



Your Good Health

Medical, Dental, and Vision Care Benefits Overview



It's all about *you*

Human Resources conducted Jefferson County's first-ever employee benefit survey earlier this year. It let us **listen to you**—and learn what you valued most. It helped us **respond to you**—and address your key concerns. And now we are pleased to **offer options** that better meet your needs.

Our **BENEFITS4YOU** program is stronger than ever—one that truly **works for you!**



THE SURVEY SAYS!

Over **800 employees** responded to the Benefits survey, weighing in on coverage needs, views on specific plans, and even a benefits "Wish List." As **BENEFITS4YOU** will show, we have heard you loud and clear. Here are some of the things you said about County benefits:

- **81%** view our plans as **responsive** and **competitive**, with 70% saying County benefits are as good as, if not better than other employers'.
- **About 70%** say premiums, co-pays, deductibles, and coinsurance amounts are **reasonable**.
- **Only one in six employees** is aware of how much the County contributes toward medical premiums. **Less than 60%** know that, for the past five years, the County has paid **100% of the annual cost increase** — and that employee contributions have not gone up since 2011.

Thank you for your input!

Your Medical Benefits

AMONG THE RICHEST PLANS — PERIOD

As a County employee, you are covered by **BlueCross BlueShield of Alabama** — the largest and broadest network in the state. And your levels of coverage are among the highest anywhere.



BlueCross BlueShield
of Alabama

Annual Deductible	\$200 per person
Out-of-Pocket Maximum	\$2,000 (maximum of two per Family)
Copays	Generally \$25 for Office Visits; \$100/day, Hospital Admissions (first three days)
Most Services	Covered 100% (after applicable copay or deductible)
Prescriptions	Pharmacy: \$5 / \$40 / \$90 (30-day supply) Mail Order: 90-day supply for only two copays

Preserving Your Security — Now and In the Years Ahead

First and Foremost

According to the survey, employees view Medical as the most important benefit, by far. It's easy to see why. Since 2011, the cost of U.S. health care has increased by nearly 60% — far outpacing any other major area of spending. By picking up most of the cost — 80% of plan premiums — the County enables you and your family to access comprehensive, high-quality care.

And it's not just for you. Today, relatively few employers provide retirees with health care benefits. The County's commitment to retirees, though, is strong. That's why part of your monthly contributions, and the County's, offset retiree medical costs. This subsidy keeps benefits affordable — for current retirees and, in the future, for you.

Our Dilemma

According to benchmarking data, our County benefits are in the top tier of U.S. plans. Maintaining such generous coverage has been a challenge. Here's why.

- Large claims, while relatively rare, drive a disproportionate share of benefit spending.
 - Claims for less than 1/2 of 1% of our population account for 13% of overall plan expenses.
 - 21 prescriptions issued for just two specialty drugs, comprise 6% of total cost.
- We have a high level of population health risk.
 - Incidence of Diabetes in the County is nearly twice the state norm.
 - Hypertension is 80% higher; Coronary Artery and Chronic Lung diseases, 74% higher; and Asthma, 45% higher.
 - About one in eight participants (employees, retirees, and dependents) has a primary or secondary diagnosis of Obesity.
- The County subsidizes retiree health care — the cost of which is increasing much faster than the same coverage for employees.

Between supporting retiree coverage and some unfavorable health factors, the County has gone to great lengths to sustain your medical benefits. Since 2011, we have absorbed 100% of each annual cost increase.

Last August, the Commissioners voted to preserve our 2011 premiums for the fifth consecutive year, which, they said, could not continue indefinitely. That's why HR explored alternative health care approaches in the Benefits survey — and asked you to weigh in on different types of coverage.



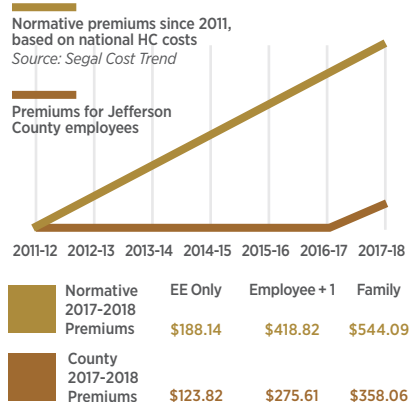


The People's Choice

Last year, HR added a new **EE + 1** benefits tier. It costs significantly less than full Family coverage, so it is ideal for single parents with one child, and married couples without dependent children. Many of you took advantage of the new option, which will continue to be available in 2017-2018.

