



Holding the Line — for You

Benefits that Support Your Well-Being — and Protect Those You Love

As the County continues to deal with challenging times, you continue to be our greatest asset. Your commitment and dedication have helped protect the entire community. And the County is committed to doing the same for you.

That's why, during this time of rapidly rising medical costs, the County is picking up 100% of the increased amount. As a result, your 2022-23 contributions will be the same as they were back in 2017. We're not aware of any other employer with that level of commitment to its people.

We're pleased to support your health and well-being. But we can't do it on our own. If the County is to maintain such generous benefits, you have a role to play as well.

During this year's Annual Enrollment, August 22 through September 2, see what you can do to help the County hold the line. Review all your **BENEFITS 4 YOU** options and make updates or changes for the 2022-23 plan year, online — at <https://jccaccess.jccal.org/>, or at <https://kronos.jccal.org/wfc/logon>

BENEFITS 4 YOU is holding the line tight to support your well-being and help you protect your loved ones. So grab hold of the benefits that have the most “pull” for you.

Annual Enrollment Period Aug. 22 – Sept. 2

Table of Contents

	Page
1. Step Up to The Line	3
2. Your Medical Plan	6
3. Your Dental Options	17
4. Your Vision Care Options	18
5. Life and AD&D Insurance	20
6. Your Disability Insurance Options	22
7. Group Legal & ID Theft Protection	24
8. Other Supplemental Insurance (Critical Illness, Accident, Hospital Indemnity Insurance).....	25
9. How to Elect Your Benefits	28
10. Contact Information	29



Step Up to The Line

Your Benefits for the October 1, 2022 – September 30, 2023 Plan Year

Jefferson County offers valuable benefits to help you manage your health and protect your family from the unexpected. So take the time to choose the coverage that's best for you.

What You Need to Do During Annual Enrollment

- If you want to continue or start a Flexible Spending Account (FSA) in 2022-23, you must enroll online by September 2.
- If you need to update your dependents, beneficiaries, or benefit elections, you must do so online by September 2.
- If you want to keep all your current benefits, and are not interested in a Flexible Spending Account, you do not need to take action during Annual Enrollment. All your current non-FSA elections will carry over into 2022-23.

Making Changes – Qualifying Life Events

The benefits you elect remain in place until next year's Annual Enrollment. But, if you experience a Qualifying Life Event (QLE), you can make certain changes *before* then. QLEs include marriage, divorce, birth, death, adoption, aging out (removing a child who turns 26 and is no longer eligible), and loss of coverage through your spouse's plan.

If you have a QLE, **you must notify Human Resources (HR) within 30 days of the event.** You will need to provide proof of the change, like a marriage or birth certificate. Changes you make within the 30-day period can be backdated to the date of the event; e.g., providing medical coverage as of the day of a newborn's birth. But if you do *not* notify HR within the 30-day window, you will be unable to update your benefits until next year's Annual Enrollment period.

To make benefit changes during the year, you must

- Contact HR within 30 days of your QLE and
- Submit appropriate documentation

HOLD THE LINE

Annual Enrollment

Annual Enrollment is your once-a-year opportunity to make changes in your benefit elections. You can:

- Add, drop, or change your coverage
- Add or drop dependents
- Add, drop, or change beneficiaries
- Continue or start a Flexible Spending Account.

Annual Enrollment runs August 22 to September 2, 2022. The choices you make will take effect on October 1 and continue through September 30, 2023.

Be sure to review this book carefully to understand the coverages available to you. Also, join us at an online, real-time meeting — to learn more about your options and get answers to your questions.

For New Hires Only

If you are a new hire and regular full-time employee working 30 or more hours per week, you are eligible for benefits. But you must enroll within 21 days of your hire date. Otherwise, you will have to wait for next year's Annual Enrollment period.

The benefits you select will become effective on your 31st day of employment.



Step Up to The Line

Eligibility

You are eligible for benefits if you are a regular employee working at least 30 hours each week.

Whom Else Can I Cover?

Some benefit plans allow you to cover your eligible family members. These include your legal spouse and, until the end of the month when they turn Age 26, your children, (natural, step, adopted, and by legal guardianship).

When you enroll your dependents, you will have to provide HR with appropriate documentation, such as the following.

- Spouse: Government-issued marriage certificate/ or license *and* Social Security card
- Children: Government-issued birth certificate (for biological and stepchildren); adoption or guardianship papers (for children you have adopted or for whom you have legal guardianship), and a copy of the child's Social Security card

When Do My Benefit Elections Go into Effect?

The benefits you select during Annual Enrollment go into effect on October 1, 2022 and continue through September 30, 2023. Provisions under your medical, dental, and vision plans apply during that 12-month period.

Ex-Spouses and Other Ineligible Dependents

When a dependent loses eligibility for benefits, such as after a divorce, you must notify Human Resources (HR) **within 30 days** of this change. Otherwise, your ex-spouse, or any other ineligible dependent, will remain enrolled for County benefits. You will therefore continue to pay for coverage that cannot actually be used. Even worse: when an ineligible participant files a claim, it places *you* at risk of criminal fraud charges – and significant financial penalties.

For these reasons, it is critical that you verify your dependents during Annual Enrollment – either at <https://jccaccess.jccal.org/>, or <https://kronos.jccal.org/wfc/logon>, or with Human Resources. If you are carrying an ex-spouse or any other ineligible dependents, be sure to cancel their coverage immediately.

Human Resources periodically audits dependent eligibility. So it is in your best interest to provide HR with documentation for your dependents – and remove those who are ineligible. These are the only ways to avoid potential reversal of claims, financial penalties, termination of *your* coverage, and any other applicable disciplinary actions, including termination of employment.

Pssst, read this





Safeguarding Your Health

Your Medical, Dental, and Vision Care Benefits

Working Together to Hold the Line

Skyrocketing plan costs created financial pressures for the County this year. And, based on participant health profiles, costs are projected to rise even more in 2022-23 – by nearly \$4 million.

In picking up 100% of this increase, the County will establish a record-high budget for your health care.

Though we keep spending more each year, your health care outcomes are not necessarily getting any better. As shown on p. 6, County plan participants have higher levels of health risk than those in the rest of the state. Too few opt to participate in such beneficial programs as Catapult Health and Pack Health, among others (see pp. 7-10). And not nearly enough are making lifestyle changes needed to take charge of their health and well-being. As a result, and despite our best efforts, plan participants are not doing enough to manage such chronic conditions as overweight, hypertension, and diabetes.

The County sponsors **BENEFITS4YOU** to make a positive difference in your quality of life. To fulfill that goal, we'll need to work together.

You can help by getting more actively involved in your health. Start by learning about and using the tools and resources described in this book. We, in turn, will explore ways to continue providing broad coverage – while also addressing the “root causes” of population health risk, like targeting underlying conditions, driving better outcomes, and offering meaningful incentives for engagement in health care.

Watch for more information early next year – including your chance to provide input on the future direction of the plan.

Protecting Important People

During these challenging times, you and thousands of other County employees rose to the occasion – proving, once again, that *you* are the County's greatest asset!

In 2022-23, the County will pick up 100% of a nearly \$4 million increase in plan costs. As a result, your contributions will remain the same as they were in 2017 – a benefit few employers, if any, can match!

As always, your plan covers doctor visits, hospital stays, prescriptions, mental health, and substance abuse. And you'll continue to have a range of resources you can use to enhance your well-being.

The County is pleased to offer you such comprehensive benefits – to protect you and all the other important people in your life.



Your Medical Plan

For Your Good Health

Our Commitment to You

Your safety and welfare are important! That's why the County continues to provide comprehensive medical coverage – at no increase in cost to you.

And, your protection doesn't have to end when you retire. Today, few employers offer even minimal retiree benefits. In contrast, County retirees can continue to participate in our medical plan. That's because part of your monthly contribution, and ours, help to offset retiree costs. Together, we keep these benefits available and affordable, for both current retirees and those in the future – like you!

Your Commitment to Yourself!

Your County benefits are among the best *anywhere*. Still, despite our spending more for health care each year, too many members are not necessarily *getting healthier*.

- The percentage of plan participants with diabetes remains nearly *twice* the national norm.
- Many are at greater risk for other serious conditions. County employees' incidence of coronary artery disease is 80% higher than the rest of the U.S. Chronic obstructive pulmonary disease (COPD) is nearly 50% higher, and congestive heart failure is *150% higher!*
- Even within Alabama, the County is an outlier. Our rates for such conditions as asthma, hypertension, and obesity are substantially above those in the rest of the state.

Clearly, covering your care is not enough. We also need to change how we think of medical benefits. Instead of just paying for treatment when you're ill, you can use your coverage to *keep yourself healthy*.

