

Minutes for meeting – No quorum

September 7, 2023

Commissioners present: Michael Pepple. Timothy Bechtol and William Bateson absent

Also Present: Alec Helms, Cindy Land, Adam Witteman, Steve Wilson, Jeff Hunker and Lou Wilin from the Courier

Commissioner Pepple opened the meeting at 9:30 a.m. in the Commissioner's 1st floor conference room. The Pledge of Allegiance was recited.

Cindy Land explained how the meeting will run with only one Commissioner being present. Commissioner Pepple will approve routine things needing immediate action but no resolutions will be done today.

Michael Pepple approved one warrant journal. Michael Pepple signed the Audit Engagement Letter for the Blanchard River Enhancement Project. Commissioner Pepple also approved the August Fund Report, payroll for the Commissioners' office and JFS payroll.

Cindy Land stated that we will sign the Local Jail Capital Project Grant Agreement for the project to move forward and the resolution authorizing the agreement will be presented on Tuesday. This grant was applied for last November and we have just found out we received it but we aren't sure on the time restraints to have the agreement back. Commissioner Pepple can go ahead and sign the agreement to get it back on its way to where it needs to go.

Steve Wilson stated he had an update call with Stantech today on the budgets. The only project that is not on budget is the Norfolk Southern Bridge. They will be submitting a change order request with the dollar amount.

### **Meetings/Reports**

Michael Pepple attended the CEBCO renewal meeting on Friday and the ARPA Committee meeting on Wednesday. Both meetings were very productive.

Timothy Bechtol was absent.

William Bateson was absent.

At 10:30 a.m., Commissioner Pepple met with Ben Otley from Risk Strategies. Also present was Alec Helms, Christine Carrigan, Lynn Taylor, Cindy Land, Rhonda Switzer, Adam Witteman, Jeff Hunker and Greg Moorhead. Ben Otley stated we have received the CEBCO renewal documents and he had requested a recent invoice from Christine. The numbers of employees that CEBCO used was 358 but that was for January through June. The latest invoice was for 370 employees. This is the number that is what he used to give the projected numbers. The increase to the premium about is 7.7%. Ben provided the projected premiums and some figures for changes in total amounts paid by the county. There were discussions on possible changes, how stop loss works within the pool and possible future effects on the premiums. Ben stated that the pool has begun opening up to more than just counties. Ben stated that the deadline to sign the renewal for the plans is due by September 15<sup>th</sup>. Commissioner Pepple stated they will discuss all

the information provided and have a decision next week. There was a discussion on the renewal of the agreement with Risk Strategies for the insurance administration services. Ben stated he will send over their contract for review. Jeff Hunker asked about CEBCO allowing townships into the pool. Ben provided the guidelines for being able to enter the pool.

Commissioner Pepple announced the 11:30 a.m. conference call with Allen County has been cancelled.

At 1:00 p.m., the Commissioners met with the Liberty Township Trustees in regards to the JEDD.

Commissioners present: Timothy Bechtol and Michael Pepple. William Bateson absent

Quorum achieved

Also present was Alec Helms, Cindy Land and Lou Wilin from the Courier. See attached sign in sheet for others who attended. Jeff Hunker, Liberty Township Trustee, stated the reason for the meeting and their reasoning behind looking into the possibility of having a JEDD in the township. Mayor Muryn inquired where within the process of creating a JEDD the township would be. Jeff Hunker stated right now they are just in the concept phase and wanted to get some information out there to see if this is an option. John Albers and Sean McCarter of Albers and Albers provided information on what a JEDD is, what is used for, how they are set up and how they can benefit the townships and municipalities. There were discussions on the petition process for setting up the JEDD and where the best area to have one would be. Mayor Muryn asked what the hopes for today's meeting were. Jeff Hunker stated they just wanted to get a feel if this is something the city would be interested in. Mayor Muryn stated it is something they would be fine with moving forward and looking into. Jeff stated that the Commissioners have been included in the meeting because they own property that could be used within the JEDD but there are also other areas in the township that might be good as well.

At 2:15 p.m., the Commissioner met with Brian Stozich in regards to the courthouse alarm system. Also present was Alec Helms, Cindy Land and Adam Witteman. Brian Stozich stated that last Thursday we had a power surge which hit the alarm panel at the courthouse. The provider has been out to look at it and stated it will need a new power supply and panel upgrade. There was a discussion on how old the current panel is. Brian has obtained two separate quotes from Simplex in regards to this panel. The first quote is \$20,659.00. This is to get the current panel up and going until we can have the whole panel replaced. The second quote is \$27,499.00. This is for the new upgraded panel. Brian has checked and there will not need to be a permit pulled to do this upgrade. There were discussions on the options of how this can be paid for.

Brian Stozich stated that he has also received a quote for upgrading the dispatch system in order to be able to incorporate all of the buildings. During the discussions with Simplex on this panel they recommended downgrading the panel that is being installed at the new Judicial center and putting the bigger panel to incorporate everything at the dispatch center. This would allow it to be more centrally located and would decrease the price of what is being put in at the new building. The quote for the new panel at dispatch would be \$83,999.00. The Commissioners agree this is a good idea. There was a discussion on what will need to be given to Alvada to make the change to the Judicial Center plan.

Alec Helms provided a list of what was approved by Commissioner Pepple in the morning meeting. Timothy Bechtol made a motion to approve all approved documents from the morning meeting. Michael Pepple seconded. Motion passed 2-0.

Cindy Land presented the following resolutions that were on the agenda for the morning meeting and were not able to be presented at that time due to not having quorum:

Resolutions 611-23 – Authorization to sign the grant agreement for funding of Capital Improvements for Local Jails from the Ohio Department of Rehabilitation & Correction. Cindy Land stated this is a resolution for funding the grant agreement that was signed this morning for the jail. Michael Pepple made a motion to approve and Timothy Bechtol seconded. Motion passed 2-0.

Resolutions 612-23 – A resolution authorizing the Board of Hancock County Commissioners to apply for, accept and enter into a Water Pollution Control Loan Fund agreement on behalf of the County of Hancock for the repair and replacement of home sewage treatment systems. Cindy Land stated this is the WPCLF for 2024. This is authorizing that we apply so as soon as it comes in it can be signed. This is what is required by the EPA. Michael Pepple made a motion to approve and Timothy Bechtol seconded. Motion passed 2-0.

Commissioner Pepple went over the information to Commissioner Bechtol that was provided an overview of the 10:30 meeting with Ben Otley in regards to the upcoming year's insurance benefits. He also provided the recommendation of what he feels should be done moving forward. There were some discussions on the possibility of changing the percent of premiums that is covered by the county and what is the responsibility of the employees. Commissioner Pepple stated that a decision must be made by next Tuesday if we plan to make any changes to insurance plans.

Timothy Bechtol provided his meeting/report. On Wednesday he met with the Governance Committee for the HHWP Community Action Committee. He also spent the weekend at the fair. There was no construction meeting for the new Judicial Center on Monday due to it being Labor Day.

