

Medical

Q. How do I add/delete a dependent (spouse) from my health coverage?

A. You may go online to print out the "Change Kit" (www.ocbenefits.com) for the forms that must be completed. All paperwork must be completed within 30 days from the date of the event.

Q. My dependent child just turned 19 years old this year. Can she/he stay on my medical coverage?

A. To remain eligible, he must not have reached the end of the calendar year in which he turned 25, he/she must be unmarried, living at home (or temporary residence at school) and qualifies as a dependent for federal tax purposes.

Q. My spouse lost his/her coverage through their company - can I add him/her on my coverage?

A. Yes - you may add your spouse on your coverage within 30 days from the date of event. Complete a "membership and record change" form found on www.ocbenefits.com.

Q. Do I have master medical under the Blue Preferred Plan (PPO), and if so what is covered?

A. Yes, you have a \$100 (1 person) and \$200 (family) deductible for durable medical equipment (wheel chairs, hospital beds) and out patient mental health. Also applies to physical and speech therapy after your 60 days are used under your basic coverage. Your co-pay is 10% (25% for mental health).

Q. If I go to an OBGYN one day for a routine exam and go to my Primary Care Physician for a routine physical the next day under the PPO, will both visits be covered?

A. No. Only one routine visit per year is covered. If the same doctor performs the routine physical and OBGYN exam in the same visit it is covered.

Q. Is the routine lab work covered?

A. No. Only the lab work connected with a routine PAP or PSA test is covered.

Q. What immunizations are covered under the Blue Preferred PPO and Blue Choice (POS)?

A. Polio, Measles, Tetanus Mumps, Rubella, Pertussis and Diphtheria up to the age of 6.

Q. What immunizations are covered under Health Alliance Plan?

A. All immunizations for all ages are covered except for the flu mist and RSV (respiratory syncytial virus), which is covered only when certain criteria are met.

Q. Please give me some examples of durable medical equipment.

A. Prosthetic and orthotic appliances, rental or purchase (whichever is less expensive) and repair.

Medical Continued

Q. If I had physical therapy for my shoulder and it's over the 60 consecutive days, and I now need physical therapy on my hands, would I get another 60 consecutive days?

A. Yes. They are two different conditions. It is very important with physical therapy to be sure the facility is an approved Blue Cross/Blue Shield facility and that your condition is eligible for coverage.

Q. If I have high vision and I have already used my vision coverage last year, must I wait exactly one year from the date of service?

A. You have to wait a minimum of one year from you last date of service.

Q. If I get married and my spouse has children under the age of 19 who will not be living with us, can they be added to my health insurance?

A. No. They have to be your dependent, live with you and claimed on your income taxes. Unless you have a court order with your name stating you have to supply health coverage.

Q. When can I change the beneficiary on my life insurance?

A. You can change your beneficiary at anytime.

Q. If I am a diabetic, are my supplies covered under my prescription coverage or the durable medical equipment?

A. The syringes and insulin are covered under your prescription coverage and the monitor is covered under your master medical for durable medical equipment.

Q. If I have a routine mammogram done and my doctor requests another one, is it covered?

A. If there is a diagnosis for the second mammogram, it would be covered.

Q. If my child is going away to college, are hepatitis (HEP-B) shots covered?

A. The HEP-B shots are not a covered benefit.

Q. I selected the "no coverage" option for health, why do I have a Blue Cross card?

A. The card is for vision only. You cannot opt-out of vision.

Q. Are hearing testing covered?

A. Hearing tests and hearing aids are not a covered benefit.

Q. Do we have mail order prescriptions?

A. Yes. Your doctor may write a prescription for a 3 month supply of a maintenance drug with 3 refills. This would provide you with a year's worth of medication.

Q. What is an emergency?

A. A life threatening situation for an unforeseen problem (example: car accident or broken leg).

Medical Continued

Q. If I leave the County when do my benefits end?

A. The last day of the month in which you worked.

Q. How long do I have to work before my County health coverage begins?

A. If you began work in January, your benefits will begin April 1st. If you began work in February, they will begin May 1st, etc.

Q. Can I add my mother to my health, dental and vision coverage? If so, is there any cost?

A. If you claim your mother as a dependent on your income taxes, you can add her to your health coverage only. There is a cost for the health insurance per month. Contact the Human Resources Department for more information.

Q. If I am actively working, why do I have to apply for Medicare part A?

A. When you reach 65, and are eligible for Medicare, but continue working, the federal government requires that you make a choice regarding your health coverage:

1. Continue Oakland County's health plan as primary, with Medicare as secondary coverage. Your health coverage would remain unchanged.

2. Medicare is primary coverage, without coordination of benefits by the County provided health insurance plan. In this case your benefits would change significantly

Q. Do we have pre-existing condition exclusion under our health coverage?

A. No.

Q. What happens to my health benefits if I am on leave without pay?

A. If you do not work one day in a month, you have to pay for your benefits. If your leave without pay is part of a family leave, payment is not required.