For 2022-23, **BENEFITS4YOU** will continue to offer three important, possibly life-saving initiatives that have been widely popular with County employees.

- **Catapult Health** – free checkups and biometric screenings, conducted from the privacy (and safety) of your home, to help you head off potential health risks before they become a problem

HOW DO YOUR BENEFITS COMPARE? NO CONTEST!

Your County medical plan is one of the richest you'll find – anywhere. You're covered by BlueCross BlueShield of Alabama, the state's largest network. And your plan benefits are broad. You have access to doctors and medications at simple, low copays. And, if you need in- or out-patient care, or other major medical services, most are covered at 100% after a nominal deductible. All in all, your County coverage simply cannot be beat!



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 only)
Most Services	Covered 100% after applicable copay or deductible)
Prescriptions	Pharmacy (30-day supply) \$5 / \$40 / \$90 / \$150 Mail Order — 90-day supply for only two copays

See Page 11 for more information

- **Health Quotient** – online preventive/wellness tools
- **Pack Health** – free, one-on-one coaching to improve your health outcomes and quality of life

Your generous County benefits reflect our dedication to you. By using these outstanding preventative and health-maintenance resources, you can strengthen your commitment to yourself – and protect your good health!



To Your Good Health

BENEFITS4YOU is committed to not only cover you when you're sick, but to also *keep you healthy*. It's a lot easier (and more pleasant) to *prevent* a major medical problem than to treat it. And, if you already have a chronic condition, it's better to improve your health than to keep paying more for the same results (or even worse).

The County truly cares about protecting you. That is why we are one of few employers using three leading-edge health management programs – at no cost to you. They are convenient, with services available to you online, by text, in person, and by phone. And they protect both your health and your confidentiality.

All employees and eligible dependents enrolled in the medical plan are automatically eligible for these initiatives. In exchange for the County's substantial financial investment, all we ask is that you be *equally* invested in your good health!

Catapult Health

Catapult Health conducts free health checkups and biometric screenings. The process, always quick and easy, is now more convenient than ever – thanks to Catapult Health's VirtualCheckup™ Home Kit. After you take your test, from the comfort of home, a registered clinician will reach out to review your results with you and answer your questions. The clinician can also create a personalized action plan for you, to share with your doctors, supplementing their baseline data on your health and supporting their efforts on your behalf.

Advantages to You

In addition to the normal benefits of an annual checkup, Catapult gives you unique insight into your overall wellness. Using state-of-the-art technology, Catapult analyzes your *biometric data*. It produces a holistic, integrated examination of your height, weight, body mass index, blood pressure, blood cholesterol, blood glucose, fitness, and other biological measures.

A biometric screening helps you understand not only your current health status, but also your risk for such conditions as diabetes, stroke, and heart attack.

With this information, you can take steps to head off serious, possibly life-threatening diseases. And, if you're already dealing with a chronic condition, Catapult's biometric screening can help you find ways to better manage it and avoid additional complications.



Why You Need This Benefit

- According to the Rand Corp., up to 90% of national health care expenditures are for people with chronic health conditions.
- The CDC reports that 80% of heart disease, stroke, and Type 2 diabetes cases are preventable.
- Based on biometric data collected by Catapult, many of you are likely to face such serious health conditions – without even knowing you are at risk.

An Ounce of Knowledge is Worth a Ton of Cure

Catapult checkups include the following screenings – each associated with, or a leading indicator of, potentially serious medical conditions.

- Total cholesterol, HDL, and LDL
- Triglycerides
- Glucose
- A1c (for diabetics)
- Blood pressure
- ALT and AST liver tests
- Body mass index



To Your Good Health

Catapulting to a Safer Place

To date, nearly 600 of you had a free checkup and biometric screening. Over 98% said it was a positive experience. And, for many, it was potentially life-changing.

- About 30% of those with no history of blood-pressure problems learned they were not only at elevated risk for heart attack or stroke – but had already reached Stage One or Two on the CDC's hypertension scale. Catapult's nurse-practitioners helped them understand the potential threats to their health and take steps to bring things under control.
- One in five participants, with no history of high blood sugar, learned that they were pre-diabetic – and shown how to avoid "crossing over" to a fully diabetic state.
- Over 40% had LDL ("bad cholesterol") levels that were either "borderline" or "high," including 50 employees whose condition was either "newly assessed" or "uncontrolled." They received extensive information on how to reduce their risk – and enhance their quality of life.

What Your Co-Workers Say About Catapult

While the metrics show Catapult had a successful launch, numbers alone don't tell the whole story. Here is a sample of what some of you told us about your Catapult experience.

Thank you for visiting the Jefferson County Sheriff Office. If it were not for the nurse practitioner I would have NOT known about the Shingles, Flu and Tetanus shots available through my insurance to receive FREE.

It was great! Very convenient and all staff I had contact with was very professional, friendly, and thorough. So glad we have this service available to us!

I got many results from finger stick test – much easier than IV blood tests!

This was one of the best experiences I ever have had with a healthcare visit. The process was outstanding! It was fast, with knowledgeable staff, and timely. I really don't know of anything that could have been done better!

I really liked that they measured contributing factors to metabolic syndrome, and that they were addressed. That has not been the case for any other physicals I've ever had.

The wellness visit was informative, along with my test results, and will help me do better in daily living, make better food choices, drink water more often, and exercise more. Again, thank you to the Catapult staff. They were very kind, made sure the results were accurate, and they smiled!

I enjoyed the video chat with the nurse practitioner. She was informative and took time to explain why she was making suggestions. Very helpful!

Thank you so much for all of the information that I received. I will be implementing it ALL in my new, healthy lifestyle!

I hope you all come back again next year to see how each participant is doing, to see how we used the test results we received, gauge our progress, and see the positive effect it had on our health.

To Your Good Health

Health Quotient®

Health Quotient is an online assessment of lifestyle factors that affect your health. Based on your results, the site puts together wellness tools and resources specific to your needs.

To participate, log in to AlabamaBlue.com/myBlueWellness. Then, using the “Healthy Living” tab, click on “Assess Your Health” to reach Health Quotient.

Advantages to You

Health Quotient’s interactive program complements your Catapult biometric screening. With these two analyses, you will have valuable insight into your overall health status. Most important, you’ll have the power to take control of your areas of greatest risk.

MORE GOOD NEWS – FOR YOU

Not only is the County offering these programs to you at no charge. We’ll even *pay you!* You can earn up to two \$50 Visa gift cards (\$100 total) each year for having a Catapult checkup, completing the Health Quotient assessment, completing a 12-week Pack Health program, or importing claims data into your Personal Health Record.

Be aware that, while all of your enrolled dependents can (and should) participate in these “healthy” programs, only you, as an enrolled County employee, are eligible for any of the \$50 rewards.



Pack Health

If you have certain health conditions or needs, Pack Health can help you improve your medical outcomes – and enhance your quality of life.

Pack Health combines high technology with high touch. You’ll have a personal health coach who works with you, one-on-one, as you progress toward a healthier lifestyle. Instead of viewing you as a set of discrete diagnoses, your coach focuses on the bigger picture. He or she gets to know you, understands your health conditions, and helps you establish your personal health goals. Your coach then works with you to define small steps you can take, immediately, to generate quick wins.

PACK HEALTH®

Pack Health offers you individual, personal coaching and support for the following health conditions and needs

- Type 2 diabetes
- Diabetes prevention
- Hypertension / High blood pressure
- Rheumatoid arthritis
- High cholesterol
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure
- Weight reduction

For information on Pack Health, call **(855) 255-2362**

Each week, you and your coach have a scheduled phone call to monitor your symptoms (e.g., blood pressure, weight, blood-sugar levels), check on what you’ve achieved, address your questions and concerns, and establish goals for the following seven days. During the week, your coach continues to interact with you, providing encouragement and support. Then, at the end of the week, you and your coach have your regular phone session. Before long, you will find that your small steps have led to giant leaps in how you look and feel – such as better eating and sleeping habits, sustainable weight loss, decreased a1c and LDL levels, fewer rheumatoid flares, increased energy, and a better outlook on life – just like hundreds of other Pack Health participants!



To Your Good Health

And There's More!

All participants in the medical plan can access a range of wellness resources at [AlabamaBlue.com/myBlueWellness](https://alabamablue.com/myBlueWellness). They include the following.

