

# Who To Contact

## Wayne County Health Clinic

Now available to employees, spouses and dependents ages 2 and older currently on the Wayne County Health Plan. The Wayne County Health Clinic is available to help make acute and preventive care more available and more affordable, detect potential health risks early, encourage health promotion, prevention and health risk management activities, lower the cost of primary care with an on-site Nurse Practitioner, and assist in the reduction of healthcare cost that you pay and Wayne County also pays each year. The Employee Health Clinic offers physicals, disease management, sinus infections, colds/flu/strep throat, UTIs, wellness initiatives, tobacco cessation, weight loss, stress management, referrals to PCPs and specialists, lab work, case management, and can dispense certain medications at the point of care. For more detailed information, including contact information, hours and scheduling, look behind *Tab 1*.



## Wayne County Wellness Nurse

You have access to a registered nurse right at your workplace. She is the coordinator for all wellness programs, maintains the wellness website and oversees the wellness point tracking system. She is here to help you in any way she can. She provides health programs, health education, screenings, flu shots, first aid and phlebotomy services. You can contact her at the Wayne County Employee Health Clinic (Monday through Friday). Wellness points and doctor orders for lab draws can be faxed to her through a secure line.



### **Misty White RN, CM, BBA, Wellness Nurse**

Wayne County Administration Building – Main Level

330-287-5487 (Phone)

330-262-2054 (Fax)

[wellnessnurse@wayneohio.org](mailto:wellnessnurse@wayneohio.org)

## HR Manager

Questions about your coverage? Eligibility? Billing issues? Insurance benefits?

### **Barb Chapin, HR Manager**

Wayne County Administration Building – Lower Level

330-287-5409 (Phone)

330-287-5407 (Fax)

[bchapin@wayneohio.org](mailto:bchapin@wayneohio.org)



**Talk To A Registered Nurse — Anytime, Day Or Night**

Call 1-800-556-1555 to speak with an informed Health® Line Nurse for everyday health-related questions. Learn more about a health condition or medical term, understand your doctor’s treatment plan, or find out how to treat a symptom until you can get an appointment with your doctor.



# Discounts Available To Employees

ComPsych and Aetna offer many discounts and savings at a variety of places, as a benefit to you. Some of these discounts overlap, so please look for your best deal. Below is a description of the discounts available:

## **ComPsych/Working Advantage**

ComPsych, our EAP provider, offers a variety of online discounts to hotels, theme parks and attractions, movies, shows and events, water parks, rental cars and more. You will need to visit the following web page and register, in order to receive discounts and savings: <https://www.workingadvantage.com/GuidanceResources>

## **Aetna/LifeMart Discounts**

LifeMart is one of the largest members-only discount shopping website, with:

- discounts up to 40 percent
- savings on millions of products and services
- discount offers from national and local merchants (aka vendors or retailers)

Through LifeMart, members have more choices and a greater variety and number of products and services on which they can save.

### ***LifeMart Discounts***

LifeMart offers discounts in categories such as the following. The items listed in parentheses are examples of the specific types of discount offers within those categories.

- Travel (car rentals, cruises, flights, hotels, resorts, vacations)
- Tickets (movies, skiing, concerts, sporting and theatre events)
- Electronics (cell phones, computers, other electronics)
- Home and Auto (moving, furniture, appliances, automotive)
- Flowers and Gifts (flowers, gifts, toys, books, magazines)
- Family Care (child, senior and pet care)
- Wellness (personal care, spa, fitness, diet plans)
- Apparel (children's, women's and men's clothing, shoes, jewelry)
- Grocery coupons
- Dining



LifeMart offers deals of all kinds. They are updated regularly and new deals are offered all the time. Seasonal discounts are also offered.

