Disability) Insurance



DID YOU KNOW?



With the loss of the primary wage earner, 1 in 3 households would have immediate trouble paying living expenses¹



Common financial concerns among Americans include: the ability to afford a comfortable retirement, longevity risks, long-term care, and medical expenses.¹



Star Robbins & Company
Enhanced Benefits and Enrollment

Questions? Call Star Robbins Company: 800-486-7721. To Enroll, call 877-282-0808.

Family Medical Leave Act

See employee FMLA rights Notice at the end of this document.

- Clermont County complies with the federally mandated "Family Medical Leave Act" also known as FMLA.
- FMLA is a protected leave, which provides you with job security for up to 12 weeks should you find it necessary to take a qualified personal or family medical leave.
- FMLA is only paid time off if you also have sick, vacation, personal, earned or comp time available – otherwise it is unpaid leave.
- To be eligible you must have at least one year of employment with Clermont County and at least 1250 hours worked (equates to about 24 hours per week) within the 12 months immediately prior to taking FMLA protected leave.
- To ensure you are protected, complete and return all necessary documentation within the allotted time frame.

Deferred Compensation Plans

In addition to OPERS, the County offers access to participation in deferred compensation plans. These plans allow you to set aside a portion of your income on a pre-tax basis to supplement your retirement benefits. The three available plans (listed below) offer you investment options, such as a fixed rate of return, variable annuity, and mutual fund plans.

1. **Ohio Public Employees Deferred Compensation Program (OPEDC)** Local Contact: **Tom Bugher: 513-829-6499** / bughert@nationwide.com; Main Phone #: 877-644-6457
2. **OCERP (Ohio County Employees Retirement Plan)** Deferred Compensation (Formerly known as CCAO) Local Contact: **Jim Carberry 513-516-4285** / jim.carberry@empower.com; To Schedule Appointment Online: <https://jim-carberry.empowermytime.com>; Main Phone #: 800-284-0444; Website: www.ocerp457.com
3. **Mission Square Retirement Plan** (Formerly known as ICMA-RC) Local Contact: **Anne Wilson: 202-759-7179** / awilson@missionsq.org; Main Phone #: 866-339-8796; Website: www.missionsq.org

COBRA Rights

The County uses COBRA Administrator Services with BenefitsSolver (Medical) and Surency (Dental/Vision). The COBRA Admin will send out all notifications of your COBRA Rights and the COBRA Rights of your covered dependents within 30 days of your enrollment or coverage changes with the county's healthcare plans.

The COBRA Initial Rights document is available on County's Human Resources web page: and published in the medical summary plan description documents. If you have questions regarding COBRA coverage, please contact the Benefits Office.

USI Benefits Resource Center

BRCMidwest@usi.com / Toll Free: 855-874-0829 / Monday – Friday 8am – 5pm EST & CST

Call or Email the Benefit Resource Center (BRC) for help with:

▪ Deciding which plan is the best for you	▪ Medicare basics with your employer plan
▪ Benefit plan & policy questions	▪ Coordination of benefits
▪ Eligibility & claim problems with carriers	▪ Finding in-network providers
▪ Information about claim appeals & process	▪ Access to care issues
▪ Allowable family status election changes	▪ Obtaining case management services
▪ Transition of care when changing carriers	▪ Group disability claims
▪ Claim escalation, appeal & resolution	▪ Prescription benefits
▪ Services denied	▪ Claim not paid or still in process

MyBenefits2GO

Free Benefits App for iPhone & Android

You and your enrolled dependents can access benefit summaries and other important information about our group plans using MyBenefit2GO. View up-to-date plan information, store photos of ID cards, and easily locate carrier and HR contact information all in one place.



Important Contacts

Have Questions? Need Help?

Clermont County is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0829 or via e-mail at BRCMidwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier Customer Service

Additional information regarding benefit plans can be found on <https://hr.clermontcountyohio.gov/>. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Anthem BlueCross BlueShield	See Member ID card	www.anthem.com
Prescription Coverage	Carelon Rx	833-419-0530	www.carelonrx.com
Dental PPO	Sun Life	800-786-5433	www.sunlife.com
Vision	EyeMed	866-939-3633	www.eyemed.com
Life, AD&D, LTD	Mutual of Omaha	800-228-7104	www.mutualofomaha.com
Spending Accounts	Surency	866-818-8805	www.surency.com
Voluntary Critical Illness	The Standard	877-282-0808	www.seemybenefits.com
Voluntary Cancer	The Standard	877-282-0808	www.seemybenefits.com
Accident	The Standard	877-282-0808	www.seemybenefits.com
Short Term Disability (STD)	Trustmark	877-282-0808	www.seemybenefits.com
Long Term Disability (LTD)	Trustmark	877-282-0808	www.seemybenefits.com
Employee Assistance Program (EAP)	CompPsych	877-327-4452	www.guidanceresources.com
Employee Benefit Resource Center	USI Benefit Resource Center	855-874-0829	BRCMidwest@usi.com

This brochure summarizes the benefit plans that are available to Clermont County eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.