- **Care Reminders** – Upon log-in, you will see a list of your upcoming or overdue health services.
- **BlueCare Health Advocate** – Your BlueCare Health Advocate serves as a coach and advisor for you and your covered dependents. A Health Advocate can guide you through your questions, resolve your problems, and research issues concerning many of your healthcare needs. If you need assistance, call the Health Advocate at **(888) 759-2764**.
- **Interactive Tools** – The site, which is powered by WebMD also maintains up-to-date information on illnesses, health conditions, medication, and wellness. It also includes a symptom checker, health calculators, videos, recipes, and apps. You can personalize the site to fit your needs.
- **My Health Assistant** – This program offers web-based health courses with step-by-step guidance in changing unhealthy behaviors and making better choices. Areas of focus include nutrition, exercise, weight management, tobacco cessation, stress management, and emotional health.
- **Personal Health Record** – Once you populate this tool with your claims and other health data, you can chart your progress over time.
- **Baby Yourself®** – This maternity management program furnishes telephonic and email support – from an experienced registered nurse – throughout your pregnancy and after birth. Call **(800) 222-4379** to enroll.
- **Chronic Condition Management Program** – In the event of a serious medical condition, you can have dedicated resources assist in providing and coordinating specialized care. You can enroll for this service, at no charge, by calling **(888) 841-5741**.
- **Blue Distinction and Blue Distinction Plus Providers and Facilities** – BlueCross BlueShield has designated certain providers and facilities as condition-specific Centers of Excellence. To earn this status, they must maintain a consistent track record of superior outcomes in their respective areas of specialty care. When you need care, why not get it from the best source? You can find Blue Distinction and Blue Distinction Plus providers and facilities, for each major health condition, at <https://www.bcbs.com/about-us/capabilities-initiatives/blue-distinction/blue-distinction-specialty-care> or by calling the number on the back of your ID card.



Your Medical Plan

Network Benefits

To receive the highest level of plan coverage, always use in-network providers. To find or verify providers, visit www.AlabamaBlue.com or call **(800) 810-BLUE**.

To verify participation of mental health and substance abuse providers, call Behavioral Health Systems at **(800) 245-1150**.

Out-of-Network Benefits

Your plan gives you the flexibility to see any provider of your choice. But remember: When you go outside the network, you are likely to pay much more, since provider charges are higher and plan coverage is lower.

Note, too, that there is *no coverage* when you use out-of-network providers for prescription drugs, mental health support, or substance abuse care.

Overview of Your Medical Plan	
	WHEN YOU USE NETWORK PROVIDERS †
Annual Deductible	\$200 per person (maximum of two per Family)
Out-of- Pocket Maximum	\$2,000 (maximum of two per Family)
Office Visits	\$25 copay
Preventive Care	100%
Urgent Care	\$25 copay per urgent care visit (Lab, X-rays, and tests are covered separately)
Emergency Room (ER)	Covered at 100% after \$200 copay per ER visit (waived if admitted within 24 hours) Non-emergency use of the Emergency Room is covered at only 50%, subject to the out-of-network deductible
Inpatient Hospital	Covered at 100% after \$100 copay per day (first three days)
Outpatient Hospital	Covered at 100% after \$100 copay
Most Other Services	Generally covered at 100% after applicable copay or deductible (some services covered at 80%)
Mental Health / Substance Abuse	Covered at either 100% or 80% coinsurance after applicable copay or deductible
Prescriptions	Retail Pharmacy Copays, 30-day supply Tier 1: Generic – \$5 Tier 2: Preferred Brand – \$40 Tier 3: Non-Preferred Brand – \$90 Tier 4: Specialty Drugs – \$150* * Covered only if dispensed at Accredo, Alliance Rx Walgreen's Prime, or CVS/Caremark Mail Order: 90-day supply for only two copays (Tiers 1, 2, 3 Only)

Your Health is More Than Physical

Almost two years of living in a global pandemic can take a toll on more than just your physical health. *Two out of every three Americans are reporting higher levels of stress since the pandemic began. It's time for all of us to be more intentional about protecting our mental health.*

Through **Behavioral Health Systems**, you – and all your eligible dependents – can access a robust, fully County-paid Employee Assistance Program (EAP). Call **(800) 245-1150** for help resolving marital, family, and work conflict; managing anxiety; handling feelings of guilt, loss, or depression; difficulties with sleep or the “Covid Blues”; and overcoming any form of substance abuse.

In today's world, reaching out to the EAP is both wise and a sign of strength. EAP support may be especially important to your spouse and children, who – like so many of us with lives disrupted by coronavirus – are finding it hard to adjust to “the new normal.”

Even if not enrolled for County medical benefits, your eligible family members are still able to use the EAP. Be sure everyone in your household is aware of the **(800) 245-1150** line – and behavioralhealthsystems.com (at log in, use **JCC** as the Employer ID).

† Go to <https://jccaccess.jccal.org/> for more information about your plan, including the **Summary of Benefits and Coverage**



Your Medical Plan



Your 2022-23 Medical Premiums

The County is pleased to continue to offer you a rich health care plan – at no increase in contribution to you this year.

MEDICAL PLAN MONTHLY CONTRIBUTIONS

October 1, 2022 – September 30, 2023



Coverage	You Will Pay	County Will Pay	Total Premiums
Employee Only	\$123.82	\$732.86	\$856.68
Employee + 1	\$275.61	\$1,457.86	\$1,733.47
Family	\$358.06	\$2,196.52	\$2,554.58

Deductions taken from two paychecks each month. Your per-paycheck deduction is half the amount shown under "You Will Pay."

CHOOSE THE RIGHT COVERAGE AT THE RIGHT COST

All County health care plans have an **Employee + 1** coverage option. It costs much less than Family coverage.

Family coverage is only for those with three or more eligible family members. So, **if you are single with one dependent child – or married with no eligible children** – then Employee + 1 is the right choice for you!

The cost of health care once again increased substantially last year. Still, the County is picking up 100% of the additional expense. But, to keep this program sustainable, we all need to do more to address our underlying health issues. See page 6 for more information on the challenges we face, as individuals and as a community of employees, retirees, and dependents.



Emergency Room or Urgent Care?

Where to Get the Care You Need

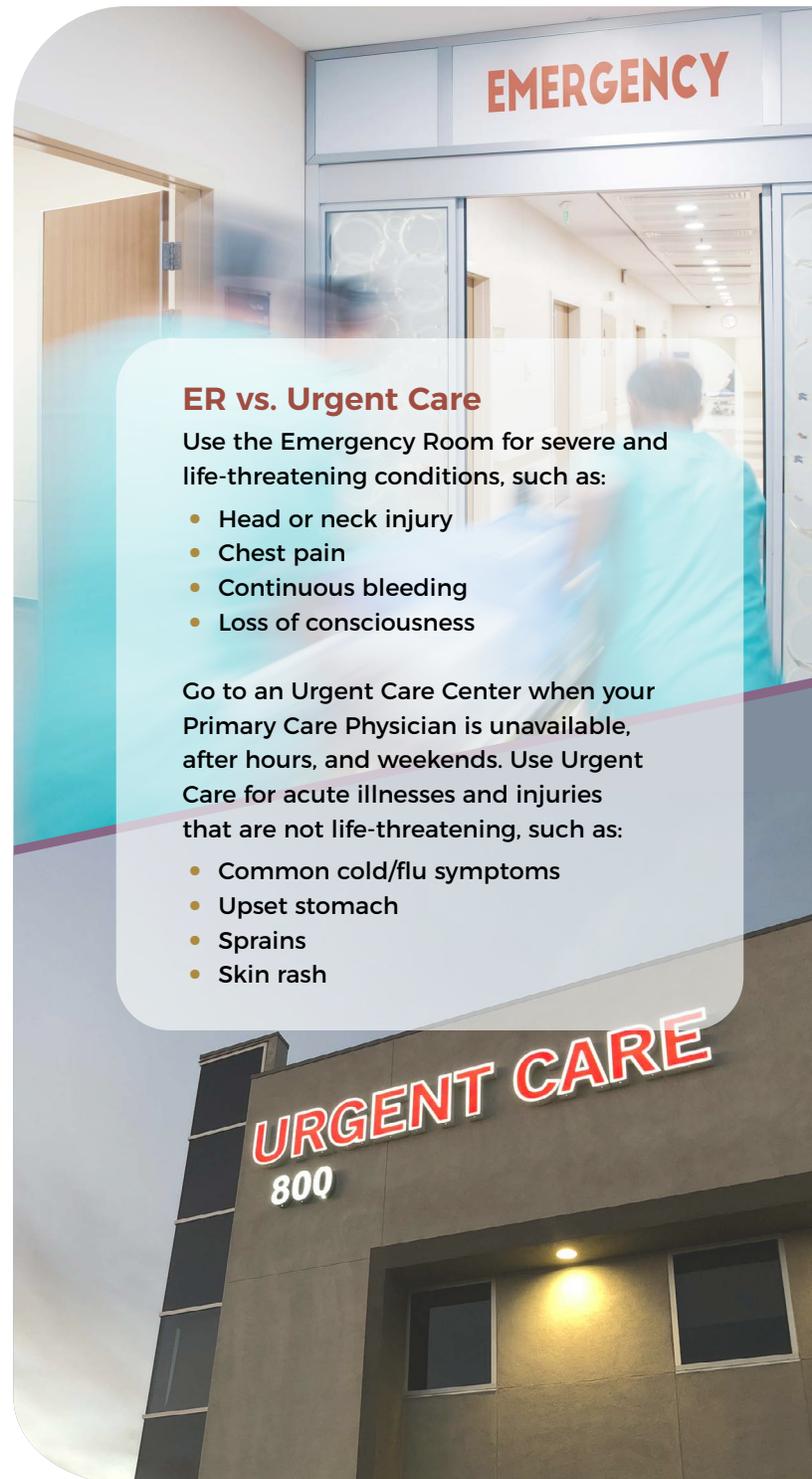
In previous years, County plan participants went to the Emergency Room 40% to 60% more often than the average Alabamian. Thanks to greater awareness and more informed decision-making on your part, you have helped reduce this overage considerably. Still, we have unusually high use of the ER. And it's not because we have more emergencies. It's because we have more "repeat customers" – people who (mis)use the ER for *non*-life-threatening conditions.

