

# 2022 Plan Year: Benefit-Eligible Insurance Checklist

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

Employee Eligibility:  Initial Offer (New FT Hire or Status Change to FT)  Delayed Offer: Stability Period Ends \_\_\_\_\_

**Review and check-off of all items required first day of employment/status change.** Handouts are listed in bold, italic.

- Special Enrollment Rights (SER): Declining Initial Enrollment/Qualifying Events
  - Qualifying Events must be reported within 30 days of event (i.e., marriage, birth, adoption; divorce, death, loss of student status; changes in other insurance coverage – see page 7 of SPD).
  - Open Election Period: Nov. 15 to Dec. 15 - Eff. January 1: Allows employees to elect/change/terminate coverage without SER.
- Benefit Eligibility: **You are Benefit-Eligible effective** \_\_\_\_\_
  - Employee Eligibility Certification Process for new full time employees: Measures Hours of Service.
    - Monthly Method - Must meet 130 hours each month or coverage will terminate retroactive to the last day of the prior month.
    - Employee transitions to the Look-Back Method following completion of Standard Measurement Period. May take up to 24 months to transition depending on date of hire. **Measured Monthly through** \_\_\_\_\_
  - Eligibility Certification Process for Dependents/Spouses (primary coverage)/OBRA: Initial application and annually thereafter from Aug. 15 to Sept. 15 to certify for the following calendar year unless loss of eligibility.
- Collection of Premiums: **If electing benefits, premium collection will begin on check date** \_\_\_\_\_
  - Monthly payroll deduction for employee premium is split between the first and second pay dates of each month and may be collected on a pre-tax basis provided sufficient wages are available. Must self-pay if insufficient wages to collect via payroll deduction.
  - Spousal Premium is funded 100% by the employee.
- Available Benefits: Medical, Prescription, Vision, and Dental: Life Coverage = Mandatory: requires completion of Wellness Screening
  - Grandfathered Status: Grandfathered plans do not have to provide certain benefits including preventative care for free.
  - Deductible, Co-insurance, Co-payments, Networks, Schedule of Benefits, Precertification, Rx Formulary, Rx Savings Program
  - Plan Document & Forms: Information available online at <http://www.co.wood.oh.us/employee> or through group representative.
  - Coverage or Claim Issues: Contact the appropriate carrier at the toll free number provided on back of SPD.
  - Prescription Formulary: Be aware drugs move between tiers & may be removed from the formulary throughout the year.
- Wellness Programs: **Wellness Waiver** and program information
- Federal Notices: Documents are available on the employee website or through group representative.
  - **Marketplace Notice**, Summary of Benefits & Coverage (SBC), Uniform Glossary of Benefits
  - **Notice of Privacy Practices (HIPAA)**: Sign-off required by carrier to permit access to HIPAA information of family member.
- Enrolling/Waiving Coverage: **UNIVERSAL INSURANCE APPLICATION**: 30-day enrollment period
  - Required Forms/Information: Spousal/Dependent/OBRA Certification, COB information required for secondary coverage.
  - **WELLNESS SCREENING**: Free & confidential. Initial and follow-up visits are required within enrollment period. Spouse must complete if enrolling in any coverage. Current Primary Care Physician (PCP) \_\_\_\_\_
  - Individual Enrollment Summary (IEV): Sent following receipt of Universal Application to verify information. Review upon receipt and acknowledge information provided is accurate with signoff.
  - Identification Cards: Approx. 30 days. Interim medical services use SS# for ID: RX - purchase & request reimbursement.
  - **COBRA Notification**: Provided at initial enrollment/addition of dependent/termination. BCC mails required notification to home.
  - When separating service, Hours of Service for month may determine eligibility for the month of termination.

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I understand that my Universal Insurance Application with required forms and Wellness Screening confirmation are due to my Insurance Group Rep by 4:30 p.m. on: \_\_\_\_\_ (required within 30-day enrollment period). Failure to submit the Universal Application within the 30-day enrollment period will result in my loss of eligibility until the Open Election Period.

I acknowledge receipt of the 2022 Summary Plan Description and having been informed of all items noted above.

I acknowledge that completion of the mandatory wellness screening is required within my 30-day enrollment period.

I further understand that additional information may be obtained by referencing the Plan Document.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Group Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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Group Rep to forward original checklist, Universal Application, wellness screening confirmation & applicable forms to BCC. Provide employee a signed copy.

# 2022 Plan Year: Benefit-Eligible Employee Mandatory Wellness Screening



The Wood County Employee Health Benefits Plan requires all benefit eligible employees to complete a confidential, free wellness screenings during their 30-day enrollment period. The screenings must be completed within 30 days of employment or employment status change that offers benefit eligibility.

**Spouses requesting enrollment in the Plan as primary or secondary are also required to complete a screening during the 30-day enrollment period.**

**Failure to participate in the screening and follow-up coaching within the 30-day enrollment period or employment status change will result in the loss of eligibility under the Health Benefits Plan.**

If your group representative does not advise you of your appointment time, you are required to contact Ready Works to schedule your appointments. Ready Works is open Monday through Friday 8 a.m. to 4:30 p.m.

Ready Works is located in the Wood County Hospital Medical Building: 960 West Wooster Street, Suite 201

### **Employee**

**Initial Visit (Fasting Blood Draw):** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Follow-Up Meeting with Wellness Coach:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **Spouse - Required if requesting primary or secondary coverage**

**Initial Visit (Fasting Blood Draw):** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Follow-Up Meeting with Wellness Coach:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Failure to attend an appointment will result in a charge to the employee.** This fee is not applicable if notification is provided to Ready Works at least 24 hours in advance of the appointment.

To schedule or reschedule an appointment call 419.354.8987.

These screenings help identify potential risk factors so you are informed of your health status and can make better choices regarding your health and wellbeing. The screenings are performed by Ready Works at the Wood County Hospital and include two appointments.

An initial visit requires completion of a health risk assessment prior to your initial appointment, along with screenings for blood pressure, coronary risk (including cholesterol with LDL, HDL, and triglycerides), blood sugar, occult blood, bone density, and sun damage. Fasting is required for this visit.

A follow-up visit is required to receive your screening results with a wellness coach. By reviewing your personal information and risk factors, you will be encouraged to set personal goals for yourself and learn ways to be more proactive about your health through the available Wellness Programs. Results of the screening are not shared with the Plan.

## **Preparing for Your Screening**

Prior to your screening appointment, you will receive an email from Wellsource with login instructions for your Health Risk Assessment. Click the link in the email and set your password. Then, log in and complete the assessment. It will take 10-15 minutes to fill out. Please complete the assessment prior to your screening appointment. If you need help, call 419.354.8987.

**Do NOT eat or drink 8 to 10 hours prior to your Initial screening appointment.**

Bring this page to your initial appointment.