A 5% PREMIUM INCREASE IS FAIR

Since the County has maintained employee contributions at 2011 levels for the past five years, your premiums are far below where they would otherwise have been, as shown below.



Also, please keep the following points in mind.

- The County continues to pay 80% of the premium cost — significantly more than most other employers.
- Monthly premiums for EE Only coverage tend to be about \$175. The County charges just \$123.82.
- Family coverage premiums are typically about \$600/month. The County's plan is only \$358.06.
- Office copays are typically \$40. The County's are only \$25.
- Most plans have individual deductibles in the \$1,250 to \$1,500 range. The County's deductible is only \$200.
- Once the deductible is met, plans typically provide 80% coverage. But, for most services, the County covers 100%.

When you consider the value of the plan — and the County's decision to absorb five years of cost increases — **our benefits remain among the very best, anywhere.**

What You Told Us

Thanks to the Benefits survey, Human Resources heard a lot from you. For example, we learned you highly value your medical benefits. 78% of you say the plan is easy to understand and use. Most of you recognize it's among the richest programs in the state. And nearly all of you want to keep it — **just the way it is.**

Among the alternatives we explored, only a third of you are open to lower-cost medical options with slightly less coverage. The same proportion, just one-third, want choices of different levels of premiums and deductibles. And even fewer — only 24% — favor a low-cost, high-deductible plan coupled with a Health Savings Account.

In contrast, by a ratio of more than 4:1, you say you would prefer to keep exactly what you have now — even if you have to pay a little more for it.

Responding to You

Based on your input, the County will neither change to lower-cost/lower-coverage insurance, nor move to a Health Savings Account. Instead, we will preserve the current plan. And, while the County will pick up nearly all of this year's cost increase, you will see a (very) slight increase in your contributions.

CURRENT MONTHLY CONTRIBUTIONS

October 1, 2016 – September 30, 2017

Coverage	You Paid	County Paid	Total Premiums
EE Only	\$117.02	\$485.43	\$602.45
EE + 1	\$262.49	\$958.39	\$1,220.88
Family	\$341.01	\$1,458.18	\$1,799.19

NEW MONTHLY CONTRIBUTIONS

October 1, 2017 – September 30, 2018

Coverage	You Will Pay	County Will Pay	Total Premiums
EE Only	\$123.82	\$532.99	\$656.81
EE + 1	\$275.61	\$1,053.44	\$1,329.05
Family	\$358.06	\$1,600.53	\$1,958.59

This minimal 5% increment is the first change in employee contributions since 2011. Since then, the average cost of benefits increased by 60%, while ours have increased only 5%. This modest change helps maintain the continuity of our coverage. Plus, by continuing to subsidize retirees, our long-term interests are protected.

How to Use the Plan to Your Best Advantage

Having a Better Benefit Experience

While most of you are satisfied customers, some raised concerns about certain plan provisions. In this section, we will look at them — and explore ways to use your benefits more effectively.

Coverage for Diabetes, Bariatric Surgery, and Weight Loss

Diabetes and obesity are spreading at epidemic proportions. These diagnoses, which are often co-related, can heighten your risk for hypertension, coronary heart disease, depression, and other serious conditions.

Our plan provides coverage for diabetes but not weight loss or bariatric surgery. That's because, based on medical evidence and best-practice treatment guidelines, it takes a combination of medical and behavioral interventions to produce lasting health results. Accordingly, here is the best way to use the plan to address not just diabetes and obesity — but also *any chronic condition*.

- Make a point of seeking care from **Blue Distinction** and **Blue Distinction Plus** facilities and providers. These are designated as Centers of Excellence, with superior outcomes in areas of specialty care. Be sure to use only those that are designated to treat *your* condition. Find them at bcbs.com/blue-distinction-center-finder or call **800 821-7231**.
- **Chronic Condition Management** is a leading-edge program that elevates the quality of your care through intervention, integrated treatment approaches, and support for lifestyle changes. It is offered at no additional charge. Enroll today by calling **888 841-5741** or, for information, email membermanagement@bcbsal.org.
- If you need specialty drugs, ask your doctor for a manufacturers' coupon, which can reduce, or even eliminate, your out-of-pocket costs. Many manufacturers allow you to download available specialty drug coupons from their Web sites.

