



Open Enrollment benefit changes can be made:

Online

<https://trustmark.benselect.com/enroll>

***NEW* Virtual Meeting**

To set up your virtual meeting:

<https://2021openenroll.as.me>

On Site

Certified benefit enrollers can be available at Lucas County departments to provide assistance.

Please note: Adherence to all COVID-19 guidelines from CDC will be enforced.

By Phone

Contact Strategic Enrollment Services at 419-930-5977

Additional information online:

You may access all Lucas County

Benefit/Wellness information online at

www.co.lucas.oh.us/index.aspx?nid=236.

Lucas County Employee Benefits

419.213.4211

employeebenefits@co.lucas.oh.us

Board of Lucas County
Commissioners

Tina Skeldon Wozniak, President
Pete Gerken
Gary L. Byers



Welcome to Open Enrollment 2021

January 4 - February 3, 2021

(Changes effective 3/1/2021)

This is NOT a Mandatory
Re-Enrollment Year



2021 Requirements:

Annual Physical Requirement

Every employee enrolled in any of the medical plans (Frontpath, Paramount HMO or Paramount PCMH) must have an annual physical. A \$500 health plan deductible will be applied to any employee who fails to have an annual physical by **December 31, 2021**.

Employees Enrolled in the Paramount PCMH Plan Must Comply With These Requirements:

1. Employee must complete an annual physical by **December 31, 2021** (Including routine blood tests as ordered by their physician).
2. Employee must complete a Partnership Agreement with their physician and submit to Paramount by **December 31, 2021**.
3. When recommended as part of your Partnership Agreement, employee must participate in mandatory educational nutrition counseling sessions at least twice during the plan year.
4. Employee must refrain from using tobacco or vape products or complete a smoking cessation program during the plan year.
5. **Any employee who does not meet all of the above requirements will not be eligible for this plan the following year.**

Flexible Spending Account (FSA)

Any employee who wishes to enroll in any Medical or Dependent Care flexible benefit plan **MUST** enroll in a new plan each year in order to have coverage.

What's NEW:

NEW Dental PPO Provider

Effective, March 1, 2021, the Dental PPO Plan through The Standard, will be replaced by Delta Dental, using the Delta Dental PPO network. Please verify your current dentist participates in the Delta Dental PPO network:

<https://www.deltadental.com/us/en/find-a-dentist.html>.

If you are currently enrolled in the Dental PPO through The Standard and do not make an open enrollment change to your benefits, you will automatically be enrolled in the Dental PPO option through Delta Dental. This does not affect employees enrolled in Traditional or Corner Dental Plans.

As always in the Dental PPO Plan, all dental services must be provided by a dentist participating in the Delta Dental PPO Network in order to receive the highest level of benefits paid.

McLaren St. Luke's Hospital

Effective January 1, 2021, McLaren St. Luke's Hospital will not be part of the provider network for both the Paramount PCMH and Paramount HMO plans.

Prescription Drug Use Review Program

The Prescription Drug Use Review Program is available to all enrollees in the Lucas County Drug Plan. Some of the advantages of enrolling include:

1. Lowest cost on prescription drugs.
2. 90 day supply of Tier 1 and Tier II medications at the 30-day supply co-payment.
3. Free test strips and lancets.
4. \$350 out of pocket cap on Tier II and \$500 on Tier III medications.

Reminders:

Payroll Deduction

The current payroll deduction of \$25/month for single medical coverage and \$50/month for family medical coverage will continue.

HRA

Health Risk Assessment must be completed by February 28, 2021 to avoid a \$500 deductible.

Spousal Coverage

Spouses are not eligible for primary medical coverage with Lucas County. Spouses are eligible for secondary medical coverage if enrolled primary in a qualified health plan that provides a minimum bronze level of coverage as designated by the Affordable Care Act. Spouses are welcome to enroll as primary in dental and prescription drug plans.

Emergency Room Co-Pay

The \$200 Emergency Room Co-Pay may be reduced on appeal to \$100 for those members who are referred to the ER by an Urgent Care Center or Promedica OnDemand.

TIMELY NOTIFICATION

It is your responsibility to notify Employee Benefits (on-line) within 31 days of any Qualifying Life Event during the plan year that affects your insurance coverage. Failure to comply will result in coverage being denied until next open enrollment period.