

COVERAGE COSTS PER MONTH

COVERAGE TYPE	SINGLE	FAMILY
MEDICAL/VISION	\$34	\$262
DENTAL	\$9	\$24
IF YOU DECLINE MEDICAL/VISION AND OPT FOR <u>DENTAL ONLY</u> THE RATES ARE:	\$20	\$36

Your coverage is effective on the 1st of the month following 120 calendar days from your date of hire. Premiums are paid **one month in advance** which means that January coverage is due in December. Monthly premiums will be split into bi-weekly payments. Two months out of the year we will receive three pays and insurance premiums **do not** come out of that third pay.

If you have any questions concerning your deductions or effective date of coverage, please feel free to call Lisa Burroughs in the Auditor's office at 474-9592.

INSTRUCTIONS FOR ENROLLMENT OR DENIAL OF COVERAGE

TO ENROLL IN COVERAGE:

- You will need to complete an enrollment/change form and return it to the Auditor's Office.
- Once your insurance information is sent to Franklin County, they will update it and mail you an enrollment worksheet that provides you with information needed to access the website.

ONCE YOUR ENROLLMENT WORKSHEET:

You will need to get onto the internet and enroll yourself for coverage. **You will not have coverage unless you enroll yourself on the www.eelect.com website.** You must enroll on the website within **30 days of your date of hire.** If you have problems getting enrolled through the website, you will need to call Lisa Burroughs at (740)474-9592.

On the website there will be the option for both Dental and Medical/Vision. **Both plans are PPO.** Be sure to update your information and print a confirmation statement for your records. Franklin County will send your new medical and dental cards to you in the mail. There is **not** a card for the Spectra (Vision) coverage.

TO WAIVER COVERAGE:

You will need to complete sections **A, C and F** and sign section **G** on the enrollment/change form and return the application to the Auditor's Office.

You will still need to go online to the www.eelect.com website and deny coverage and print out a confirmation statement for your records.



You can choose **both** the Medical/Vision and Dental **or choose one or the other.** The coverage can also be **Single** or **Family** for **either** coverage.

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR APPLICATION, PLEASE FEEL FREE TO CALL LISA BURROUGHS IN THE AUDITOR'S OFFICE AT 474-9592.

Frequently Asked Questions & Contact Information

TO CORRECT EMPLOYEE INFORMATION: (i.e. name, address, etc...) Send new information to Lisa Burroughs in the Auditor's office. This **cannot** be done online.

TO CHANGE YOUR DEPENDENT ELIGIBILITY: (i.e. add/delete a dependent, register a birth, marriage, etc...) Make the change online at www.eelect.com **AND** complete an enrollment/change form to send with the appropriate documentation to Lisa Burroughs. The information will then be sent on to the Franklin County Benefits Department.

IF YOU HAVE A QUESTION ABOUT A CLAIM: First check that your enrollment information is correct on the www.eelect.com website. Then do the same in the following provider website (see below). If you are properly registered in the system, then call the appropriate provider about your claim:

ENROLLMENT: Coresource at www.eelect.com

MEDICAL COVERAGE: United Healthcare at 1-866-844-4869 or <https://www.myuhc.com>

DENTAL COVERAGE: Aetna at 1-877-238-6200 or <https://www.aetna.com>

VISION COVERAGE: Spectera at 1-800-638-3120 or <https://www.spectera.com>

PRESCRIPTIONS: Catalyst Rx at 1-800-997-3784 or <https://www.CatalystRx.com>

MENTAL HEALTH / EAP: 614-337-7001 or <https://www.mcbh.com>

IF YOU STILL NEED HELP: Call Lisa Burroughs in the Auditor's Office at 474-9592. If she is unable to help you, she will direct you to the appropriate person at Franklin County Benefits.

Please remember, the only cards you will receive in the mail are your United Health Care (medical) card, your Aetna (dental) card, and your Catalyst Rx (prescription) card.

For Spectera (vision) you will need to visit their website or call the number listed above to find a provider.