At 3:00 p.m., the Commissioners reconvened their meeting. Also present was Alec Helms, Cindy Land, Phil Johnson and Sheriff Heldman.

Phil Johnson presented the following resolution:

Resolutions 613-23 – Authorizing use of competitive sealed proposals in relation to anticipated work in courtrooms numbers 1 & 2 in the Hancock County Courthouse. Phil Johnson stated this resolution relates to the paint and plaster on the walls of Courtrooms 1 and 2 at the courthouse. This authorizes an RFP process to find someone to do the inspection and analysis of what needs to be done to correct the flaking issues they are having. Michael Pepple made a motion to approve and Timothy Bechtol seconded. Motion passed 2-0.

Cindy Land requested an executive session in regards to threatened litigation.

At 3:04 p.m., Timothy Bechtol made a motion to enter into executive session in regards to potential threatened litigation. Michael Pepple seconded. A roll call vote resulted as follows: Timothy Bechtol, yes; Michael Pepple, yes;

At 3:23 p.m., Timothy Bechtol made a motion to come out of executive session, in regards to threatened litigation with no action taken. Michael Pepple seconded. Motion passed 2-0.

Respectfully submitted,



Alec Helms, Assistant Clerk

Reviewed and approved by:



William L. Bateson



Timothy K. Bechtol



Michael W. Pepple

# Hancock County Commissioners

## Employee Contributions

Effective January 1, 2023



# Pay Period Deductions	24
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2023 Cebco Option (Medical Rx and Dental Plan 3)						
	Counts	Total Monthly	Employer Monthly	Employee Monthly	Employee Per Pay	% Employee
Medical Plan 1F Rx 1F(\$500 deductible)						
Single	106	\$709.62	\$588.98	\$120.64	\$60.32	17%
Family	145	\$1,877.91	\$1,558.67	\$319.24	\$159.62	17%
H.S.A. Option E2 \$3000 Embedded						
Single	47	\$655.66	\$629.44	\$26.22	\$13.11	4.0%
Family	72	\$1,735.67	\$1,666.25	\$69.42	\$34.71	4.0%
Contributory Vision CEBCO VSP Option 6						
Single	140	\$9.70	\$7.28	\$2.42	\$1.21	25%
Employee/Spouse or Employee / 1 Child	79	\$14.00	\$7.28	\$6.72	\$3.36	48%
Employee / Child(ren) or Family	94	\$25.09	\$7.28	\$17.82	\$8.91	71%
\$50,000 class 1, \$10,000 class 2						
Group Life & AD&D (at correct enrollment)	408	\$1,259.53	\$1,259.53	\$0.00	\$0.00	0%
Total Monthly		\$509,382.92	\$441,530.88	\$67,852.98		
Total Annual		\$6,112,595.04	\$5,298,370.56	\$814,235.76		

### 2024 Contribution Option 1: No changes to employee premiums

2024 Cebco Option (Medical Rx and Dental Plan 3)						
	Counts	Total Monthly	Employer Monthly	Employee Monthly	Employee Per Pay	% Employee
Medical Plan 1F Rx 1F(\$500 deductible)						
Single	106	\$761.62	\$640.98	\$120.64	\$60.32	16%
Family	145	\$2,014.97	\$1,695.73	\$319.24	\$159.62	16%
H.S.A. Option E2 \$3000 Embedded						
Single	47	\$703.50	\$677.28	\$26.22	\$13.11	3.7%
Family	72	\$1,861.79	\$1,792.37	\$69.42	\$34.71	3.7%
Contributory Vision CEBCO VSP Option 6						
Single	140	\$9.70	\$7.28	\$2.42	\$1.21	25%
Employee/Spouse or Employee / 1 Child	79	\$14.00	\$7.28	\$6.72	\$3.36	48%
Employee / Child(ren) or Family	94	\$25.09	\$7.28	\$17.82	\$8.91	71%
\$50,000 class 1, \$10,000 class 2						
Group Life & AD&D (at correct enrollment)	408	\$1,259.53	\$1,259.53	\$0.00	\$0.00	0%
Total Monthly		\$546,097.74	\$478,245.70	\$67,852.98		
Total Annual		\$6,553,172.88	\$5,738,948.40	\$814,235.76		
% Change		8%		0%		
\$ Change		\$440,577.84		\$0.00		

\*Contract Counts from Invoice

# Hancock County Commissioners

## Employee Contributions

Effective January 1, 2023



# Pay Period Deductions	24
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### 2024 Contribution Option 2: Increase employee premiums by 7.3%

2024 Cebco Option (Medical Rx and Dental Plan 3)						
	Counts	Total Monthly	Employer Monthly	Employee Monthly	Employee Per Pay	% Employee
Medical Plan 1F Rx 1F(\$500 deductible)						
Single	106	\$761.62	\$632.17	\$129.45	\$64.72	17%
Family	145	\$2,014.97	\$1,672.43	\$342.54	\$171.27	17%
H.S.A. Option E2 \$3000 Embedded						
Single	47	\$703.50	\$675.37	\$28.13	\$14.07	4.0%
Family	72	\$1,861.79	\$1,787.30	\$74.49	\$37.24	4.0%
Contributory Vision CEBCO VSP Option 6						
Single	140	\$9.70	\$7.28	\$2.42	\$1.21	25%
Employee/Spouse or Employee / 1 Child	79	\$14.00	\$7.28	\$6.72	\$3.36	48%
Employee / Child(ren) or Family	94	\$25.09	\$7.28	\$17.82	\$8.91	71%
\$50,000 class 1, \$10,000 class 2						
Group Life & AD&D (at correct enrollment)	408	\$1,259.53	\$1,259.53	\$0.00	\$0.00	0%
Total Monthly		\$546,097.74	\$473,478.20	\$72,620.48		
Total Annual		\$6,553,172.88	\$5,681,738.40	\$871,445.76		
% Change		7.24%		7.03%		
\$ Change		\$383,367.84		\$57,210.00		

\*Contract Counts from Invoice

# CEBCO - Hancock County

Effective 1/1/2024

CEBCO Medical Effective Join Date: Jan-23  
CEBCO Rx Effective Join Date: Jan-23

Pooling Level: \$125,000

Experience Period: 7/1/2022 - 6/30/2023

	Medical	Rx	Total
Paid Claims:	\$1,607,453	\$478,549	\$2,086,002
Plan Design Factors:	1.020	1.030	
Rx Network Savings Factor		0.985	
Maturation Factor	1.517	1.167	
Claims in Excess of Pooling (@ \$125,000):	\$0	NA	
Anthem OPP/NCN:	\$1,899	NA	
Total Paid Claims - Mature:	\$2,487,943	\$566,511	\$3,054,454
Average Lagged Enrollment (Monthly):	354	355	
Claim Cost Per Employee Per Month (PEPM):	\$1,170.03	\$265.97	\$1,435.99
Trend Factor to 7/1/2024 (15 months of trend):	1.093	1.124	
Increase in Reserves:	1.009	1.000	
Tier Adjustment Factor:	0.992	0.993	
GLP-1 Drug Load	1.010	1.010	
Rx Rebates	NA	0.565	
Trended PEPM Monthly Claim Cost:	\$1,293.11	\$169.41	\$1,462.52