Serious injuries and illnesses that need immediate attention are relatively rare, so few members ever face such circumstances. And, even those who do are unlikely to have *multiple* such emergencies in a given year.

The problem we face is that some of our members rely almost exclusively on the emergency room – with some going there as often as 10 times a year! In most cases, these visits are for such non-life-threatening conditions as respiratory infections, rashes, reflux, and sprains. They should have been treated *not* in the ER – but at a network Urgent Care Center.

The box on the right gives you common-sense guidelines to help you decide when to go to the Emergency Room and when to go to Urgent Care. Also, be aware of the following plan provisions.

1. *Copay* – The Emergency Room copay is \$200. If you are admitted to the hospital, this amount is waived.
2. *Financial Penalty* – If you use the ER for a *non*-emergency condition, you will have to pay 50% of the cost of treatment there, which is both far more expensive than Urgent Care and subject to the higher *out-of-network* deductible.
3. *Access to Urgent Care* – Nearly all of you live within 10 to 15 minutes of a participating Urgent Care Center. Find one on the next page or by clicking "Find a Doctor" at AlabamaBlue.com.



ER vs. Urgent Care

Use the Emergency Room for severe and life-threatening conditions, such as:

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

Go to an Urgent Care Center when your Primary Care Physician is unavailable, after hours, and weekends. Use Urgent Care for acute illnesses and injuries that are not life-threatening, such as:

- Common cold/flu symptoms
- Upset stomach
- Sprains
- Skin rash

Urgent Care Choice Facilities*

MIDDLE CREEK MEDICAL CENTER

4810 BELL HILL RD
BESSEMER, AL 35022
205-477-3737

MEDHELP TRUSSVILLE

5915 CHALKVILLE MOUNTAIN RD
STE 100
BIRMINGHAM, AL 35235
205-547-3920

MEDHELP LAKESHORE

1 W LAKESHORE DR STE 100
BIRMINGHAM, AL 35209
205-930-2950

MEDHELP 280

4600 HIGHWAY 280
BIRMINGHAM, AL 35242
205-408-1231

SOUTHEAST URGENT CARE

339 WALKER CHAPEL PLZ STE 115
FULTONDALE, AL 35068
205-841-2844

ST VINCENTS PRIMARY CARE HOOVER

1870 CHACE DR STE 160
HOOVER, AL 35244
205-733-7110

AMERICAN FAMILY CARE ALABASTER

120 COLONIAL PROMENADE PKWY
ALABASTER, AL 35007
205-605-0495

AMERICAN FAMILY CARE FLINTRIDGE

6554 AARON ARONOV DR
FAIRFIELD, AL 35064
205-786-5022

AMERICAN FAMILY CARE FORESTDALE

1664 FORESTDALE BLVD
BIRMINGHAM, AL 35214
205-791-2273

AMERICAN FAMILY CARE GARDENDALE

919 ODUM RD
GARDENDALE, AL 35071
205-631-6834

AMERICAN FAMILY CARE GREEN SPRINGS

2757 GREEN SPRINGS HWY
BIRMINGHAM, AL 35209
205-290-0088

AMERICAN FAMILY CARE GREYSTONE

5410 HIGHWAY 280 STE 100
BIRMINGHAM, AL 35242
205-201-7290

AMERICAN FAMILY CARE HOOVER

1680 MONTGOMERY HWY
BIRMINGHAM, AL 35216
205-979-0888

AMERICAN FAMILY CARE MONTCLAIR

1652 MONTCLAIR RD
IRONDALE, AL 35210
205-956-9192

AMERICAN FAMILY CARE PARKWAY

9232 PARKWAY E
BIRMINGHAM, AL 35206
205-833-6888

AMERICAN FAMILY CARE PELHAM

2970 PELHAM PKWY
PELHAM, AL 35124
205-621-6411

AMERICAN FAMILY CARE THE GROVE

5569 GROVE BLVD STE 121
HOOVER, AL 35226
205-637-2600

AMERICAN FAMILY CARE TRUSSVILLE

5892 TRSSVL XINGS BLVD
BIRMINGHAM, AL 35235
205-655-4002

MEDHELP TRUSSVILLE - ACCESS HEALTH

5915 CHALKVILLE MOUNTAIN RD
STE 100
BIRMINGHAM, AL 35235
205-547-3920

COMMUNITY URGENT CARE OF FULTONDALE

1311 DECATUR HWY STE A
FULTONDALE, AL 35068
205-379-6040

* As of September 2021



Specialty Drugs

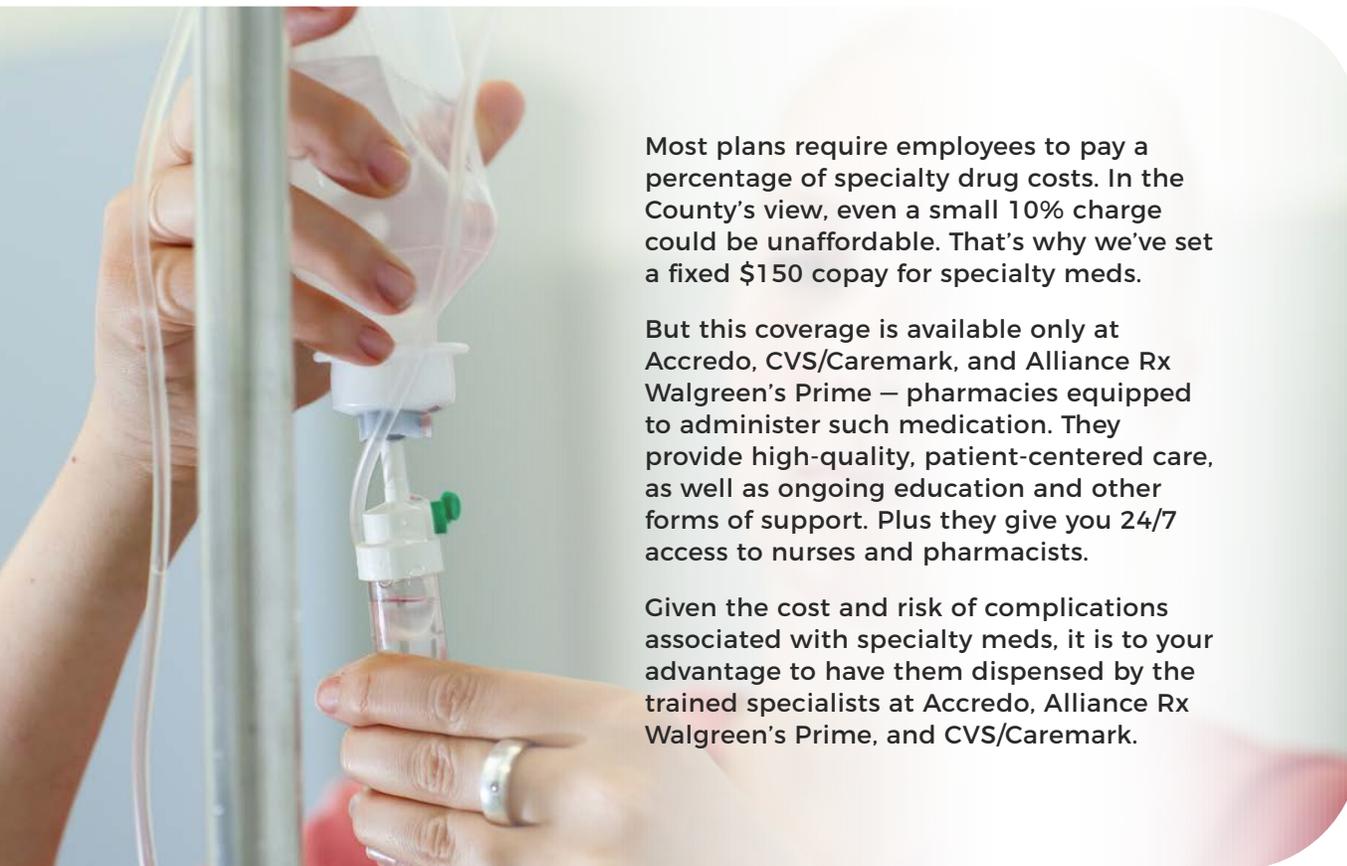
Specialty drugs are complex medications used to treat such conditions as cancer, rheumatoid arthritis, and multiple sclerosis. They require careful oversight and monitoring – and special handling and administration (e.g., injection, infusion). For these reasons, specialty meds are the most expensive form of prescription drug.