- Daily deals
- Local deals
- Free deals
- Special occasion deals
- Limited time offers

- Just added offers
- Coupons and more

Merchant offers may include:

- Percentage off the merchant's retail price
- Dollar savings on the merchant's retail price
- Free Shipping
- Other savings such as gift cards, free trial offers or free gifts



#### ***How Members Can Save***

- Log on to Aetna Navigator, click on *Discounts* under the *Stay Healthy* tab, then click on *LifeMart Shopping Web Site* in order to register and learn more about the discounts offered. There's no charge to register and you only have to register once.
- Once you've registered, you can create a personalized profile to get emails from LifeMart with deals and offers that fit your personal needs and life.
- You can log into the LifeMart website as often as you want after you register to get the discounts.
- You can buy directly from each merchant, following the merchant's ordering instructions, which are clearly explained on the merchant's website.
- You can create accounts for family members at no additional charge so they can also get the discounts.

#### ***LifeMart® Mobile***

- You can also shop from your phone or tablet with LifeMart Mobile.
- LifeMart Mobile makes it easy to search for deals and browse by category.
- Plus, you can enjoy access to in-store coupons. This mobile feature allows you to search for coupons by store or zip code. You then simply use them at checkout right from your phone.

**Employees are also encouraged to visit [www.wayneohio.org](http://www.wayneohio.org) and click on the Employee Portal in order to see additional discounts available to all employees, including part-time employees and those not on the health plan!**



## WAYNE COUNTY COMMISSIONERS

Ann M. Obrecht ★ Ron Amstutz ★ Sue A. Smail

### **NOTICE TO WAYNE COUNTY EMPLOYEE BENEFIT PLAN PARTICIPANTS**

**October 1, 2017**

The Federal Health Insurance Portability and Accountability Act, in general, impose the following requirements and/or limitations on group health plans:

1. Limitations on pre-existing conditions exclusion periods (146.111).
2. Special enrollment periods for individuals (and dependents) losing other coverage (146.117).
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status (146.121).
4. Standards relating to benefits for mothers and newborns (Section 2704 of the PHS Act).
5. Parity in the application of certain limits to mental health benefits (Section 2705 of the PHS Act).
6. Required coverage for reconstructive surgery following mastectomies
7. Coverage of dependent students on a medically necessary leave of absence

The Federal Health Insurance Portability and Accountability Act gives the plan sponsor of a non-Federal governmental plan the right to exempt the plan in whole or in part from the requirements described above. As of January 1, 2014 we are no longer eligible to exempt our plan from items 1 thru 3 above.

The Wayne County Employee Benefit Plan has elected to exempt all of its Medical, Dental and Prescription plans from item numbers 4 thru 7 above. Wayne County currently provides, and plans to continue to provide, benefits as good, or better, than required for these categories; but in order to protect ourselves from future amendments of these provisions, we are electing to opt out of the requirement to provide these items. These exemptions have been sent to the Health Care Financing Administration (HCFA) for the Wayne County Employee Benefit Plans.

Recent legislation collectively known as Federal Health Care Reform may affect our ability to exempt some or parts of some of the above items. We are sending you this notice to let you know that where we still have authority to exempt the above items, we have exercised our right to do so.

**THIS LETTER DOES NOT REQUIRE ANY ACTION ON YOUR PART.** If you have any questions about this notice, please contact the following:

**The Wayne County Benefit Plan  
Attention: The Plan Administrator  
428 West Liberty Street  
Wooster, Ohio 44691**

428 WEST LIBERTY STREET WOOSTER, OHIO 44691 330-287-5400 FAX 330-287-5407

[commissioners@wayneohio.org](mailto:commissioners@wayneohio.org)

*We do not discriminate in the provision of services or employment because of handicap, race, color, creed, national origin, sex or age*

*Updated 1/1/18*



**NOTICE OF PRIVACY PRACTICES**  
**FOR WAYNE COUNTY EMPLOYEE BENEFIT PLANS**  
**& WAYNE COUNTY HEALTH & WELLNESS CLINIC**  
**Wayne County, Ohio**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE APPLIES TO ALL THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THE PRACTICE OR A BUSINESS ASSOCIATE.**

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and asking for one at the time of your next appointment or by requesting that a revised copy be sent to you in the mail. This Notice to you will also be deemed Notice to anyone else covered as your dependent under the Wayne County Employee Benefit Plan

**How We May Use and Disclose Medical Information About You**

Your protected health information (PHI) may be used and disclosed by your physician, Wayne County Health & Wellness Nurse and Wayne County Medical Director, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to collect payment for your health care bills and to support the operation of the Wayne County Employee Benefit Plan. Following are examples of the types of uses and disclosures of your protected health care information that is permitted:

***Treatment***

We will use and disclose such portions of your protected health information to provide, coordinate, or manage your health care and any related services. This may include the coordination or management of your health care with a third party, including your pharmacist. For example, we would disclose your protected health information, as necessary, to a home health agency or a managed care or assessment group. We will also disclose protected health information to other physicians who may be treating you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist, managed care group, or laboratory) who, at the request of your physician or us, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

***Payment***

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services for you and may include, but are not limited to, the following: making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

### ***Healthcare Operations***

We may use or disclose, as needed, your protected health information in order to support the business activities of the Wayne County Employees Benefit Plan. These activities include, but are not limited to, the following: quality assessment activities; employee review activities; health care or financial audits; soliciting proposals for insurance programs, training of medical students; licensing, marketing activities; and conducting or arranging for other business activities. In addition, we may obtain information over the phone for intake and assessment purposes. We may use or disclose your protected health information, as necessary, to contact you to discuss your treatment.

We will share your protected health information with third party "business associates" that perform various activities for the Wayne County Employee Benefit Plan. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also send you information about health-related products or services that we believe may be beneficial to you. You may contact our Privacy Officer, mentioned later herein, to request that these materials not be sent to you.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization. You understand that once treatment or diagnosis is provided to you, our actions in seeking payment in connection with the treatment or diagnosis provided to you are in reliance upon your written authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

### ***Others Involved In Your Healthcare***

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly related to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment .is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

## ***Emergencies***

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your acknowledgment of receipt of the Practice's Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

## **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include the following:

- Abuse or Neglect
- Communicable Diseases
- Coroners, Funeral Directors, & Organ Donation
- Criminal Activity
- Food & Drug Administration
- Health Oversight
- Inmates
- Law Enforcement
- Legal Proceedings
- Military Activity and National Security
- Public Health
- Required By Law
- Required Uses and Disclosures
- Research
- Workers' Compensation

Contact our Privacy Officer if you have questions about any of these circumstances.

## **Your Rights**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights:

***We cannot use any genetic information we may obtain about you in any employment or disciplinary decisions.***

### ***You have the right to inspect and copy your protected health information***

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. You will be charged a reasonable fee if you are requesting copies. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have the decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical records. If your records are maintained in an Electronic Health Record you may have a right to receive a copy of your PHI in an electronic format.

***You may have the right to have your physician amend your protected health information***

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

***You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information and a right to notice of a breach of unsecured PHI***

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You also have a right to be notified if we are aware of any breach of your unsecured PHI in either paper or electronic form. You also may have a right, under certain circumstances, to restrict the distribution of certain PHI.

**Situations Not Covered By This Notice**

These provisions do not apply to health information we receive as your employer for other purposes. Examples of these situations include: workers' compensation proceedings; medical information related to your work such as return to work letters from your doctor; request for paid sick days, or requests for family medical leave.

**Complaints**

You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer for further information about the complaint process.

This notice was published and becomes effective as of **April 14, 2003 - revised on Sept 23, 2008 and again on January 1, 2011.**

**If you have any questions about this Notice please contact the Privacy Officer: Barb Chapin, HR Manager, 428 West Liberty Street, Wooster, Ohio 44691 (330-287-5409) or email [bchapin@wayneohio.org](mailto:bchapin@wayneohio.org); or Misty White, Health & Wellness Nurse (330-287-5487) or email [wellnessnurse@wayneohio.org](mailto:wellnessnurse@wayneohio.org)**

# **Important Notice from Wayne County Employee Benefit Plan About Your Prescription Drug Coverage and Medicare**

10/1/2020

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Wayne County Employee Benefit Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Wayne County Employee Benefit Plan has determined that the prescription drug coverage offered by all of our plans are on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Wayne County Employee Benefit Plan coverage will not be affected. If you are a covered employee in one of our plans we will be primary in most cases to any Medicare coverage you elect.