2024 Final Increase: 7.7%

2023 Current Rates:	Medical 1F	HSA HSAE2	Rx PPO	Total 1F	Total HSAE2
EE Only:	\$594.80	\$621.32	\$80.48	\$675.28	\$621.32
Family:	\$1,567.89	\$1,637.80	\$212.15	\$1,780.04	\$1,637.80

2024 Renewal Rates:	Medical 1F	HSA HSAE2	Rx PPO	Total 1F	Total HSAE2
EE Only:	\$640.60	\$669.16	\$86.68	\$727.28	\$669.16
Family:	\$1,688.62	\$1,763.92	\$228.48	\$1,917.10	\$1,763.92

## Enrollment:

	1F	HSAE2	Total
EE Only:	97	46	143
Family:	147	68	215
Total:	244	114	358

Annual Premium, 2023 Rates:	\$5,605,430
Annual Premium, 2024 Rates:	\$6,037,053
Increase (\$):	\$431,623
Increase (%):	7.7%

# County Employee Benefits Consortium of Ohio (CEBCO)

County of: HANCOCK  
Effective Date: 1/1/2024 - 12/31/2024  
Rx Plan Options

	Current Plan(s)		Renewal Options				
	PPO	HSAEZ	PPO 2G	PPO 3G	PPO 4G	PPO 5G	
Rx Plan Enrollment			\$10/\$25/\$50	\$15/\$30/\$60	\$15/\$40/\$80	\$15/\$50/\$90	
EE Only:	97	46	143	143	143	143	143
Family:	147	68	215	215	215	215	215
Total Enrollment:	244	114	358	358	358	358	358
Monthly Plan Premium Rates							
EE Only:	\$86.68	\$70.84	\$86.30	\$84.60	\$83.94	\$83.54	
Family:	\$228.48	\$186.76	\$227.48	\$223.00	\$221.26	\$220.20	
Monthly County Cost:	\$41,995	\$15,958	\$61,249	\$60,043	\$59,574	\$59,289	
Annual County Cost:							
	\$503,934	\$191,500	\$734,989	\$720,514	\$714,892	\$711,471	
	\$695,434						



# County Employee Benefits Consortium of Ohio (CEBCO)

HANCOCK

Medical Experience Report - includes Anthem OPP and NCN

## Paid Claims

<u>Month</u>	<u>Medical Claims</u>	<u>Pharmacy Claims</u>	<u>CEBCO Total</u>
Jul-22	\$0	\$0	\$16,563,167
Aug-22	\$0	\$0	\$18,512,550
Sep-22	\$0	\$0	\$21,309,062
Oct-22	\$0	\$0	\$18,335,441
Nov-22	\$0	\$0	\$22,386,631
Dec-22	\$0	\$0	\$21,374,665
Jan-23	\$87,393	\$44,848	\$17,746,294
Feb-23	\$288,381	\$63,058	\$21,372,143
Mar-23	\$333,457	\$100,401	\$22,536,887
Apr-23	\$236,942	\$76,242	\$20,780,570
May-23	\$301,153	\$96,246	\$22,300,004
Jun-23	\$360,127	\$97,755	\$22,266,793
Total	\$1,607,453	\$478,549	\$245,484,207

## Billed Premium

<u>Month</u>	<u>Medical &amp; Rx Premium</u>	<u>CEBCO Total</u>
Jul-22	\$0	\$18,118,754
Aug-22	\$0	\$18,211,117
Sep-22	\$0	\$18,055,449
Oct-22	\$0	\$18,146,447
Nov-22	\$0	\$18,073,657
Dec-22	\$0	\$18,186,098
Jan-23	\$466,969	\$20,746,185
Feb-23	\$463,210	\$20,596,688
Mar-23	\$463,566	\$20,586,881
Apr-23	\$464,418	\$20,573,542
May-23	\$472,854	\$20,605,579
Jun-23	\$467,119	\$20,577,277
Total	\$2,798,136	\$232,477,673

## Enrollment

<u>Month</u>	<u>Hancock</u>	<u>CEBCO Total</u>
Jul-22	0	12,906
Aug-22	0	12,965
Sep-22	0	12,856
Oct-22	0	12,938
Nov-22	0	12,894
Dec-22	0	12,979
Jan-23	353	13,969
Feb-23	352	13,848
Mar-23	353	13,867
Apr-23	354	13,861
May-23	360	13,890
Jun-23	358	13,905
Average	178	13,407

## Running 12 Month Loss Ratio (Claims / Premium)

<u>Hancock</u>	<u>CEBCO Total</u>
74.5%	105.6%

## County Employee Benefits Consortium of Ohio (CEBCO)

County of: HANCOCK

Effective Date: 1/1/2024 - 12/31/2024

### Dental Plan Options

	Current Plan	Renewal Options	
	Plan 3	Plan 1	Plan 2
Dental Plan Enrollment	\$50/\$150 Silent	\$0/\$0 PPO	\$25/\$75 PPO
EE Only:	143	143	143
Family:	215	215	215
<b>Total Enrollment:</b>	<b>358</b>	<b>358</b>	<b>358</b>
Monthly Plan Premium Rates			
EE Only:	\$34.34	\$34.70	\$29.31
Family:	\$97.87	\$98.90	\$83.53
<b>Monthly County Cost:</b>	<b>\$25,953</b>	<b>\$26,226</b>	<b>\$22,150</b>
<b>Annual County Cost:</b>	<b>\$311,432</b>	<b>\$314,707</b>	<b>\$265,803</b>

## County Employee Benefits Consortium of Ohio (CEBCO)

### HANCOCK

#### Vision Experience Report

<i>Paid Claims</i>		
<u>Month</u>	<u>Vision Claims</u>	<u>CEBCO Total</u>
Jul-22	\$0	\$25,337
Aug-22	\$0	\$28,763
Sep-22	\$0	\$24,673
Oct-22	\$0	\$25,545
Nov-22	\$0	\$25,063
Dec-22	\$0	\$26,986
Jan-23	\$3,668	\$44,983
Feb-23	\$3,695	\$46,769
Mar-23	\$2,712	\$45,194
Apr-23	\$4,677	\$54,112
May-23	\$2,219	\$45,398
Jun-23	\$1,915	\$40,668
Total	\$18,886	\$433,490

<i>Billed Premium</i>		
<u>Month</u>	<u>Vision Premium</u>	<u>CEBCO Total</u>
Jul-22	\$0	\$35,164
Aug-22	\$0	\$35,280
Sep-22	\$0	\$35,227
Oct-22	\$0	\$35,311
Nov-22	\$0	\$35,504
Dec-22	\$0	\$35,607
Jan-23	\$4,490	\$57,732
Feb-23	\$4,479	\$58,029
Mar-23	\$4,550	\$58,225
Apr-23	\$4,490	\$58,228
May-23	\$4,583	\$58,499
Jun-23	\$4,519	\$58,403
Total	\$27,110	\$561,209

