

NATURAL SELECT

IMPORTANT FOR 2010

- **In these tight economic times it is important to ensure that only eligible dependents are covered under your Natural Select benefits. Open Enrollment is the time to verify that you are only covering dependents that are eligible. Please review your Benefit Statement and ensure that only eligible dependents are being covered. Please refer to your Natural Select workbook for eligibility requirements.**
- The Blue Choice, Point-of-Service (POS) medical plan is discontinued as of January 1, 2010. If your current medical coverage is through this plan, you must use the website to choose another plan during open enrollment (don't forget to also complete forms A and F). If you do not choose another plan, you will automatically be enrolled in the Comprehensive Major Medical Plan (CMM) for 2010.
- If your child's 19th through 24th birthday is in 2009, you must verify their continuing eligibility for coverage by using www.ocbenefits.com during open enrollment **or** by completing Form E in your workbook. **It is not necessary for you to do both.** However, failure to do either will result in termination of their coverage effective January 1.

Visit www.ocbenefits.com to find all Natural Select enrollment materials and much more information.

If you wish to keep the same benefit options that you currently have, including your *Natural Select* Flexible Spending Health Care and/or Dependent Care Reimbursement Account, **you do not need to enroll.** See exceptions above.

To enroll via the Internet, our website is best viewed using Microsoft's Internet Explorer browser version 6.0 or higher. Access over the Web will be gained by typing www.ocbenefits.com. You will be using your Oakland County employee ID # in conjunction with a password for secure access to record your elections. Both of these are found on your Benefit Statement.

Remember, if you participate in a *Natural Select* Flexible Spending Dependent Care Reimbursement Account, take advantage of Oakland County's on-site childcare center, "Little Oaks." Rates vary depending on age and the number of days of care per week. For more information, contact them at (248) 858-2080.

Even with the competitive tuition rates offered by "Little Oaks", the cost of childcare for one child can easily exceed \$5,000 a year. Utilizing your Dependent Care

Reimbursement benefit under your *Natural Select* Flexible Spending Account program, you further reduce the cost. Depending on your tax bracket, it is not unreasonable to expect as much as \$1,000 in tax savings with participation in the DCRA program. Your *Natural Select* Flexible Spending Account program is discussed at greater length in your workbook.

Natural Select is designed to give you choices so that you may design a benefits program to fit the specific circumstances of your life. With *Natural Select*, you control what benefits you receive. If your life has changed, maybe your benefit choices should too!

In October, you will have the opportunity to make benefit elections for 2010 -- elections that reflect your changing individual and family needs.

YOUR BENEFIT CHOICES

Natural Select offers you choices in each of the following areas:

- Medical
- Life Insurance
- Dental
- Accidental Death & Dismemberment
- Vision
- Health Care Reimbursement
- Dependent Care Reimbursement

The elections you make will remain in effect throughout 2010, unless you have a qualifying status change event and report it to the Employee Benefits Unit of the Human Resources Department within 30 days of the change. Your *Natural Select* workbook provides more detailed information on your benefit choices.

If you do not receive your personalized enrollment package by Monday, September 28, 2009, please notify the Employee Benefits Unit of the Human Resources Department at (248) 858-0465 or (248) 858-5212.

Your personalized enrollment package will include your Benefit Statement (your password is near the top) and 2010 *Natural Select* Workbook.

ENROLLMENT PROCESS

NATURAL SELECT SCHEDULE AT A GLANCE	
September 21, 2009	Enrollment Packages with Workbook and Benefit Statement distributed
September 30, 2009	Web Site available 24 hours/day for enrollment starting Wednesday
October 14, 2009	Web Site closes Wednesday at midnight
October 20, 2009	Confirmation Statements distributed to those who enrolled on the Web Site.
November 6, 2009	No changes/corrections allowed to confirmation statements after this date
November 6, 2009	All forms due to Employee Benefits Unit
January 1, 2010	Effective Date of Plan elections

Enrollment is conducted through our Website at www.ocbenefits.com, which will be available 24 hours a day. Using a radio button format, just click on your choices. You will be able to perform “what if scenarios” and view your running costs before confirming your selections. You will be given a confirmation number which you will be able to print along with your selections in a summary format for your records.