If you do decide to join a Medicare drug plan and drop your current Wayne County Employee Benefit Plan coverage, be aware that you and your dependents may or may not be able to get this coverage back depending on the circumstances at that time.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with The Wayne County Employee Benefit Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage**

Contact the Wayne County HR Manager at (330) 287-5409. NOTE: You'll get this notice each year. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare if you are eligible for Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

### **Remember!**

**Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

# Special Enrollment Notice

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The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, please contact your payroll person or Barb Chapin, HR Benefits Specialist at 330.287.5409 or [bchapin@wayneohio.org](mailto:bchapin@wayneohio.org).

<https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-c.pdf>



# Women's Health and Cancer Rights Act

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

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

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

If you would like more information on WHCRA benefits, please contact Misty White, Wellness Nurse at 330.287.5487 or [wellnessnurse@wayneohio.org](mailto:wellnessnurse@wayneohio.org), or Barb Chapin, HR Benefits Specialist at 330.287.5409 or [bchapin@wayneohio.org](mailto:bchapin@wayneohio.org).





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

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

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Wayne County Benefit Administrator - 330-287-5409.

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

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

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

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

3. Employer name Wayne County		4. Employer Identification Number (EIN) 34-6003005	
5. Employer address 428 W. Liberty Street		6. Employer phone number 330-287-5400	
7. City Wooster	8. State OH	9. ZIP code 44691	
10. Who can we contact about employee health coverage at this job? Benefit Administrator			
11. Phone number (if different from above)		12. Email address wccommissioners@wayneohio.org	

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

- As your employer, we offer a health plan to:
    - All employees.
    - Some employees. Eligible employees are:  
All Employees who are paid an average of 30 hours per week or more and are employed full time.  
This applies to employees of Wayne County. Employees of different appointing authorities need to check with their supervisors for their eligibility for the benefit plan
  - With respect to dependents:
    - We do offer coverage. Eligible dependents are:  
Please see our Summary Plan Description for complete details on dependent coverage
    - We do not offer coverage.
  - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- \*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

**THIS IS A SAMPLE! Please consult your Payroll Department to complete this page.**

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

**Yes** (Go to question 15)  **No** (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?**

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

Date of change (mm/dd/yyyy):

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



# Summary of Benefit Coverage

## 2020 Plan Year:

**This is only a recap of Wayne County plan design:** For further details about coverage and costs, please refer to the Summary Plan Description (SPD) or contact our HR Manager at 330-287-5409.

## Wayne County (PPO)

IMPORTANT QUESTIONS	ANSWERS			WHY THIS MATTERS
	With Incentive	Without Incentive	High Deductible Consumer Driven	
What is the overall deductible?	For each Calendar Year, In-network: Individual \$300 / Family \$600 Out-of-network: Individual \$500 / Family \$1,000	For each Calendar Year, In-network: Individual \$800 / Family \$1,600 Out-of-network: Individual \$1,000 / Family \$2,000	For each Calendar Year, In-network: Individual \$1,800 / Family \$3,600 Out-of-network: Individual \$1,800 / Family \$3,600	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No	No	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers
Is there an out-of-pocket limit on my expenses?	Yes, In-network: Individual \$1,200 / Family \$2,400; Out-of-network: Individual \$2,000 / Family \$4,000	Yes, In-network: Individual \$2,800 / Family \$5,600; Out-of-network: Individual \$3,600 / Family \$7,200	Yes, In-network: Individual \$3,000 / Family \$6,000; Out-of-network: Individual \$5,000 / Family \$10,000	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn't cover	Premiums, copays, balance-billed charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn't cover	Premiums, copays, balance-billed charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit
Is there an overall annual limit on what the plan pays?	No	No	No	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits

IMPORTANT QUESTIONS	ANSWERS			WHY THIS MATTERS
	With Incentive	Without Incentive	High Deductible Consumer Driven	
Does this plan use a network of providers?	Yes. For a list of in-network providers, see <a href="http://www.aetna.com">www.aetna.com</a> or call 1-888-982-3862	Yes. For a list of in-network providers, see <a href="http://www.aetna.com">www.aetna.com</a> or call 1-888-982-3862	Yes. For a list of in-network providers, see <a href="http://www.aetna.com">www.aetna.com</a> or call 1-888-982-3862	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist	No. You don't need a referral to see a specialist	No. You don't need a referral to see a specialist	You can see the specialist you choose without permission from this plan
Are there services this plan doesn't cover?	Yes	Yes	Yes	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services

- Copayments** are fixed dollar amounts (for example, \$20) you pay for covered health care, usually when you receive the service.
- Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, copayments, and coinsurance amounts.