Such drug use has increased significantly under our plan. We want to be able to continue to cover these meds, since they save lives. To do so, we need to find the most cost-effective approach possible. That's because charges for such specialty meds can range between \$3,000 and \$32,000 – *each month*.

With an average overall monthly cost of \$10,000, specialty meds present challenges to all employers. The County is doing everything possible to keep these medications available and affordable.

Here are the current plan provisions for specialty meds.

- Unless received at a doctor's office, specialty drugs are covered **only if purchased and administered at Accredo, CVS/Caremark, or Alliance Rx Walgreen's Prime**
- Your copay for these meds at the designated pharmacies is \$150



Most plans require employees to pay a percentage of specialty drug costs. In the County's view, even a small 10% charge could be unaffordable. That's why we've set a fixed \$150 copay for specialty meds.

But this coverage is available only at Accredo, CVS/Caremark, and Alliance Rx Walgreen's Prime – pharmacies equipped to administer such medication. They provide high-quality, patient-centered care, as well as ongoing education and other forms of support. Plus they give you 24/7 access to nurses and pharmacists.

Given the cost and risk of complications associated with specialty meds, it is to your advantage to have them dispensed by the trained specialists at Accredo, Alliance Rx Walgreen's Prime, and CVS/Caremark.

Flexible Spending Account

If you want to continue, or start an FSA in 2022-23, you must go into Kronos and make an election to do so

HOLD THE LINE

Health Care Flexible Spending Account (FSA)

Hundreds of County employees save big each year by participating in the Health Care FSA. How about you?

The Health Care FSA is ideal for predictable, recurring costs. If you or an eligible dependent takes maintenance drugs – for blood pressure, diabetes, cholesterol, sleep, or anxiety – your monthly prescription costs are going to add up! And some of you may already know of certain medical, dental, and vision care expenses you'll have in 2022-23, particularly if planning medical or dental surgery.

Each year, **you must enroll (or reenroll) in your FSA** and select the amount you want to contribute. Your bi-weekly allocations are taken from each paycheck on a before-tax basis. So your FSA not only reduces the amount of taxes withheld from your pay – it also returns the savings right back to you! That's because taxes that would otherwise be withheld remain included in your take-home pay. Depending on your tax bracket, you can cut your "net" health care costs by as much as 20% to 30%!

Plus, the FSA is convenient and easy to use. In early October, you will receive a debit card from Ameriflex. It comes fully loaded – with your entire allocation for the year (up to \$2,850). You can use it to cover your eligible expenses as soon as your debit card arrives. There is no better or simpler way to reduce your taxes, and increase your take-home pay, than with your Jefferson County Health Care FSA!

Dependent Care Flexible Spending Account

If you pay to care for your eligible child or adult dependents while you are at work, you can reimburse yourself, tax-free, with a Dependent Care FSA. Depending on your situation, you can contribute up to \$5,000 a year to this account.

In many cases, though, FSA savings are less than the income-tax deductions you could take for these services. Therefore, it is important that you compare savings under both scenarios before you decide to enroll in the Dependent Care FSA.

How to Not "Lose It" If You Don't Use It

County medical records suggest that most employees **do** have recurring, predictable expenses, like maintenance medication. Yet relatively few of you elect to participate in this generous tax-saving benefit. Because of the advantages that using pre-tax dollars can provide to you when using an FSA, we suggest taking advantage of this plan.

Take a look at your medical expenses for last year, include the expenses you expect to spend for this year, and remember that you will be able to roll over up to \$570 of your FSA to your next plan year. That \$570 will simply go into your next year's FSA funding (as long as you elect coverage again).

2022-23 is a great time for you to get started with – and enjoy having – FSAs' many conveniences and savings.

Get Connected

It is more important than ever to ensure you are connected with your benefits. That's why Ameriflex has a few easy ways to access your funds from anywhere. You can use your funds via your Ameriflex debit card. You can also check fund availability, file for tax-free reimbursement, or request a replacement card at www.MyAmeriflex.com or via the Ameriflex App.



Ameriflex



Your Dental Options

Two Coverage Levels – to Meet Your Needs

You can choose from two levels of Delta Dental coverage. The Base plan costs less and covers most common dental services. The Premium plan costs more, but provides richer benefits, including coverage for implants and orthodontia.

An Important Benefit

It is a well-known fact that regular dental care is an integral part of a healthy lifestyle. Cavities and gum disease can lead to serious infections and other health problems – even ones affecting the heart. In addition, crooked or misaligned teeth can cause damage to your mouth and jaw.

For this reason, dental benefits can be just as important as medical in helping maintain your health and well-being. Consider your options carefully – and enroll in the plan and coverage level that the protection you and your family need.

Base Plan

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

MONTHLY CONTRIBUTIONS

October 1, 2022 – September 30, 2023

Employee	\$23.16
Employee + 1	\$44.20
Family	\$60.60

Premium Plan

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

MONTHLY CONTRIBUTIONS

October 1, 2022 – September 30, 2023

Employee	\$34.02
Employee + 1	\$64.92
Family	\$89.01

Benefits shown reflect coverage when you use participating Network providers. Out-of-Network benefits are less.



Jefferson County HR negotiated a 6% rate *reduction* on your behalf – saving you between \$40 and \$150 in 2022-23



Your Vision Care Options

Two Coverage Levels – to Meet Your Needs

The value of good vision is plain to see. Imagine being unable to read, drive, watch TV – or enjoy gazing at the beautiful faces of the people you love!

To protect your ocular health, do not overlook vision care. Even if you do not need eyeglasses or contact lenses, this benefit is still valuable. It covers eye exams and other screenings that can preserve your precious eyesight.

In addition, an annual eye exam does more than just to maintain your vision. It can also uncover symptoms of serious medical issues, such as high blood pressure and diabetes.

Your Choice of EyeMed Plans

Because everyone has different vision care needs, the County offers you a choice of EyeMed benefits.



Base Plan		Premium Plan	
Exam	\$10 Copay	Exam	\$10 Copay
Materials	\$15 Copay	Materials	\$15 Copay
ALLOWANCES		ALLOWANCES	
Frames	\$130 Retail	Frames	\$200 Retail
Contact Lenses	\$130	Contact Lenses	\$200
FREQUENCY		FREQUENCY	
Exams & Lenses	Every 12 Months	Exams & Lenses	Every 12 Months
Frames	Every 24 Months	Frames	Every 24 Months
MONTHLY CONTRIBUTIONS		MONTHLY CONTRIBUTIONS	
<i>October 1, 2022 – September 30, 2023</i>		<i>October 1, 2022 – September 30, 2023</i>	
Employee	\$5.33	Employee	\$7.84
Employee + 1	\$10.65	Employee + 1	\$15.67
Family	\$15.62	Family	\$22.98

Benefits shown reflect coverage with Participating (i.e., Network) providers. Out-of-Network benefits may be available for certain vision services — but at a substantially reduced level.





Safeguarding Your Finances

Your Life, Disability, and Other Supplemental Benefits

Security in Uncertain Times

No one likes thinking about death or disability. But, while in the midst of a global pandemic, it's good to know you're prepared for whatever lies ahead.

BENEFITS4YOU can provide the financial security you and your loved ones need.

Consider these benefit options for peace of mind today – and security for tomorrow.

BENEFIT COSTS MADE EASY!

You do not have to calculate your premiums for any of the plans under **BENEFITS4YOU**. We have already done that for you!

You can find the cost of every option available to you on your UKG (formerly Kronos) benefit enrollment screens.



Life and AD&D Insurance

Supporting Those You Love

Since no one can predict the future, it makes sense to protect the long-term security every family needs. A good starting point is life insurance.