<i>Enrollment</i>		
<u>Month</u>	<u>Hancock</u>	<u>CEBCO Total</u>
Jul-22	0	2,819
Aug-22	0	2,825
Sep-22	0	2,823
Oct-22	0	2,833
Nov-22	0	2,829
Dec-22	0	2,843
Jan-23	285	4,361
Feb-23	287	4,388
Mar-23	293	4,409
Apr-23	290	4,414
May-23	296	4,428
Jun-23	293	4,426
Average	145	3,617

#### Running 12 Month Loss Ratio

(Claims / Premium)

<u>Hancock</u>	<u>CEBCO Total</u>
69.7%	77.2%

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Other Services in an Office</u></b>		
<b>Allergy Testing</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Prescription Drugs</b> <i>Dispensed in the office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Surgery</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	40% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	40% coinsurance after deductible is met
<b><u>Diagnostic Services</u></b>		
<b>Lab</b>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>X-Ray</b>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Emergency and Urgent Care</u></b>		
<b>Urgent Care</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Emergency Room Facility Services</b>	20% coinsurance after deductible is met	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Pulmonary rehabilitation</b> office and outpatient hospital <i>Coverage is limited to 20 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Cardiac rehabilitation</b> office and outpatient hospital <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Dialysis/Hemodialysis</b> office and outpatient hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Chemo/Radiation Therapy</b> office and outpatient hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 100 days combined per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Inpatient Hospice</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<b>Pharmacy Deductible</b>	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: Base Network</b> <b>Drug List: National</b> <i>Drugs not included on the drug list will not be covered.</i>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Rx Maintenance 90 Pharmacy</b> 90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery)		

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date



**Navajo (Diné):** Dii naaltsoos bika'igii lahgo bina'idilkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj bee nił hodoonih t'áadoo báh ilínigóó. Ata' halne'igii la' bich'i' hadeesdih ninizingo koj' hodiilnih (833) 639-1634.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 639-1634.

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Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>  <b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i>	\$20 copay per visit medical deductible does not apply  \$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b><u>Other Services in an Office</u></b>  <b>Allergy Testing</b> <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i> <b>Prescription Drugs</b> <i>Dispensed in the office</i>  <b>Surgery</b>	20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met  \$40 copay per visit medical deductible does not apply <sup>†</sup>	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	40% coinsurance after medical deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	40% coinsurance after medical deductible is met
<b><u>Diagnostic Services</u></b> <b>Lab</b> Office  Outpatient Hospital	No charge  20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>X-Ray</b> Office  Outpatient Hospital	No charge  20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u></b>  <b>Facility Fees</b>  <b>Human Organ and Tissue Transplants</b> <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i> <b>Physician and other services</b> <i>including surgeon fees</i>	20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for occupational therapy is limited to 30 visits per benefit period, physical therapy is limited to 30 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply  20% coinsurance after medical deductible is met	  40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> <i>Coverage is limited to 20 visits per benefit period.</i>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply  20% coinsurance after medical deductible is met	  40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>Coverage is limited to 36 visits per benefit period.</i>  Office	  \$40 copay per visit medical deductible does not apply	  40% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	\$2,500 Person \$5,000 Family	Not applicable
<b>Prescription Drug Coverage</b> <b>Network:</b> Base Network <b>Drug List:</b> <b>National</b> <i>Drugs not included on the drug list will not be covered.</i>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Rx Maintenance 90 Pharmacy</b> 90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 30 day supply (cost shares noted below for retail and home delivery apply). We require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.		
Tier 1 - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	Not applicable
Tier 2 – Typically Preferred Brand	\$20 copay per prescription (retail) and \$40 copay per prescription (home delivery)	Not applicable
Tier 3 - Typically Non-Preferred Brand	\$40 copay per prescription (retail) and \$80 copay per prescription (home delivery)	Not applicable
Specialty Medications (brand and generic)	\$40 copay per prescription	No coverage

**Notes:**

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 20% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility based office visits for evaluation and management services only.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

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## CEBCO Medical Plan Comparison - 2024 Standard Plan Designs

Benefit Description	PPO Plan 1G		PPO Plan 2G		PPO Plan 3G		PPO Plan 4G		PPO Plan 5G	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible (Single Family)</b> (Applies only to HMO and PPO plans)	\$500 \$1,000	\$1,000 \$2,000	\$1,000 \$2,000	\$2,000 \$4,000	\$1,500 \$3,000	\$3,000 \$6,000	\$2,000 \$4,000	\$4,000 \$8,000	\$3,000 \$6,000	\$6,000 \$12,000
<b>Out-of-Pocket Maximum (Single Family)</b> (Includes Medical Deductible & Medical Copays)	\$3,000 \$6,000	\$6,000 \$12,000	\$4,000 \$8,000	\$8,000 \$16,000	\$4,500 \$9,000	\$9,000 \$18,000	\$5,000 \$10,000	\$10,000 \$20,000	\$6,000 \$12,000	\$12,000 \$24,000
<b>Physician Office Services (PCP/SCIP)</b> (Including Office Surgeries, allergy services and injections) <sup>1</sup>										
- Allergy testing	\$20 \$40	40%	\$30 \$60	40%	\$30 \$60	40%	\$30 \$60	40%	\$30 \$60	40%
- Allergy testing	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
<b>Preventive Care</b>										
- Medical History	Covered in Full	40%	Covered in Full	40%	Covered in Full	40%	Covered in Full	40%	Covered in Full	40%
- Mammography <sup>2</sup> , Pelvic Exam, and P&P testing, PSA tests										
- Incontinence <sup>3</sup>										
- Annual diabetic eye exam										
- Annual Vision and Hearing exams										
<b>Outpatient Physical Medicine Therapies</b> (Combined Network & Non-Network limits apply)										
- Physical Occupational therapy: 20-30 visit limit	\$40	40%	\$60	40%	\$60	40%	\$60	40%	\$60	40%
- Speech Therapy: 20 visit limit										
<b>Repatient Services</b> (Unlimited days except for: - 30 days Network/Non-Network combined for physical medicine rehab - 90 days Network/Non-Network combined for skilled nursing facility)	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
<b>Outpatient Surgery: Hospital / Ambulatory Care Facility</b> (Combined Network & Non-Network limits apply)										
- Outpatient Surgery: Hospital / Ambulatory Care Facility	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
- Outpatient Surgery: Hospital / Ambulatory Care Facility	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
- Outpatient Surgery: Hospital / Ambulatory Care Facility	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
<b>Home Care Services</b> (90 visits annual limit; Network/Non-Network combined for Home Care, excluded IV therapy)										
- Home Care Services	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
- Home Care Services	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
<b>Emergency Care in Emergency Room</b> (covers all services, copayment waived if admitted)	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
<b>Urgent Care Facility</b>	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
<b>Ambulatory Services</b>	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
<b>Maternity Services</b>	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
<b>Mental Health and Substance Abuse<sup>4</sup></b>										
- Inpatient	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
- Outpatient: ON PCP copay applies	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
<b>Lifetime Maximum</b> (Combined Network and Non-Network)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Human Organ Transplant<sup>5</sup></b> (Except Kidney and Cornea transplants <sup>6</sup> )	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
<b>Medical Supplies, Equipment and Appliances</b>	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%

1. These covered services are covered in full if you have a flat dollar copayment and if rendered without an office visit.