If you need insulin and test strips, you can save hundreds of dollars annually by using a Health Care Flexible Spending Account. Learn more about this feature on page 6.

- Chronic conditions can undermine your health, reduce your quality of life, and, ultimately, kill you. If you suffer from diabetes, obesity, hypertension, or any other serious health risk, please take advantage of these specialized resources. Your loved ones will thank you for it!

FUTURE ENHANCEMENTS

Because the County values employees, we continually explore ways to make your benefits better. For example, we are considering adding provisions to enhance Wellness, target chronic disease, and improve quality of life for those with serious health conditions. Watch for information on new plan features during next year's Annual Enrollment.





The Emergency Room

You gave us insight into counterproductive use of the Emergency Room — which, in turn, causes unnecessary frustration and expense.

Emergency Room coverage is **not** intended for primary care, treatment of ongoing conditions, or routine after-hours medical services. **The ER is for immediate, life-threatening events only.** If you use the ER for a non-emergency, you will receive less thorough care than you'd get from your primary doctor or at an Urgent Care Center. And you will pay a lot more for it.

Remember: For life-threatening medical emergencies, your ER copay is \$150 — which is waived if you are admitted to the hospital. But, for a *non-life-threatening* condition, ER coverage is much lower — only 50% of the total charge, payable only after the deductible has been met. Why such a difference?

It is because ERs are staffed to deliver crisis-averting, life-saving care, which tends to be highly intense and very expensive. If you're *not* facing major health risks, or loss of life, you do *not* belong in the ER. By providing lower coverage for high-cost, *non-emergency* care, the plan discourages incorrect use of the ER. Reducing inappropriate visits helps keep the ER available for truly life-threatening needs.

So what *should* you do when you or a loved one develops a health condition at night or over the weekend? Visit one of the many **Urgent Care Choice** physicians located throughout Jefferson County and its surrounding areas. These doctors and facilities, usually open after normal business hours, specialize in treating acute illnesses and non-life-threatening accidents and injuries. If medically necessary, they can also refer you to the Emergency Room.

Nearly everyone covered under the plan lives within 10 to 15 minutes of an Urgent Care Choice provider. To find one near you, visit [AlabamaBlue.com](https://www.alabamablue.com) and click on **Find a Doctor**. Once you enter your location, use the drop-down menu to select **Urgent Care Choice**. You can then sort results by distance, patient rating, and other factors. Always choose an Urgent Care Choice doctor for non-life-threatening, after-hours care — whenever you or a family member needs it.

WHEN YOUR DOCTOR'S OFFICE IS CLOSED

Urgent Care

Turn to an Urgent Care facility **after hours** or when your Primary Care Physician is otherwise **unavailable**. Urgent Care is best for acute illnesses and injuries that are non-life threatening.

Conditions treated include:

- Cold/flu symptoms
- Stomach ache
- Skin rash

Emergency Room

Go to the ER immediately for **severe** and **life-threatening** conditions. ERs are open 24/7, 365, and are properly staffed for critical conditions.

Conditions treated include:

- Head or neck injury
- Chest pain
- Continuous bleeding
- Loss of consciousness

Physical Therapy and Durable Equipment

The plan covers up to 20 physical therapy (PT) visits each year — a benefit equal to or better than market norms. (Annual PT benefits under Medicare, for example, are limited to \$1,980.)

Durable equipment is covered at 80% after the deductible — or at 100%, if needed for hospice care. This equipment is typically designed to last at least five years — which is the benefit period under our plan.

If you know you will be needing Physical Therapy or Durable Equipment during the year, use the Health Care Flexible Spending Account to reduce your bottom-line cost!

Health Care Flexible Spending Account (FSA)

Using a Health Care FSA is a great way to save hundreds of dollars in expenses you incur each year. The account is ideal for recurring costs, such as maintenance meds; diabetes supplies; copays and coinsurance for medical, dental, and vision care; and deductibles for planned physical and dental surgeries. Plus the FSA is convenient — covering your eligible expenses through a pre-paid debit card.

If you have such predictable expenses, do not miss the opportunity to save money by electing the Health Care FSA during Open Enrollment.