Common Medical Event	Services You May Need	Retail (30-day supply)	Mail (90-day supply)	Limitations & Exceptions
If you need drugs to treat your illness or condition, more information about prescription drug coverage is available at <a href="http://www.aetna.com">www.aetna.com</a>	Generic drugs	12 %	15% up to a \$20 maximum	Some medications may not be covered, or you may pay more if you choose a brand name over a generic if available.
	Preferred brand drugs	30%	30% up to a \$120 maximum	
	Non-preferred brand drugs	50%	50% up to a \$180 maximum	<i>Note that this maximum amount does not include any DAW (Dispense as Written) penalty for filling a Non-Preferred brand that has a Generic available.</i>
	Specialty drugs	50% up to a maximum \$100 per script for bio-similar specialty drugs; 50% up to a maximum of \$200 for specialty drugs on the formulary list; 50% up to a maximum of \$350 for specialty drugs <i>not</i> on the formulary list		
	Out-of-Pocket Maximum (OOP)	\$3,000 Maximum Out-of-Pocket per Individual for <u>all</u> drugs (PPO Plan – this is separate from Medical OOP) \$6,000 Maximum Out-of-Pocket per Family for <u>all</u> drugs (PPO Plan – this is separate from Medical OOP) For those on the High Deductible Plan, prescription costs go towards the <i>Medical</i> Out-of-Pocket Maximum		

Common Medical Event	Services You May Need	Your Cost if you use an <u>In-Network Provider</u>			Your Cost if you use an <u>Out-Of-Network Provider</u>			Limitations & Exceptions
		With Incentive	Without Incentive	High Deductible Consumer Driven	With Incentive	Without Incentive	High Deductible Consumer Driven	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay per visit, deductible waived	\$30 copay per visit	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
	Specialist visit	\$20 copay per visit, deductible waived	\$50 copay per visit	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
	Other practitioner office visit	\$20 copay per visit, deductible waived	\$30 copay per visit	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Coverage is limited to 20 visits per calendar year for chiropractic care
	Preventive care/screening/immunization	No charge, deductible waived	No charge	No charge, deductible waived	40% coinsurance	40% coinsurance	35% coinsurance	Age and frequency schedules may apply
If you have a test	Diagnostic test (blood work)	\$20 copay per visit	\$30 copay per visit	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
	Imaging (CT/PET scan, MRI, x-ray)	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
	Physician/surgeon fees	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
If you need immediate medical attention	Emergency room services	\$100 copay per visit	\$200 copay per visit	15% coinsurance	\$100 copay per visit	\$200 copay per visit	15% coinsurance	No coverage for non-emergency use
	Emergency medical transportation	20% coinsurance	30% coinsurance	15% coinsurance	20% coinsurance	30% coinsurance	15% coinsurance	None
	Urgent care	\$20 copay per visit	\$30 copay per visit	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Pre-authorization required for out-of-network care or \$500 penalty may apply.
	Physician/surgeon fee	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None

**Whenever you pay a co-insurance, you usually have to pay your deductible first before your co-insurance is calculated.**

Common Medical Event	Services You May Need	Your Cost if you use an <u>In-Network</u> Provider			Your Cost if you use an <u>Out-Of-Network</u> Provider			Limitations & Exceptions
		With Incentive	Without Incentive	High Deductible Consumer Driven	With Incentive	Without Incentive	High Deductible Consumer Driven	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral Health Office Visits	\$20 copay per visit, deductible waived	\$30 copay per visit	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
	Mental/Behavioral Health Inpatient Services	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Coverage is limited to 30 days per calendar year in-network and 10 days per calendar year out-of-network. Pre-authorization required for out-of-network care or \$500 penalty may apply.
	Mental/Behavioral Health Outpatient Services	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Coverage is limited to 50 visits per calendar year in-network and 20 visits per calendar year out-of-network.
	Substance Use Disorder Office Visits	\$20 copay per visit, deductible waived	\$30 copay per visit	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
	Substance Use Disorder Inpatient Services	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Coverage is limited to 30 days per calendar year in-network and 10 days per calendar year out-of-network. Pre-authorization required for out-of-network care or \$500 penalty may apply.
	Substance Use Disorder Outpatient Services	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Coverage is limited to 50 visits per calendar year in-network and 20 visits per calendar year out-of-network.
If you are pregnant	Prenatal and postnatal care	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
	Delivery and all inpatient services	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None