2. Mental health services are covered in full if you have a flat dollar copayment and if rendered without an office visit.

3. Kidney and Cornea transplants are treated the same as any other illness and subject to the medical benefits and lifetime maximum.

4. Mental health services are covered in full if you have a flat dollar copayment and if rendered without an office visit.

5. Kidney and Cornea transplants are treated the same as any other illness and subject to the medical benefits and lifetime maximum.





## County Employee Benefit Consortium of Ohio

### CEBCO

#### Anthem Rx

### 2024 Prescription Drug Standard Plans

Benefit Description:	Plan 1G	Plan 2G	Plan 3G	Plan 4G	Plan 5G
<b>Plan Type</b>	Copay Plan	Copay Plan	Copay Plan	Copay Plan	Copay Plan
<b>Retail Benefit</b>	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
Generic	\$10	\$10	\$15	\$15	\$15
Preferred Brand	\$20	\$25	\$30	\$40	\$50
Non-preferred/ Other Brand	\$40	\$50	\$60	\$80	\$90
<b>Mail Order Benefit</b>	90-day supply	90-day supply	90-day supply	90-day supply	90-day supply
Generic	\$20	\$20	\$30	\$30	\$30
Preferred Brand	\$40	\$50	\$60	\$80	\$100
Non-preferred/ Other Brand	\$80	\$100	\$120	\$160	\$180
<b>Out-of-Pocket Maximum <sup>(1)</sup> (Single/Family)</b>	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000

<sup>(1)</sup> Includes Rx copays only



## CEBCO Medical Plan Comparison - 2024 HSA Plan Designs

Benefit Description	HSA Plan N1		HSA Plan E1		HSA Plan E2		HSA Plan E3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible (Single Family)</b> (Applies only to percent (%) copayments)	\$1,600 \$3,200	\$3,200 \$6,400	\$3,200 \$6,400	\$6,400 \$12,800	\$3,200 \$6,400	\$6,400 \$12,800	\$4,000 \$8,000	\$8,000 \$16,000
<b>Out-of-pocket Maximum (Single Family)</b> (Includes Medical Deductible & Medical Copays)	\$3,200 \$6,400	\$6,400 \$12,800	\$3,200 \$6,400	\$12,800 \$25,600	\$3,000 \$10,000	\$10,000 \$20,000	\$6,250 \$12,500	\$12,500 \$25,000
<b>Physician Office Services (PCP/SCP)</b> (Including Office Surgeries, allergy serum and injections) <sup>1</sup>	10%	30%	0%	20%	20%	40%	20%	40%
- Allergy testing	10%	30%	0%	20%	20%	40%	20%	40%
<b>Preventive Care</b>								
- Medical History	Covered in Full	30%	Covered in Full	20%	Covered in Full	40%	Covered in Full	40%
- Mammography								
- Pap testing, PSA tests								
- Eye examinations <sup>2</sup>								
- Annual diabetic eye exam								
- Annual Vision and Hearing exams								
<b>Outpatient Physical Medicine Therapies</b> (Combined Network & Non-Network limit apply) <sup>3</sup>	10%	30%	0%	20%	20%	40%	20%	40%
- Physical Occupational therapy: 30-30 visit limit								
- Speech Manipulation: 12 visit limit								
- Speech Therapy: 20 visit limit								
<b>Diagnostic Services</b>								
- Unlimited days except for:								
• 30 days Network Non-Network combined for physical medicine rehab								
• 100 days Network Non-Network combined for skilled nursing facility								
<b>Outpatient Surgery Hospital / Alternative Care Facility</b>	10%	30%	0%	20%	20%	40%	20%	40%
<b>Other Outpatient Services Hospital / Alternative Care Facility</b>	10%	30%	0%	20%	20%	40%	20%	40%
<b>Inpatient and Outpatient Professional Charges</b>	10%	30%	0%	20%	20%	40%	20%	40%
<b>Home Care Services</b> 100 visits annual limit Network Non-network combined for Home Care, excluded IV therapy	10%	30%	0%	20%	20%	40%	20%	40%
<b>Hypertension Services</b>	10%	30%	0%	20%	20%	40%	20%	40%
<b>Emergency Care in Emergency Room</b> (Includes all services, copayment waived if admitted)	10%	30%	0%	20%	20%	40%	20%	40%
<b>Urgent Care Facility</b>	10%	30%	0%	20%	20%	40%	20%	40%
<b>Ambulance Services</b>	10%	30%	0%	20%	20%	40%	20%	40%
<b>Mental Health and Substance Abuse<sup>4</sup></b>								
- Inpatient:	10%	30%	0%	20%	20%	40%	20%	40%
- Outpatient: OV PCP copay applies	10%	30%	0%	20%	20%	40%	20%	40%
<b>Lifetime Maximum</b> (Combined Network and Non-Network)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Human Organ Transplant</b> - Except Kidney and Cornea transplants <sup>5</sup>	10%	30%	0%	20%	20%	40%	20%	40%
<b>Medical Supplies, Equipment and Appliances</b>	10%	30%	0%	20%	20%	40%	20%	40%

1 These covered services are covered in full if you have a flat dollar copayment and if rendered without an office visit.  
2 Mental health substance abuse must be authorized by the mental health administrator for services to be covered at the highest benefit level. Refer to schedule of benefits for limitations.  
3 Kidney and Cornea transplants are treated the same as any other illness and subject to the medical benefits and lifetime maximums.