Under **BENEFITS4YOU**, you are automatically covered for Basic Life and AD&D (Accidental Death & Dismemberment). But you can go a step further and elect Supplemental Life insurance – added protection – for yourself and your spouse and children.

Basic Life and AD&D Insurance for You

As a County employee, you have \$50,000 in Basic Life insurance – and an equal amount of AD&D coverage. These benefits are provided automatically, at no cost to you, as the County pays 100% of the premium.

Supplemental Life Insurance for You

If you'd like additional protection, you can purchase Supplemental Life insurance at low group rates.

- Supplemental Life coverage is available in \$5,000 increments, up to five times your salary or \$750,000, whichever is less.
- If you had previously declined supplemental coverage and want to add it now, you must submit a completed Statement of Health form, which you can request from Human Resources. After reviewing your completed form, MetLife will let you know if you are eligible to enroll.
- **Guaranteed Issue:** When you are *first eligible for benefits*, you can obtain coverage of up to \$250,000 or five times your salary, whichever is less – without having to complete a Statement of Health form.

WHY YOUR NEW HIRE ENROLLMENT IS SO IMPORTANT

Your first enrollment period is your only opportunity to obtain guaranteed levels of coverage. You will not have to answer medical questions or provide evidence of insurability. Since these guarantees are available only during your initial enrollment, it is to your advantage to obtain as much coverage as you think you may ever need – **now**.

Remember: Once you have supplemental benefits, you can always reduce your coverage, or even drop it all together. But, if you waive these benefits now, you may not be able to add them in the future.



NAMING A BENEFICIARY

In the Kronos enrollment system, **you must name a beneficiary for your Life and AD&D benefits**. Your beneficiary can be a person, business, charitable institution, trust, or even your church. If you want, you can divide proceeds among several beneficiaries. But be sure to name a beneficiary and fill in the requested information.

In addition to your Primary beneficiary, you can also name a Contingent beneficiary – to receive your benefits should your Primary no longer be alive at the time of your death.

Please note that, for spouse and child insurance, you are automatically the beneficiary.

HOLD THE LINE

If you waived Supplemental Life Insurance in the past and want to add it now (or seek an increase above the guaranteed limit) be sure to contact HR for an application form. If you fail to request, complete, and file the form in a timely manner, your application will be automatically denied.

Life and AD&D Insurance

Want to Increase Current Coverage?

If you have Supplemental Life insurance now, you may be able to increase your coverage by up to \$50,000. Requests above this amount, or which bring your coverage above \$250,000, must be accompanied by a completed Statement of Health form. Be sure to contact Human Resources, as soon as possible, to request this document.

Coverage guarantees are available solely to current participants and those who have not previously applied or been denied for Supplemental Life Insurance under the County's plan.

Supplemental AD&D Insurance for You and Your Family

You can elect Supplemental AD&D insurance for yourself or for you and your family (spouse and dependent children to Age 26). Coverage is available in \$5,000 increments, up to \$750,000 or five times your salary, whichever is less. Unlike Supplemental Life, you can add Supplemental AD&D without having to complete a Statement of Health form.

Life Insurance for Your Family

Spouse: If you have Supplemental Life coverage for yourself, you can add Supplemental Life for your spouse. You can choose a benefit of either \$25,000 or \$50,000, with cost based on your spouse's age. Note that you can obtain spousal coverage, without evidence of insurability, at your first enrollment opportunity – as a new hire or, if later, within 30 days of your marriage. If you had waived coverage at that time, you must submit a Statement of Health form to determine if you are eligible to add it now.

Children: You can also add life insurance for your children. You can choose between two coverage levels: \$5,000 or \$10,000. The cost for the respective benefits is the same regardless of how many children you have. Coverage for newborns is limited to \$500 for the first 15 days after birth.

HOLD THE LINE

You can cover your children for life insurance from birth through the end of the month when they turn Age 26

VALUE-ADDED FEATURES

Your Supplemental Life benefits include many favorable provisions. Waiver of Premium can cover contribution costs in the event of a qualifying disability. The Accelerated Benefits provision can advance up to 80% of coverage in the event of a terminal condition. You also have options to continue insurance coverage when your County employment ends.



Your Disability Insurance Options

SPECIAL FEATURES

Under **BENEFITS4YOU**, your disability plans include provisions that help you recuperate and regain your self-sufficiency. They include the following incentives.

- **Rehabilitation** – You can increase your benefits by 10%, simply by participating in a MetLife-approved rehabilitation program.
- **Family Care** – Need child care so you can go to authorized rehab? MetLife will provide reimbursement for eligible child care expenses.

USE YOUR PAID LEAVE TIME FIRST!

All disability plans coordinate with other types of benefits so that, in total, they combine to replace 60% of your pay. If you have multiple sources of income replacement, your disability benefit will be offset by these amounts.

Keep in mind that any paid leave time you have continues your pay in full. Since 100% of your pay exceeds the 60% ceiling, you will not receive disability benefits until your paid leave is used up.

Securing Continued Income

Here are some alarming statistics. Over the course of his or her career, a 35-year-old has a 50% chance of incurring a disability of 90 days or more. At Age 42, you are four times more likely to become seriously disabled before Age 65 than you are to die. Overall, one in eight Americans can expect to experience a disability of five years or more before reaching retirement.

What if it happened to you? How would you pay bills and support your family?

With MetLife's short- and long-term disability plans, you can get the security of continued income should you be unable to work due to a qualifying disability. You can choose coverage, at low group rates, for short-term disability (STD), long-term disability (LTD), or both.

These plans coordinate with other forms of income replacement you may receive (e.g., Social Security disability benefits) to replace up to 60% of your County salary – tax free.



If you waived disability coverage when first hired, you may be able to add it by applying in the enrollment system (see p. 28). Be sure to contact Human Resources to request a Statement of Health form; then complete and submit it to MetLife. The company will let you know if you are eligible for this benefit.

Short-Term Disability (STD)

Short-Term Disability benefits can replace up to 60% of your County salary should you be unable to work due to a qualifying injury, illness, or pregnancy. Benefits can start as soon as a week after your condition begins and can last for up to 26 weeks.

KEY PLAN FEATURES

Premiums	Benefit Amount	Benefit Terms
<ul style="list-style-type: none"> • Employee-paid • After tax • Low group rates 	<p>Up to 60% of your County salary in the event of a qualifying disability, including pregnancy:</p> <ul style="list-style-type: none"> • STD benefits are paid to you weekly – <i>tax-free</i> • The maximum weekly STD benefit is \$1,730 • You can receive cash incentives, such as a 10% benefit increase, for participating in a MetLife-approved rehabilitation program 	<ul style="list-style-type: none"> • STD benefits can start on the eighth day of your qualifying disability • Your benefits can continue for as long as your condition qualifies, up to a total of 26 weeks



Your Disability Insurance Options

Long-Term Disability (LTD)

If your qualifying disability creates an extended absence from work, LTD insurance can keep you financially secure. LTD benefits can replace up to 60% of your County salary for months, years, or to Age 65 – depending on how long your condition continues to qualify.

Like the STD plan, your LTD coverage coordinates with other benefits to replace a total of 60% of your County salary.

Your LTD benefits can start 26 weeks after your condition begins. An advantage of electing *both* disability plans is that you can move seamlessly from one form of benefit to the other.

For the first time in many years, MetLife has increased LTD rates – by amounts offset, in part or in whole, by reduced dental premiums. And, next year, HR plans to negotiate for lower LTD contributions. So, if you have LTD coverage, we hope you will continue it in 2022-23. That’s because, if you drop LTD, you may not be able to regain it if we can reduce the cost for the following plan year. Keeping your LTD is the only way to avoid having to complete a Statement of Health form in the future – guaranteeing that you remain eligible for this valuable coverage.



KEY PLAN FEATURES

Premiums	Benefit Amount	Benefit Terms
<ul style="list-style-type: none">• Employee-paid• After tax• Low group rates	<p>Up to 60% of your County salary in the event of a qualifying long-term disability</p> <ul style="list-style-type: none">• LTD benefits are paid to you monthly – <i>tax-free</i>• The maximum monthly LTD benefit is \$7,500• You can receive cash incentives, such as a 10% benefit increase, for participating in a MetLife-approved rehabilitation program	<ul style="list-style-type: none">• Benefits can begin 180 days after the start of your qualifying disability• LTD benefits can continue for as long as your condition qualifies, up until Age 65*

* Disabilities that begin at Age 63 or later may pay benefits beyond Age 65

If You Have a Pre-Existing Condition

Disability insurance is designed to protect you for conditions that start *after* your policy goes into effect. For this reason, all short- and long-term disability plans, including the County’s, exclude conditions you had, or for which you had treatment, before your disability coverage began.