Before enrolling, you should take the time to review your *Natural Select* Workbook and complete the Personal Reference Worksheet (Appendix G) in the back of the *Natural Select* Workbook. This worksheet will serve as your guide through the enrollment process.

Only if you enroll on the Website will you receive a personalized Confirmation Statement indicating your selections. Review your confirmation statement carefully. Be sure to contact the Employee Benefits Unit of the Human Resources Department to make any changes by November 6, 2009. No changes to your Confirmation Statement will be accepted after this date.

It is very important to enroll via our Website if you want to make changes to your benefits. If you do not complete your enrollment, **your current coverage and employee contributions WILL be continued for 2010 including your Health Care and/or Dependent Care Reimbursement Account** elections.

STATUS CHANGES

IRS regulations specify when flexible benefit plans may permit changes in elections. The rules affirm that only election changes that are consistent with the change-in-status event are permitted. All requests for changes in benefits as a result of a status change event must be reviewed and approved by the Employee Benefits Unit of the Human Resources Department.

Change-in-status events are limited to the following events:

- Change in legal marital status, including marriage, divorce, legal separation or annulment;
- Change in number of dependents;
- Termination or commencement of employment by the employee, spouse, or dependent;
- A reduction or increase in hours worked by the employee, spouse, or dependent (including a switch between part time and full time) in accordance with IRS guidelines;
- A dependent satisfies or ceases to satisfy the plan requirements for unmarried dependents (such as age limitations or graduation from college).

Refer to your workbook for more information on status change events and allowable plan changes.

REIMBURSEMENT ACCOUNTS

Your elections for the Health Care and/or Dependent Care Reimbursement Accounts must be made on a per-pay basis. The minimum per-pay amount is \$4 (\$104 per year). The maximum per-pay amount is \$192 (\$4,992 per year). Refer to your *Natural Select* workbook for more information on reimbursable expenses and limits on dependent care claims.

You now have the ability to view your Flexible Spending Account (FSA) balances and claims payment history online. Links to general FSA information, a savings calculator, and claim forms are all available at www.ocbenefits.com and www.myrsc.com for those who are enrolled in the FSA program.

YOUR WORKBOOK

You will find all the forms necessary to complete your benefits enrollment process in the appendix section of your workbook and on our Website. These include:

- Medical/Dental Form A: Complete this form if you are *changing* medical plans or enrolling in medical and/or dental from a “No Coverage” status.
- Other Coverage Verification Form B: Complete this form and return it to the Employee Benefits Unit of the Human Resources Department by October 30, 2009 if you selected a “No Coverage” option for medical and/or dental and you have not returned a form during a previous enrollment. **Your “No Coverage” option cannot be processed without an Other Coverage Verification (Form B) on file.**
- Aetna Life Insurance Statement of Health: Complete this Form C if you wish to increase your life coverage by more than one level.
- Membership and Record Change Form D: Complete this form if you are adding (i.e. a newborn) or deleting (i.e. a child no longer meets the eligibility criteria) from your current medical, dental and/or vision plan.
- If you do not utilize www.ocbenefits.com to verify the eligibility of your 19-24 year old dependents, you will be required to return Form E verifying your 19-24 year old child continues to meet the eligibility guidelines.
- Complete Form F to record your Coordination of Benefits information with BCBSM medical coverage.

This is just a brief summary of the upcoming enrollment. Please take the time to read through your *Natural Select* Workbook when you receive it. It is designed to provide the information you need to make an informed decision.



Remember, if you have any questions about your benefits, contact the Employee Benefits Unit of the Human Resources Department.