# Hancock County Commissioners

## Medical Plan Analysis

Effective January 1, 2024



H.S.A. Deductible Change Federally Mandated

Benefits	Current Effective 01/01/2023						Renewal Effective 01/01/2024					
	Cebco / Anthem Blue Cross and Blue Shield Blue Access PPO			H.S.A. E2			Cebco / Anthem Blue Cross and Blue Shield Blue Access PPO			H.S.A. E2		
	In-Network	Out-of-Network	In-Network	Out-of-Network	Embedded Deductible		In-Network	Out-of-Network	In-Network	Out-of-Network	Embedded Deductible	
Deductible												
Individual	\$500	\$1,000	\$3,000	\$6,000	\$6,000		\$500	\$1,000	\$3,200	\$6,400		
Family	\$1,000	\$2,000	\$6,000	\$12,000	\$12,000		\$1,000	\$2,000	\$6,400	\$12,800		
Coinurance												
Percentage	80%	60%	80%	60%	60%		80%	60%	80%	60%	60%	
Out-of-Pocket Maximum												
Individual	\$2,500	\$5,000	\$2,000	\$4,000	\$4,000		\$2,500	\$5,000	\$1,800	\$3,600		
Family	\$5,000	\$10,000	\$4,000	\$8,000	\$8,000		\$5,000	\$10,000	\$3,600	\$7,200		
Rx Copay Maximum												
Individual	\$2,500	\$2,500	included above	Unlimited	Unlimited		\$2,500	\$2,500	included above	Unlimited		
Family	\$5,000	\$5,000	included above	Unlimited	Unlimited		\$5,000	\$5,000	included above	Unlimited		
Out of Pocket Maximum (Deductible, Coinsurance, Rx)												
Individual	\$5,500	\$8,500	\$5,000	\$10,000	\$10,000		\$5,500	\$8,500	\$5,000	\$10,000		
Family	\$11,000	\$17,000	\$10,000	\$20,000	\$20,000		\$11,000	\$17,000	\$10,000	\$20,000		
Emergency Room												
Emergency use of an Emergency Room	\$300 Copay			80% After Deductible			\$300 Copay			80% After Deductible		
Urgent Care												
Urgent Care Office Visit	\$75 Copay	60% After Deductible	80% After Deductible	60% After Deductible	60% After Deductible		\$75 Copay	60% After Deductible	80% After Deductible	60% After Deductible	60% After Deductible	
Office Visit Copay (PCP/SCP)	\$20 PCP/\$40 SCP	60% After Deductible	60% After Deductible	60% After Deductible	60% After Deductible		\$20 PCP/\$40 SCP	60% After Deductible	60% After Deductible	60% After Deductible	60% After Deductible	
Preventive Care	No Cost to Member	60% After Deductible	No Cost to Member	60% After Deductible	60% After Deductible		No Cost to Member	60% After Deductible	No Cost to Member	60% After Deductible	60% After Deductible	
Office Visit/Routine Physical												
Retail Prescription Drugs												
Generic	Rx Out of Pocket \$2500 / \$5,000	After Medical Deductible	After Medical Deductible	After Medical Deductible	After Medical Deductible		Rx Out of Pocket \$2500 / \$5,000	After Medical Deductible	After Medical Deductible	After Medical Deductible	After Medical Deductible	
Preferred	\$10						\$10					
Non-Preferred	\$20	Not Covered	80% After Deductible	Not Covered	Not Covered		\$20	Not Covered	80% After Deductible	Not Covered	Not Covered	
Specialty	\$40						\$40					
Days	30		30				30		30			
Mail-Order Prescription Drugs												
Generic	\$20	Not Covered	80% After Deductible	Not Covered	Not Covered		\$20	Not Covered	80% After Deductible	Not Covered	Not Covered	
Preferred	\$40						\$40					
Non-Preferred	\$80						\$80					
Days	90		90				90		90			
Rates	\$1,500	\$3,000										
Single	106	47	\$675.28	\$621.32	\$727.28		\$727.28	\$669.16				
Family	145	72	\$1,780.04	\$1,637.80	\$1,917.10		\$1,917.10	\$1,763.92				
Estimated Monthly Premium	\$329,685.48			\$147,123.64			\$355,071.18			\$158,452.76		
Estimated Annual Premium	\$3,956,225.76			\$1,765,483.68			\$4,260,854.16			\$1,901,433.12		
Combined Est. Monthly Premium	\$475,809.12			\$513,523.94			\$513,523.94			\$513,523.94		
Combined Est. Annual Premium	\$5,721,709.44			\$6,162,287.28			\$6,162,287.28			\$6,162,287.28		
Percentage Change From Current	7.70%			7.70%			7.70%			7.70%		
Annual Dollar Change From Current	\$440,577.84			\$440,577.84			\$440,577.84			\$440,577.84		

Spreadsheet is a summary. Refer to the actual renewal and benefit booklets for official benefits and rates.

\*Contract counts are from the invoice

9/7/2023



# Hancock County Commissioners

## Dental Plan Analysis

Effective January 1, 2024



CEBCO - Delta Dental Plan 3 - Silent PPO		
Benefits	DPO	Out-of-Network or Delta Premier
<b>Deductible</b> Individual Family		\$50 \$150
<b>Annual Maximum</b> Individual Family		\$1,000 Per Covered Member
<b>Diagnostic &amp; Preventive</b> Exams Cleanings Fluoride Treatment Space Maintainers X-Rays Sealants		100% 100% 100% Not Specified 100% 100%
<b>Regular Restorative Services</b> Emergency Pain Treatment Fillings, Stainless Crowns Endodontics (Root Canal) Periodontics (Gum Disease) Simple Extractions		100% 80% After Deductible 80% After Deductible 80% After Deductible 80% After Deductible
<b>Major Services</b> Crowns, Inlays, Outlays Bridges and Dentures Repairs and Adjustments		50% After Deductible 50% After Deductible Not Specified
<b>Orthodontics</b>		50%
<b>Ortho Lifetime Limit</b>	\$1,000 per member	
<b>Rates</b>	Current 2023	Renewal 2024
Employee Family	\$34.34 \$97.87	\$34.34 \$97.87
<b>Estimated Monthly Premium</b>	\$26,491.81	\$26,491.81
<b>Estimated Annual Premium</b>	\$317,901.72	\$317,901.72
<b>Percentage Change From Current</b>		0.00%
<b>Annual Dollar Change From Current</b>		\$0.00

Spreadsheet is a summary. Refer to the actual renewal and benefit booklets for official benefits and rates.

# Hancock County Commissioners

## Voluntary Vision Plan Analysis

Effective January 1, 2024



Benefits	CEBCO VSP Signature Plan 6	
	In-Network	Out-of-Network
Exams	\$10 Copay	\$50 Reimbursement
Frames	\$140 featured frame allowance \$120 frame allowance	\$70 Reimbursement
<b>Lenses</b> Single Vision Bifocal Trifocal Lenticular	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	\$50 Reimbursement \$75 Reimbursement \$100 Reimbursement not specified
Necessary Contact Lenses Elective Contact Lenses	\$25 Copay \$120 Allowance	\$105 Reimbursement \$105 Reimbursement
<b>Frequency</b> Exams Lenses Frames Elective Contacts		12 Months 12 Months 12 Months 12 Months
<b>Rate Guarantee</b>		
<b>ER Contribution</b>		Contributory
<b>Rates</b>	<b>Counts</b>	<b>Current 2023</b> <b>Renewal 2024</b>
Single	140	\$9.70      \$9.70
Employee/Spousal or Employee/ 1 Child	79	\$14.00      \$14.00
Family	94	\$25.09      \$25.09
<b>Estimated Monthly Premium</b>		<b>\$4,822.46</b>
<b>Estimated Annual Premium</b>		<b>\$57,869.52</b>
<b>Percentage Change From Current</b>		<b>0.00%</b>
<b>Annual Dollar Change From Current</b>		<b>\$0.00</b>

Spreadsheet is a summary. Refer to the actual renewal and benefit booklets for official benefits and rates.