**Whenever you pay a co-insurance, you usually have to pay your deductible first before your co-insurance is calculated.**

Common Medical Event	Services You May Need	Your Cost if you use an <u>In-Network Provider</u>			Your Cost if you use an <u>Out-Of-Network Provider</u>			Limitations & Exceptions
		With Incentive	Without Incentive	High Deductible Consumer Driven	With Incentive	Without Incentive	High Deductible Consumer Driven	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Coverage is limited to 30 visits per calendar year.
	Rehabilitation services	\$20 copay per visit	\$30 copay per visit	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Coverage is limited to 30 visits for physical therapy and 20 visits each for occupational therapy and speech therapy.
	Habilitation services	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Services for Autism coverage is limited to 30 visits for physical therapy and 20 visits each for occupational therapy and speech therapy.
	Skilled nursing care	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	Coverage is limited to 180 days per calendar year. Pre-authorization required for out-of-network care or \$500 penalty may apply.
	Durable medical equipment	20% coinsurance	30% coinsurance	15% coinsurance	40% coinsurance	40% coinsurance	35% coinsurance	None
	Hospice service	No charge, deductible waived	No charge, deductible waived	15% coinsurance	No charge, deductible waived	No charge, deductible waived	35% coinsurance	Coverage is limited to 360 days per lifetime. Pre-authorization required for out-of-network care or \$500 penalty may apply.
If your child needs dental or eye care	Eye exam		EyeMed – see Vision SPD					
	Glasses							
	Dental check-up		Delta – see Dental SPD					

**Whenever you pay a co-insurance, you usually have to pay your deductible first before your co-insurance is calculated.**

### Services Your Plan Does Not Cover

*This isn't a complete list. Check your policy or plan document for other excluded services.*

- Acupuncture
- Bariatric Surgery

- Cosmetic Surgery
- Dental Care (Adult)
- Dental Care (Child)
- Glasses (Child)
- Habilitation Services
- Long-Term Care
- Private-Duty Nursing
- Routine Eye Care (Adult)
- Routine Eye Care (Child)
- Routine Foot Care
- Weight Loss Programs

### **Other Covered Services**

*This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.*

- Chiropractic Care (limited to 20 visits per calendar year)
- Hearing Aids (limited to \$2,000 over a 3 year period)
- Infertility Treatment (diagnosis & treatment of underlying medical condition only)
- Non-Emergency Care when traveling outside the U.S.

### **Your Rights to Continue Coverage**

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-982-3862. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

### **Your Grievance and Appeals Rights**

- Medical/Prescription:** If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: Aetna at 1-888-982-3862, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); or Wayne County HR Manager, 330-287-5409. Additionally, a consumer assistance program can help you file an appeal. Contact information is at <http://www.aetna.com/individuals-families-health-insurance/member-guidelines/complaints-grievances-appeals.html>.

- ❑ **Dental:** If you receive notice of an Adverse Benefit Determination and you think that Delta Dental incorrectly denied all or part of your Claim, you or your Dentist may contact Delta Dental's Customer Service department and ask them to reconsider the Claim to make sure it was processed correctly. You may do this by calling the toll-free number, 800-524-0149, and speaking to a telephone advisor. For further and more detailed information on this process, please refer to the *Claims Appeal Procedure* on page 21 behind Tab 4.