Q. Can part-time non-eligible employee have health, dental and vision coverage?

A. A part-time non-eligible employee can have health only. They must pay the premium to the Human Resources Department each month by check. Payroll deduction is not possible.

Q. If I am a part-time eligible employee and I pay for my benefits (normally $\frac{1}{2}$ the premium), do I have to pay for them while I am off or will the County take it when I return back to work?

A. If you pay for your benefits and are off work, you must contact Personnel to pay your premiums to keep the coverage in force.

Dental

Q. I do not have a Dental card, where can I order one?

A. Delta USA does not provide specific cards to employees. Please let your dental care provider know that you have Delta USA with the subscribers SSN and they will be able to get the information they need on your contract.

Q. How long does a part-time eligible new hire have to wait for dental coverage to begin?

A. They must wait one year from their date of hire.

Q. What happens if both my spouse and I have coverage through Delta Dental.

A. As long as you are each listed on the others contract, you may take advantage of the maximum benefit limit on each.

Vision

Q. Are contact lens exams covered under our vision?

A. Contact lens examinations are not a covered benefit.

Q. What is a Blue Cross/Blue Shield vision program Participating provider?

A. A participating provider is one who has an agreement with BC/BS to accept their payment (less your co-pay) for covered services. Your benefit for the eye exam and/or glasses will be substantially less at non-participating providers.

Q. How long does a part-time eligible new hire have to wait for coverage to begin?

A. They must wait six months from their date of hire.

Life Insurance

Q. Can I pay for life insurance for my family?

A. No. We only have life insurance for the employees.

Q. Can I purchase life insurance if I leave the County?

A. Yes. We have Conversion policies that you would need to complete 30 days from the date you retire or terminate. Rates are based on your age. You would pay Aetna directly.

COBRA

Q. What is COBRA?

A. This is an acronym for a federal law that requires employers to offer continuation of health, dental and vision coverage to employees and their dependents when certain qualifying events occur (e.g. separation from employment, divorce, a child is no longer eligible under your coverage).

Q. Must I pay for this coverage and what are the current rates for COBRA coverage?

A. Yes, if wish to continue coverage; you must pay the premium cost plus a small administrative fee. Since each plan varies, contact Employee Benefits for current cost information.

Q. What do I do once I receive the COBRA Enrollment packet?

A. After reading through your packet, list the eligible persons to be covered, sign, date and mail the Enrollment Form to the Personnel Department-Employee Benefits Unit.

Q. How soon is my coverage in effect after I send in the Enrollment form?

A. Coverage(s) are in effect as of the event date that you were eligible to receive COBRA coverage. So, even if an individual takes the full time allotted to send in the enrollment form and payment, they are covered retro back to their event date.

Health Care and Dependent Care Reimbursement Accounts

Q. When can I begin a reimbursement account?

A. Any eligible employee may elect the reimbursement account during open enrollment or during a qualified family status change.

Q. When I go off on short-term disability (STD), what happens to my health or dependent care reimbursement account?

A. It goes into an arrear for payroll and your per pay deductions will be increased upon your return to distribute the amount not taken over the remaining number of payrolls left in the year. You can also cancel the reimbursement account and restart it when you return from leave.

Q. What happens if I cancel my reimbursement account while I am on STD?

A. You will be unable to claim any expenses for the period in which it was cancelled. The positive side is you will not be responsible for paying the deductions that were missed as a result of your leave.

Short and Long Term Disability (STD and LTD)

Q. When does STD start?

A. If you are disabled and off work, STD begins paying the on the 8th calendar day from the date you first missed work. You cover the waiting period with your own leave time.

Q. When will I get my first check?

A. After the claim is received it takes Aetna approximately two to three weeks to process it.

Q. How generally does Aetna pay for the birth of a baby?

A. After your first week, which you cover with leave time, Aetna pays the next five.

Q. If I have 12 weeks a year for Family Leave for the care of a child, why do I only have 6 weeks after my disability for the birth of a baby?

A. There is 12 week maximum for Family Leave per calendar year. In this case, the first 6 weeks was for your own disability and therefore only 6 weeks remained in that calendar year for the care of the child.

Q. How much is taken out for State & Federal taxes and do taxes have to be deducted?

A. Federal tax can be 10 to 30% depending on the individual's tax bracket and State is 4.2%. No, taxes do not have to be deducted, but income will have to be claimed at the end of the year.

Q. How long is STD?

A. Up to six months.

Q. What if I'm off longer than 6 months?

A. It will then be considered for eligibility for LTD.

Q. Will I lose my health coverage if I go on LTD?

A. The County provides health, dental and vision coverage the first 6 months. It would depend on how many years of employment with Oakland County you have to determine if you are eligible for non-duty disability or regular retirement benefits.

Q. Will I lose my job if I go into LTD?

A. Your employment could be terminated. Each case is individually evaluated by the employees department and the Human Resources Department.

Q. If I go on long term disability (LTD) and cannot return to work, do I have life insurance? How long can I have the life insurance?

A. As long as you remain on LTD, life insurance will be continued. If you are permanently and totally disabled prior to age 60 and are approved by the life insurance company, life insurance will be continued until your death.