# Hancock County Commissioners

## Basic Life & AD&D Plan Analysis

Effective January 1, 2024



**SOLD**

### 2022 Rates

		Current MEBC/Hartford Basic Life AD&D	Option 2 Anthem/CEBCO Basic Life AD&D
<b>Benefits</b>			
<b>Class</b>			
Class 1	All Full-time Active Sheriffs - Non-Union		All Full-time Active Sheriffs - Non-Union
Class 2	All Full-time Active Sheriffs - Union		All Full-time Active Sheriffs - Union
Class 3	All Other Employees		All Other Employees
<b>Life Benefit Amount</b>			
Maximum Benefit Class 1		\$10,000	\$10,000
Maximum Benefit Class 2		\$50,000	\$50,000
Maximum Benefit Class 3		\$10,000	\$10,000
<b>AD&amp;D Benefit Amount</b>			
Class 1 Benefit		\$10,000	\$10,000
Class 2 Benefit		\$50,000	\$50,000
Class 3 Benefit		\$10,000	\$10,000
<b>Disability / Waiver of Premium</b>			
Accelerated Benefit		Included	Included
Seatbelt/Air bag		Included	Included
Conversion		Included	Included
<b>Age Reduction Schedule</b>			
Reduction Schedule 1	Reduces to 65% at age 65		Reduces to 65% at age 65
Reduction Schedule 2			
<b>Exclusions</b>			
Pilot Exclusion	Not Specified		Not Specified
Hazardous Hobby Exclusion	Included		Not Specified
Suicide Exclusion	Included		Not Specified
Drug / Alcohol Exclusion	Included		Not Specified
<b>Rate Guarantee</b>			
<b>Rates</b>			
Current Volume		Correct Volume	
Rate per \$1,000	\$6,700,500	\$7,076,000,000	\$0.178
Combined Est. Monthly Premium		\$0.216	\$1,259.53
Combined Est. Annual Premium		\$1,447.31	\$15,114.34
Percentage Change From Current		\$17,367.70	-12.97%
Annual Dollar Change From Current		0.00%	(\$2,253.36)
		\$0.00	

Spreadsheet is a summary. Refer to the actual renewal and benefit booklets for official benefits and rates.

# COMPLIANCE OVERVIEW

## HSA Limits for 2022, 2023 and 2024

The following health savings account (HSA) limits apply for 2022, 2023 and 2024:

Type of Limit	2022	2023	2024
HSA Contribution Limit	Self-only	\$3,650	\$3,850
	Family	\$7,300	\$7,750
HSA Catch-up Contributions <i>(not subject to adjustment for inflation)</i>	Age 55 or older	\$1,000	\$1,000
HDHP Minimum Deductible	Self-only	\$1,400	\$1,500
	Family	\$2,800	\$3,000
HDHP Maximum Out-of-pocket Expense Limit <i>(deductibles, copayments and other amounts, but not premiums)</i>	Self-only	\$7,050	\$7,500
	Family	\$14,100	\$15,000

### LINKS AND RESOURCES

- [IRS Revenue Procedure 2023-23](#)—HSA limits for 2024
- [IRS Revenue Procedure 2022-24](#)—HSA limits for 2023
- [IRS Revenue Procedure 2021-25](#)—HSA limits for 2022

Provided to you by First Insurance Group

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**RISK**  
strategies

**FIRST INSURANCE  
GROUP**

# CEBCO Open Enrollment Timeline for Benefit Year 2024



The dates below are **FIRM** deadlines that have been coordinated with our vendor partners to ensure a smooth implementation of benefits for Plan Year



We cannot guarantee enrollment/benefit set-up or timely delivery of ID cards if these dates are not adhered to



Employee Self-Serve will be available for **2 weeks** (due to system availability and necessary timeframes)

## September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**September 1, 2023- CEBCO Renewal Meeting-** Counties will receive their renewal on September 1. Counties may arrange an appointment with their assigned Benefit Specialist to go over the renewal.

**September 8, 2023-** Any request for rates for additional plan designs due to CEBCO

**September 15, 2023- Plan decisions due back to CEBCO**

**November 6, 2023-** Employee Self-Serve (ESS) opens on Businessolver

**November 13, 2023-** All paper enrollment forms due to CEBCO

**November 17, 2023-** Counties entering their own forms must complete entry

**November 17, 2023-** Employee Self-Serve (ESS) closes on Businessolver

**November 22, 2023-** Approvals of elected benefits must be completed by contacts in counties on Employee Self-Serve (ESS)

**December 1, 2023**

Participation Agreements for renewing counties due back to CEBCO

[illegible]





## **Joint Economic Development Districts (JEDD)**

R.C. SECTION 715.72 to 715.83

### **Outline of JEDD Creation Procedural Steps**

1. **Complete negotiation of JEDD Contract.** You also need to have someone prepare the map which will be attached to the Contract as "Exhibit A", showing the JEDD District and expansion area (excluding residential). We will prepare a draft of the bylaws and economic development plan which must also be completed in conjunction with the Contract.
2. **Advertise for and hold a public hearing. You will need to do this.**
  - a. **The Township** and the City **must hold their own separate hearings** on the proposed JEDD contract and the district.
  - b. **Adopt the resolution** setting the meeting and ordering the notice to be published. ***[Resolution 1]***
  - c. Each Township and each City must **provide notice of the time and place of the hearing** in a newspaper of general circulation in the Township or City). The notice must be **at least 30 days** before the hearing.
  - d. The public hearings shall allow for public comment and recommendations on the contract and district. The contracting parties may include in the contract any of those recommendations prior to approval of the contract.
3. **The following documents must be available for public inspection** in the office of the Township Fiscal officer and the Clerk of the City.
  - a. Copy of JEDD contract.
  - b. Description of area(s) to be included, including a map in sufficient detail to denote the specific boundaries of the area(s) and to indicate any zoning restrictions applicable to the area(s).

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- c. Economic development plan for the district with a schedule for (i) the provision of the new, expanded or additional services, facilities or improvements, and (ii) a schedule for collection of the income tax to be levied in the JEDD.

These items should be available during the 30-day period prior to the public hearing. We recommend that you have it available beginning on the date of the publishing of the public notice.

4. **Circulate Petition to Record Owners and Owners of Businesses**

Prior to approval of the contract, the Parties shall circulate a petition to record owners of property and owners of businesses in the District. The petition shall state that certain documents are available for public inspection. The petition shall clearly indicate that, by signing, the record owner or owner of business consents to the proposed JED District.

5. **After all hearings, adopt the resolution approving the contract.**

After each of the parties to the contract holds their respective public hearings (step 1 above) and the contract is in its final form, each Township should adopt a resolution and each City should adopt a resolution or ordinance approving the contract. ***[Resolution 2]***

Each Township and each Municipal Corporation should adopt a resolution approving the Economic Development Plan ***[Resolution 3]***

6. **Notice to All Property Owners and Owners of Businesses who did not sign Petition.**

Within 10 days after approval by both the Municipality and Township, each contracting party must give notice, by certified mail, to all property owners and business owners located within their jurisdictions who did not sign the Petition.