### Coverage Examples

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)				Managing Type 2 diabetes (routine maintenance of a well-controlled condition)			
Sample care costs (in-network):				Sample care costs (in-network):			
Hospital charges (mother)	2,700	2,700	2,700	Medical Equipment & Supplies	1,300	1,300	1,300
Routine obstetric care	2,100	2,100	2,100	Office Visits & Procedures	700	700	700
Hospital charges (baby)	900	900	900	Education	300	300	300
Anesthesia	900	900	900	Laboratory tests	100	100	100
Laboratory tests	500	500	500	Vaccines, other preventive	100	100	100
Radiology	200	200	200				
Vaccines, other preventive	40	40	40				
<b>Total owed to providers</b>	<b>\$7,340</b>	<b>\$7,340</b>	<b>\$7,340</b>	<b>Total owed to providers</b>	<b>\$2,500</b>	<b>\$2,500</b>	<b>\$2,500</b>
<b>Patient pays:</b>	<b>With Incentive</b>	<b>Without Incentive</b>	<b>High Deductible Consumer Driven</b>	<b>Patient pays:</b>	<b>With Incentive</b>	<b>Without Incentive</b>	<b>High Deductible Consumer Driven</b>
Deductibles	300	600	1,800	Deductibles	300	600	1,800
Copays	230	290	0	Copays	270	250	30
Coinsurance	670	1,510	820	Coinsurance	210	310	80
				Limits or exclusions	30	30	30
<b>Total Patient pays</b>	<b>\$1,200</b>	<b>\$2,400</b>	<b>\$2,620</b>	<b>Total Patient pays</b>	<b>\$810</b>	<b>\$1,190</b>	<b>\$1,940</b>
<b>Total Plan pays</b>	<b>\$6,140</b>	<b>\$4,940</b>	<b>\$4,720</b>	<b>Total Plan pays</b>	<b>\$1,690</b>	<b>\$1,310</b>	<b>\$560</b>

**These are examples only and not reflective of our actual plan**

## Questions and Answers about the Coverage Examples

### *What are some of the assumptions behind the Coverage Examples?*

- Costs don't include premiums
- Sample care costs are based on national averages supplies by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### *What does a Coverage Example show?*

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### *Does the Coverage Example predict my own care needs?*

- ✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### *Does the Coverage Example predict my future expenses?*

- ✘ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### *Can I use Coverage Examples to compare plans?*

- ✔ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### *Are there other costs I should consider when comparing plans?*

- ✔ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.



## Authorization for Release of Account Information

Ohio retirement law prohibits the release of confidential account information to a third party unless written authorization is provided by the member or retiree. You or the third party must contact OPERS separately to request account information. This form cannot be used to initiate a request for information. This form will not authorize access to a member's or retiree's online account. Use this form to authorize the release of account information as described below.

This form will not authorize the release of Protected Health Information (PHI) (re: a retiree or dependent's health care coverage). If you wish to authorize the release of PHI, please contact OPERS to request the HIPAA Authorization Form.

### Section 1 - Member Personal Information

Social Security Number		Date of Birth			
		Month	Day	Year	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name				MI	Last Name
<input type="text"/>				<input type="text"/>	<input type="text"/>
Street or Mailing Address					Apt. Number
<input type="text"/>					<input type="text"/>
City				State	ZIP Code
<input type="text"/>				<input type="text"/>	<input type="text"/>
Home Phone Number		Work Phone Number		Cell Phone Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
E-mail Address					
<input type="text"/>					

**Section 2 - Type of Information to be Released** - This information will only be released when you or the third party contact OPERS separately to request account information. Select the records you wish OPERS to release to those you list in Section 3. You can contact OPERS separately by attaching a specific request to this form or by contacting OPERS at 1-800-222-7377 with your request after this form has been received and validated.

- |  |  |
|--|--|
| <input type="checkbox"/> Service credit                  | <input type="checkbox"/> Income verification   |
| <input type="checkbox"/> Contributions                   | <input type="checkbox"/> Form 1099-R   |
| <input type="checkbox"/> Earnable salary                 | <input type="checkbox"/> Disability medical records  |
| <input type="checkbox"/> Value of account                | <input type="checkbox"/> Breakdown of benefits   |
| <input type="checkbox"/> Estimate of retirement benefits | <input type="checkbox"/> Any/all account information (written and oral, excluding health care information) |