BENEFITS4YOU was designed specifically for County employees. As a result, you will find that our pre-existing condition criteria are more favorable than those of most other disability plans. For example:

- Our STD and LTD plans have three-month “look-back” provisions. It means the only conditions that will be excluded are those you had during the *three months before your coverage took effect*.
- Even if you have a pre-existing condition, the exclusion lasts for just your first 12 months in the plan. If the condition causes you to become disabled a year after you have been actively at work, and enrolled for STD or LTD, you will then become eligible for coverage.

Pre-Existing Condition exclusions are standard in the insurance industry and can be very rigid. Thanks to **BENEFITS4YOU**, though, you have far more flexibility to use your coverage to your best advantages..

NOTE ON PREGNANCY

If your pregnancy starts *after* your disability plan has gone into effect, you *are* eligible for plan benefits. Otherwise, your claim will be subject to the Pre-Existing Condition exclusion (a look-back period of three months).



Group Legal & ID Theft Protection

MetLife Legal Services

When you need a lawyer, finding competent, capable, and affordable counsel can be a challenge. And, in today's world, ID theft is an increasing risk. That's why the County is pleased to offer Group Legal and ID Theft Protection – available from MetLife Legal (formerly Hyatt). These plans offer you comprehensive, easy-to-access, and cost-effective protection for your legal and ID-related needs.

Group Legal

Hourly rates for attorneys can run to \$300 or more. Enrolling in MetLife Legal is like having an attorney on retainer at a fixed, low monthly contribution. You'll have unlimited access to network attorneys and legal staff – by phone and face-to-face. And these services are also available to your spouse and dependents!



EXAMPLES OF COVERED SERVICES

Financial Matters

- Debt collection defense
- Negotiations with creditors
- Personal bankruptcy
- Tax audit representation
- Wills and trusts
- Power of Attorney and healthcare proxies

Family and Personal

- Adoption and guardianship
- Juvenile court defense (civil and criminal)
- Protection from domestic violence
- Immigration
- Vehicles and driving
(traffic tickets, license suspension, repossession)
- Review of personal legal documents
(self, dependents, and parents)
- Elder care
(Medicare, Medicaid, nursing home agreements, wills)

Home and Real Estate

- Sale or purchase of home
- Deeds and Mortgages
- Boundary and title disputes
- Tenant negotiations
- Foreclosure
- Eviction defense

Civil Lawsuits

- Administrative hearings
- Civil litigation
- Disputes over consumer goods and services
- Small claims assistance

ID Theft Protection

When it comes to fighting identity fraud, early detection is the best prevention – and your first line of defense. MetLife Legal works with FraudScout to bring you comprehensive fraud and credit monitoring services, coupled with 24/7 dedicated support.

You Pick!

During Annual Enrollment, choose the option that best meets your needs. You can select Group Legal coverage only (\$18 per month) or a package of Group Legal *plus* ID Theft Protection (\$21/month). Whichever you decide, your spouse and dependents are covered, too – at no additional cost!

Other Supplemental Insurance

Holding Off Financial Pressure

Every minute of every day, someone becomes seriously ill. The CDC reports that over 135 million Americans go to the emergency room each year, with nearly a third of the visits due to accidental injuries. And chronic conditions, like diabetes, obesity, and cardiovascular disease, are on the rise everywhere – particularly here in Jefferson County.

Your County medical benefits cover your medical costs. But what about the many other bills you will face if you or a family member becomes seriously ill?

Under **BENEFITS4YOU**, you have access to three valuable Aflac plans: Group Accident, Group Hospital Indemnity, and Group Critical Illness insurance. All three *pay cash benefits* – directly to you. By protecting your financial health, these plan options leave you free to concentrate on your recovery.

Features Common to All Three Plans

- These Aflac plans are separate, voluntary benefit options that *supplement* your medical coverage.
- Accidents, hospital stays, and critical illnesses can create significant financial pressure. Aflac's plans can give you added security – and protect your peace of mind – when you're dealing with serious health conditions.
- Depending on your personal situation and benefit needs, you can select a single Aflac plan, any combination, or all three options.
- All of these plans pay cash benefits – *directly to you*.
- You can use the cash to cover out-of-pocket costs, deductibles, coinsurance, living expenses, child care, and a range of other needs.
- You can convert these policies when you leave County employment – and take your coverage with you.



Accident & Hospital Indemnity Plans

Group Accident Insurance

An accidental injury can wreak havoc. In addition to medical costs, you will face a range of other expenses, including supporting your household, while you recuperate.

Group Accident Insurance can provide immediate financial relief. You can receive direct cash benefits for eligible services, at each stage of care — for each covered family member. Examples include ambulance transportation (\$300), urgent care and emergency room visits (up to \$200 each), inpatient surgery (\$750 per day), hospitalization (\$900 for admission, \$225 per day of confinement), intensive care (\$300 per day), and family member lodging (\$150 per day).

The plan also pays cash benefits for common conditions that result from an accident, such as concussion (\$350), traumatic brain injury (\$3,500), coma (\$7,500), fracture (up to \$6,000), dislocations (up to \$4,000), and lacerations (up to \$600). In addition, you and your enrolled spouse can receive cash benefits for an annual checkup or other eligible form of preventive care.

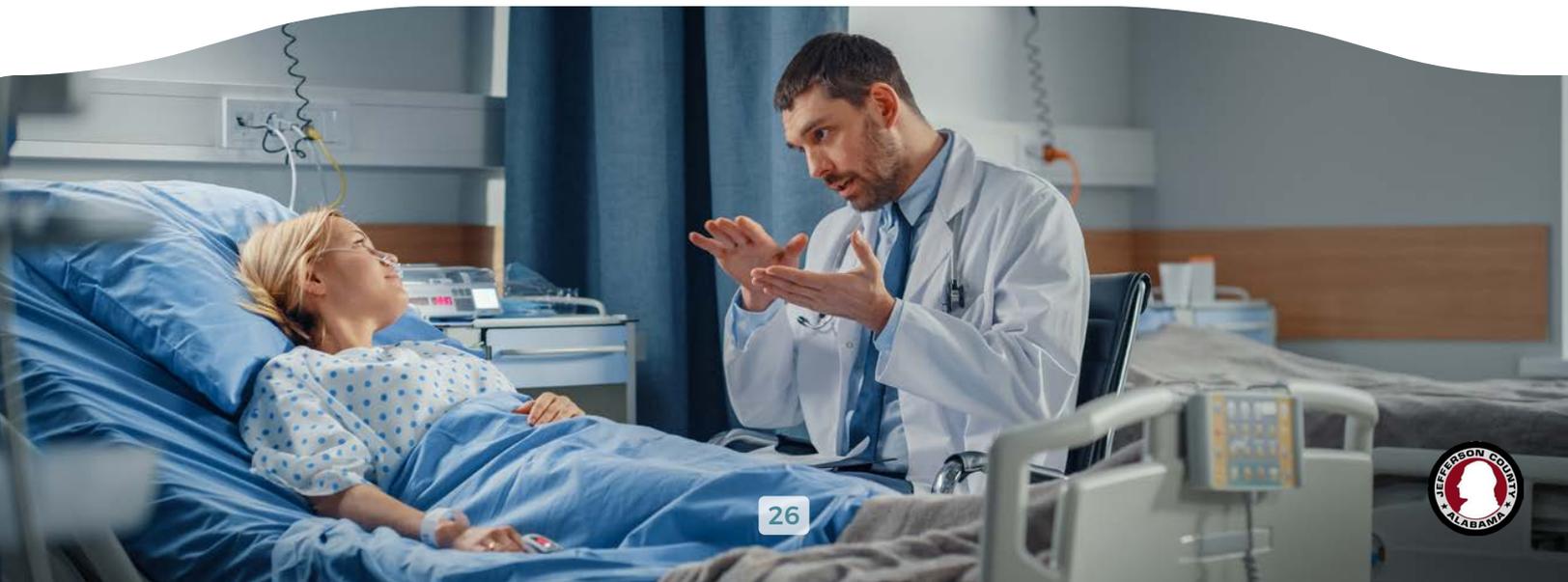
To help recover from the financial effects of an unexpected injury, enroll for Group Accident Insurance

Group Hospital Indemnity

Even the most comprehensive medical plans, like the County's, don't cover everything. To protect your savings, consider Aflac's Group Hospital Indemnity plan.

Group Hospital Indemnity insurance pays generous cash benefits, directly to you, in the event of a hospital stay for any covered family member — such as \$1,000 for admission (per qualified confinement) and \$150 per day (\$300 for intensive care, \$225 for the step-down unit). You and your enrolled spouse can also receive cash benefits for an annual checkup or other eligible form of preventive care.