7. **Vote of the Electorate, When Required**

Thereafter, the matter must be submitted to a vote of the electorate of the township **unless all three of the following criteria are met:**

- a. The resolution was approved by unanimous vote by the boards of township trustees.



- b. The Parties have circulated the petitions to the property owners and owners of business as outlined in Section 4 above.
- c. The territory to be included in the proposed JEDD is zoned in a manner appropriate to the function of the proposed district.
  - If said criteria are met, Township must pass a resolution making such determination, and no election is necessary. **[Resolution 4]**
  - If said criteria are not met, the matter must be submitted to vote of the electorate of the township at the next succeeding general, primary or special election.
    - If it goes to the electorate, the Township must file its resolution with the board of elections at least 90 days before the specified date of the election and direct the board of elections to conduct the election in the township. (Albers & Albers will provide if needed).

## 8. **Effective Date**

The JEDD contract shall provide that the contract is not effective before the thirty-first day after its approval by the parties, or, if approval by the electorate is required, not before the thirty-first day after approval by vote of the electorate, unless the contract specifies a later effective date. See R.C. 715.72(M)(3).

## 9. **Opt-Out Provision**

- 9.1. Currently existing businesses have up to six months after the effective date of the District to opt-out of the JED District. Businesses which seek to opt-out must file a complaint with the Court of Common Pleas requesting exemption from any income tax imposed within the JED District, if all of the following apply.
  - 9.1.1. The business was in operation prior to the effective date of the JEDD;
  - 9.1.2. The owner of the business did not sign a petition to be included in the JEDD; and
  - 9.1.3. Neither the business nor its employees have derived or will derive any material benefit from the new, expanded, additional services, facilities or improvements described in the economic development plan for the district, or the material benefit that has, or will be derived, is

negligible in comparison to the income tax revenue generated from the net profits of the business and the income of employees of the business.

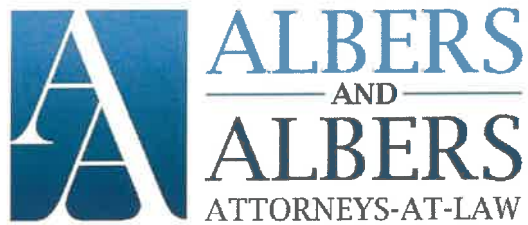
- 9.2. The parties to the JEDD contract may submit a written answer, including additional documentation, within thirty days of receipt of the notice of the filing of the complaint. The Court may make a determination on the record, or it may conduct a hearing and request the presence of the business owner and contracting parties to present evidence. The Court shall make a determination within thirty days but not later than sixty days after the filing of the complaint, or such later date as all parties agree. If the Court denies the exemption, the tax shall be imposed, and no such owner may submit another complaint under the statute. The Court's determination is final.

10. **Referendum Possibility**

If the resolution approving the contract is not submitted to the township electors, the resolution of the township trustees approving the contract is subject to referendum petition of the township electors. (The petition would require the signature of 10% of the number of electors in the township who voted for the office of the governor at the most recent general election.) Such a petition must be presented to the Township trustees within 30 days after the Township Trustees have adopted the resolution creating the JEDD. In such event, additional steps will be necessary.

11. **Filing with Director of Development Services**

All documents must be filed by one of the parties with the Director of Development Services of the State of Ohio, or Albers & Albers can accomplish this for you. These documents should be sent by return receipt requested.



**JOINT ECONOMIC DEVELOPMENT DISTRICTS (JEDDs)**  
**Ohio Revised Code Sections 715.72 – 715.83**

**JEDDs – The Basic Concepts**

**1. What is a JEDD? Key Provisions and Requirements.**

- 1.1. Agreement between township(s) and municipality(ies); contiguity of the parties
- 1.2. Identify parcels to be included
  - 1.2.1. Commercial / nonresidential and mixed use
  - 1.2.2. Contiguity of parcels unnecessary
  - 1.2.3. Consent of majority of owners of parcels required. (Also, consent of majority of owners of current businesses required, if any)
    - Opt out (see Section 9 of JEDD Creation Procedural Steps)
  - 1.2.4. Reasons for joining include economic development incentives (TIF, CRA, NCA, other) and availability of utilities and other services.
- 1.3. Upon establishment, city income tax applies within the JEDD
  - 1.3.1. City Income Tax Code applies in the JEDD to the following:
    - 1.3.1.1. Income earned and net profits of businesses
    - 1.3.1.2. Mixed-use and future residential properties (cannot include current residential). The income tax levied within the JED District can be levied upon residents, as well as income earned at a residential property (home occupation or work from home), as well as mixed-use retail, etc.

- 1.3.2. Revenue generated from the income tax depends on number of employees and wages paid.
- 1.3.3. Income tax rate – no higher than city's highest rate
  - Can be less, can be increased or "phased-in" over time
- 1.3.4. Revenue is shared between municipality, township, and potentially other recipients (County, school district, transportation improvements district, etc.)

## **2. Why are JEDDs established?**

- 2.1. Promote and Encourage Economic Development for Commercial Properties (Commercial Properties can be defined to include almost any use other than currently existing residential property.)
  - 2.1.1. For example: schools, churches, retail, hospitals, other medical facilities, etc. included
- 2.2. Extend, construct, or provide needed services to make the site development ready
- 2.3. Revenue from the income tax can be used to reimburse the parties or developers the costs to extend or provide infrastructure
- 2.4. Substantial economic benefit to township, municipality, developers, and others
- 2.5. Other benefits of a JEDD

## **3. Creating a Template for Your JED District and Future Territory to be Added to the District**

## **4. How are JEDDs established? (See Outline of JEDD Creation Procedural Steps)**

- 4.1. Complete a JEDD contract
- 4.2. First hearing (separate hearings by city and township)

- 4.3. Publication notice of a final hearing completed; economic development plan, maps, and JEDD contract available to general public to review for thirty (30) days prior to the final JEDD hearing
- 4.4. Petition signed by majority of property owners (and majority of current business owners, if any)
- 4.5. Thereafter, final second hearing, approval by both the township and city

## **5. Cost to Establish a JEDD**

- 5.1. Attorney fees (occasional use of engineering, plan review services, CPAs, etc.); publication costs
- 5.2. Attorneys' formation costs reimbursed fully from initial revenues

## **6. Post formation of the JEDD**

- 6.1. A JEDD is a quasi political subdivision of the state of Ohio
  - Subject to Sunshine Law and public records laws, has sovereign immunity
- 6.2. Administered by a five (5) person board
  - 1 person appointed by municipality
  - 1 person appointed by township
  - 1 person appointed representing the interest of the owners of the JEDD businesses
  - 1 person appointed representing the employees of the JEDD businesses
  - 1 person appointed as chairperson by the other 4 board members
- 6.3. Meets at least quarterly
- 6.4. Can be a paid position