If you're worried about the "Use It or Lose It" provision, attend one of the upcoming onsite employee meetings. There, you'll learn four proven steps that ensure you always come out ahead!

PHARMACY BENEFITS

Natural and Other Over-the-Counter Medications

The County received requests to cover natural and other over-the-counter (OTC) forms of medication. But doing so would be to your disadvantage because such meds are usually available commercially, at much lower costs. For example, at Costco, you can find a 250-day supply of Acidophilus for only \$14; five months of Cosamin for only \$35; and over six weeks of Omeprazole for only \$15. Covered plan prescriptions cost you much more! That's why it is better to buy natural and OTC meds on your own.

Birth Control

You may be aware that birth control is covered as a standard benefit under our plan. For example, you can fill prescriptions for name-brand birth control at standard copay rates. But did you know that some prescriptions and services are *covered in full* — without copays, deductibles, or coinsurance! Generic forms of birth control are available to you at no out-of-pocket cost. You are also covered 100%, for such in-network services as insertion and removal of implantable contraceptive capsules, diaphragms, cervical cap fittings with instructions, and intrauterine devices (IUDs); as well as for depo-provera injections, intrauterine copper contraceptives, and Levonogestrel contraceptive implants.

Compounds

Some employees would like the plan to start covering compound prescriptions. **Guess what? The plan already does** — so long as your electronic prior-authorization request meets the following requirements:

- The compound is formulated for an individual, patient-specific need;
- It must contain at least one prescription ingredient and not copy a commercially available product;
- All its active ingredients must be approved by the Food and Drug Administration (FDA) for use in the U.S.;
- All ingredients must have an FDA-approved indication, including the final route of administration, or be supported by plan-approved clinical evidence; and
- It must not contain an ingredient with potential safety risks, bulk chemicals or powders, controlled substance pain medications, or treat non-covered drug classes (e.g., weight loss, ED).



Your Dental & Vision Care Options

Lower Premiums – and More Choice

Listening to You

Most employees sign up for, and are satisfied with, the County's Dental and Vision Care plans. Still, many would like the option to select even *higher* levels of coverage.

Well, we have good news for you. Effective October 1, 2017, your employee contributions for the current Dental plan will be reduced by about 7%. And premiums for current Vision benefits will decrease even more – by about 10%. If you want to keep the benefits you have, you can. *It will simply cost you less.*

You will see some enhancements in your 2017-2018 Vision coverage. Plus, for the first time, you will have an opportunity to select even *richer* Dental and Vision benefits – through two new Premium Plan Options. See the charts for Dental benefits, below; and Vision Care, on the next page, for all the choices available to you during Open Enrollment.

Your Dental Benefits



Current ("Base") Plan	
Deductible	\$50/person (\$150 per Family)
Preventive Care	100%, no Deductible
Basic Services	80%, after Annual Deductible
Major Services	50%, after Annual Deductible
Orthodontia	Not Covered
Annual Maximum Benefit/Participant	\$1,250

Premium Plan	
Deductible	\$50/person (\$150 per Family)
Preventive Care	100%, no Deductible
Basic Services	90%, after Annual Deductible
Major Services	60%, after Annual Deductible
Orthodontia	50%, no Deductible
Annual Maximum Benefit/Participant	\$2,500

PREMIUM PLAN FEATURES

- Higher benefit levels
- Coverage for Implants
- Orthodontia for children *and* adults

NEW BASE PLAN CONTRIBUTIONS

October 1, 2017 – September 30, 2018

Single	\$22.38 – \$1.61 less than current plan
Single + 1	\$42.72 – \$3.07 less than current plan
Family	\$58.57 – \$4.21 less than current plan

NEW PREMIUM PLAN CONTRIBUTIONS

October 1, 2017 – September 30, 2018

Single	\$32.87
Single + 1	\$62.75
Family	\$86.04

Benefit charts reflect coverage with Participating (i.e., Network) providers



Your Vision Care Benefits

Humana

Current ("Base") Plan	
Exam	\$10 Copay
Materials	\$15 Copay NEW!
ALLOWANCES	
Frames	\$130 Retail NEW!
Contact Lenses	\$130
FREQUENCY	
Exams & Lenses	Every 12 Months
Frames	Every 24 Months