To keep your finances healthy during a hospital stay, sign up for the Group Hospital Indemnity plan



Critical Illness Insurance

Group Critical Illness Insurance

Chronic conditions are reaching epidemic proportions – throughout the United States.

- According to the American Heart Association, about half of all adults in the U.S. are at risk for cardiovascular disease.
- The CDC reports that heart disease is the leading cause of death nationwide – at a rate of 700,000 each year. That equates to one death from heart disease every 36 seconds, 24/7/365.
- For those Age 50 or more, the leading cause of death is cancer. And the disease is spreading faster than ever. The CDC projects that, by 2050, the number of cancer cases in the U.S. will increase by 50%.

These health risks are of even greater concern here in Jefferson County, where the rates for chronic disease are far above national norms. Fortunately, through **BENEFITS4YOU**, you can elect coverage under Aflac's Critical Illness plan. It pays cash benefits for certain health screenings – as well as in the event of the following serious health conditions.

- Cancer, including Non-Invasive
- Heart Attack (Myocardial Infarction)
- Stroke
- Kidney Failure (also End-Stage Renal Failure)
- Major Organ Transplant
- Bone Marrow Transplant (incl. stem cell transplants)
- Sudden Cardiac Arrest
- Coronary Artery Bypass Surgery

You can choose from three levels of cash benefits: \$10,000, \$20,000, or \$30,000. And, when you enroll, your eligible children are covered automatically, through Age 26, with a 50% benefit – at no additional cost to you. You can also elect to add 50% coverage for your spouse (benefits of \$5,000, \$10,000, or \$15,000, respectively).

Under this plan, you can receive the full cash benefit amount for nearly all covered critical illnesses. The sole exceptions are coronary artery bypass surgery and non-invasive cancer, which pay a 25% benefit.

In some cases, each condition can trigger an entirely separate benefit. For example, if you survive cancer (full payout) and have a heart attack two years later, you could receive a second full payout. Benefits are also available for certain qualifying recurrences and other diagnoses.

A serious health problem can devastate any family. If you would like cash benefits to help relieve the financial pressures, enroll in the Critical Illness plan.

How to Elect Your Benefits

During Annual Enrollment, use Kronos (UKG) to elect or change your benefits, update your personal and family information, and get the coverage you need – for the people you love. The online system walks you through each step in the process, making it easier for you to enroll. To get started, here is what you need to do.



How to Access the System

Log in at <https://jccaccess.jccal.org/>
(or at <https://kronos.jccal.org/wfc/logon>)

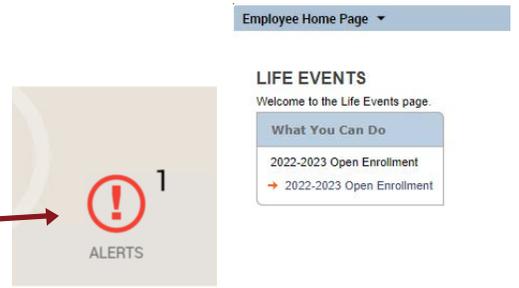
If you forgot your user name or password, contact the IT Help Desk

1. Go to the **Employee Home Page**.
2. Once on the Home Page, click the **Alert** button, then **2022-2023 Open Enrollment** to get to **Life Events**.
3. At the **Life Events** home page, click on **2022-2023 Open Enrollment**.

Be sure to visit the JCC Benefits page by clicking [here](#). That's where you will find detailed information about your options as well as forms you may need for certain coverages.

4. On the **Welcome** page, click **Next**.
5. On the **Address & Phone** and **Emergency Contacts** pages, enter or update your information
6. The system allows you to review *all* your coverages by clicking the top left of **Updating Your Benefits**. Scroll to the bottom of the screen and click **Next**.
7. One by one, review each of the benefit screens, select the plans and coverages you want, and, as necessary, update your dependent and beneficiary information.

With the exception of benefits the County provides automatically, each screen gives you the option to select or waive coverage. Be careful, though: Waive only those benefits you are sure you do not need. (For example, do NOT waive County Medical coverage unless you are covered under another plan.)



Benefit	Plan	
<input checked="" type="checkbox"/>	Medical	Health Care
<input checked="" type="checkbox"/>	Dental	Dental Base
<input checked="" type="checkbox"/>	Vision	Not Enrolled
<input checked="" type="checkbox"/>	FSAMed	Not Enrolled
<input checked="" type="checkbox"/>	FSADep	Not Enrolled
<input checked="" type="checkbox"/>	Life	Basic Life
<input checked="" type="checkbox"/>	Acc Death	AD&D
<input checked="" type="checkbox"/>	Vol Life EE	Supplemental Life Insurance
<input checked="" type="checkbox"/>	Vol Life Spouse	Not Enrolled
<input checked="" type="checkbox"/>	Vol Life Child	Not Enrolled
<input checked="" type="checkbox"/>	Vol Life AD&D	Supplemental AD&D Employee
<input checked="" type="checkbox"/>	STD	Short-Term Disability
<input checked="" type="checkbox"/>	LTD	Long-Term Disability
<input checked="" type="checkbox"/>	Accident Insura	Group Accident Insurance
<input checked="" type="checkbox"/>	Hospital Indemn	Group Hospital Indemnity
<input checked="" type="checkbox"/>	Critical Ill EE	Group Critical Illness
<input checked="" type="checkbox"/>	Critical Ill SP	Group Critical Illness - Spouse
<input checked="" type="checkbox"/>	Legal	Not Enrolled

MEDICAL

CURRENT ELECTIONS

Benefit	Plan	Election
Medical	Health Care	Single+1

Plan	Election
<ul style="list-style-type: none"> Health Care 	<ul style="list-style-type: none"> Employee Employee + 1 Family

The **Election** amount you enter in FSA screens reflects *how much you want to contribute from each paycheck*. Please do not exceed the maximum bi-weekly deductions shown for each account.

Plan	Election	Amount	Calculate	Biweekly Deduction
<input checked="" type="checkbox"/> Flexible Spending Acct - Health Care	100			\$100

The **Clear my elections** link lets you “wipe the slate clean.” It erases not only the enrollment option, but also any enrolled dependents or beneficiaries.

Clear my elections

Plan	Election
<ul style="list-style-type: none"> Group Accident Insurance 	<ul style="list-style-type: none"> Employee Employee + Spouse Employee + Child(ren) Employee + Family

8. Look over the information on each screen and make sure it is complete. Then click **Save & Continue**.
9. Review your **Benefit Summary**. If you are satisfied with your choices, click **Print** (so you have a copy for your records) then **Submit Changes** to complete your enrollment. You'll receive a Confirmation Statement once your submission is successful, otherwise please scroll up to check for errors before leaving this page. If you need more time, click **Save for Later** so you can return and complete your enrollment.



Contact Information

It is important to know where to turn when you have a question about any of your plans. To get the information you need, call Jefferson County Human Resources, or the plan providers, directly, at the numbers shown below.

IMPORTANT CONTACTS

Organization	Phone Number
Jefferson County Commission Human Resources	(205) 325-5249 <i>(Option 4)</i>
BCBS Medical (Group No. 60100)	(877) 255-7250
Behavioral Health Systems	(800) 245-1150
Employee Assistance Program and Mental Health/ Substance Abuse coverage	(800) 245-1150
Ameriflex Flexible Spending Accounts	(888) 868-3539
Delta Dental (Group No. 16059)	(800) 521-2651
EyeMed Vision Care (Group No. 1023534)	(866) 800-5457
Inquiries during the Annual Enrollment period	(866) 804-0982
MetLife Life and AD&D Insurance (Group No. 200799)	(800) 300-4296 <i>(Option 2)</i>
MetLife Short- and Long-Term Disability Plans (Group No. 200799)	(800) 300-4296
To file a claim	(800) 300-4296
Hyatt Legal (a MetLife Company) (Group No. 9902584)	(800) 821-6400
Aflac Group Accident, Group Hospital Indemnity, and Critical Illness plans (Group No. 23783)	(800) 433-3036
To file a claim, go to www.AFLACGroup.com . Select "File a Claim" and then "File a Wellness Benefit Claim online"	

For all matters related to Family Medical Leave,
contact MetLife at **(888) 284-3951**





Get Ready to Lean Into Your Benefits

This summary presents highlights of Jefferson County Commission's **BENEFITS4YOU** program. Start setting up for success by reviewing this book. Then, join us at an upcoming meeting, held online, at your convenience. You'll learn all about your options, get answers to your questions, and receive individual coaching — to select the plans that pull their weight for you!



This highlights piece is an overview of your 2022-2023 benefit options. It is not intended to be exhaustive. Should the text conflict with formal plan documents, the latter materials will apply. For more information about your benefits, see the materials posted on the Kronos enrollment site.