Premium Plan Option	
Exam	\$10 Copay
Materials	\$15 Copay
ALLOWANCES	
Frames	\$200 Retail
Contact Lenses	\$200
FREQUENCY	
Exams & Lenses	Every 12 Months
Frames	Every 24 Months

NEW BASE PLAN CONTRIBUTIONS

October 1, 2017 – September 30, 2018

Single	\$5.87 – \$0.67 less than current plan
Single + 1	\$11.74 – \$1.34 less than current plan
Family	\$17.22 – \$1.96 less than current plan

NEW PREMIUM PLAN CONTRIBUTIONS

October 1, 2017 – September 30, 2018

Single	\$8.63
Single + 1	\$17.26
Family	\$25.31

Benefit charts reflect coverage with Participating (i.e., Network) providers





Representative Employee Survey Write-In Comments

- I would be 'Under the Poor House' if we didn't have County benefits. My family would not have the medical care we need. THANK YOU FOR TAKING CARE OF US!
- I like not worrying about referrals when needing to see a specialist. I like being able to choose doctors I know and trust and not have to go to ones been appointed to me. And I like being able to see my doctors without having to go through primary care.
- The cost is fair for the amount of coverage we have and compared to what other pay at the companies they work for. From dealing with my chronic allergies to prescription drugs, our medical benefits keep my family healthy and safe. I also like having the premium split between paychecks. It makes managing the monthly budget easier.
- Our plan is the Gold standard. If not for the benefits, turnover here would be over 50%.
- The County's great insurance coverage is why many people choose to work here. The trend elsewhere has been to reduce coverage and increase premiums. I'm glad the County has preserved its great benefits.
- The level of benefits provided by the County are a significant factor in employee retention. I have had other job offers in the past, and have one available to me now. But benefits have kept me with the County so far, a sentiment I've heard echoed by other County employees.
- I love that the County added Employee + 1 coverage. And I love the price. I feel very fortunate to have such low monthly payments for great coverage.
- I think the County does a good job of trying to be as fair as possible, and it shows by their making an effort to do even better by taking this survey. Thanks!

Other Information

Open Enrollment

This year, Open Enrollment will be held between September 1 and September 14. The choices you make will become effective October 1, 2017 and remain in effect through September 30, 2018 – unless you experience an Internal Revenue Service (IRS) Qualified Life Event (e.g., birth, marriage, divorce), or if you fail to pay your premiums while on unpaid leave.

Eligible Dependents and Mandatory Documentation

For benefit purposes, your eligible dependents include your legal spouse and natural, step, and adopted children up to age 26. To include them for coverage under the plan, you must provide HR with appropriate documentation, such as the following.

- Spouse: Government-issued marriage certificate
- Children: Government-issued birth certificate (for biological and step-children); adoption or guardianship papers (children you have adopted or for whom you have legal guardianship)

Ex-Spouses and Other Ineligible Dependents

If you have ever divorced, and failed to notify Human Resources within 30 days, it is possible your ex-spouse remains covered for County benefits. In this event, you are at risk of criminal fraud charges, with significant penalties. For this reason, it is critical that you verify your dependents at JC.EmployeeNavigator.com, or with Human Resources, during Open Enrollment. If you *are* covering an ex-spouse, or any other ineligible dependents, please cancel their benefit enrollments *before* September 14, 2017.

Human Resources will soon be conducting an audit of dependent verification documents. It is therefore in your best interest to either provide HR with documentation for eligible dependents, or remove ineligible dependents, as soon as possible. This is the only way to avoid potential reversal of claims, financial penalties, termination of your eligibility, and disciplinary action, including termination.



Coming Soon

This summary is the first of two covering highlights of the Jefferson County **BENEFITS4YOU** program. The next edition will explore your new supplemental benefit options. Please be sure to review all the materials available to you so you can make decisions that are best for you and your family.

For more information, call Human Resources at **205 325-5249** and request to speak to a Benefits representative, or email your benefits questions to benefits@jccal.org. **Even better:** Watch for a schedule of upcoming employee meetings, to be held onsite across the County. Join us to learn all about **BENEFITS4YOU**, get answers to your questions, receive one-on-one personal counsel – and even get assistance enrolling, right there and then!

Remember: Open Enrollment is September 1 – 14.

Don't miss the opportunity to select the benefits that are best for you!