



# 2018 | Benefits Enrollment



# 2018 Benefits Enrollment

## Oct. 16-29, 2017

Dear Ohio Healthcare Plan Participant:

Open Enrollment for Benefits is **Oct. 16-29, 2017**. Employees will be able to use an online registration system to confirm their benefits. This system will be available during Open Enrollment for employees to select their coverage. This **mandatory** enrollment process is required under the terms of Internal Revenue Code Section 125. All employees must complete the enrollment process, regardless of whether or not they elect to change their benefits.

To help you prepare for benefits enrollment, here is a preview of what you should expect.

### Enrollment Process: Mandatory for All Benefit-Eligible Employees

Ohio Healthcare Plan knows how important benefits are to you and your family, so we will continually work at evaluating and updating the programs we offer. We are committed to providing information to help you make informed decisions.

Employees will receive enrollment instructions. If you have any questions or concerns, please contact your employer's benefit specialist.

### Open Enrollment

To begin open enrollment, please visit **ohp.benelogic.com**. To access this site, employees should use their ESC email address and password.

# What's New for 2018?

## New network

- Effective January 1, 2018, the ESC of Central Ohio's medical plan will use the **Aetna** PPO network. Aetna is one of the largest provider networks in the country, serving more than 36 million people and containing over 820,000 health care professionals, 478,000 primary physicians and specialists and over 4,700 hospitals.

## New third-party administrator

- Beginning January 1, 2018, **Allied Benefit Systems** will be the new third-party administrator for the medical benefits program.

## Revised plan options

- Medical coverage options have been condensed to one PPO option and one high deductible option.

## Change in provider for Accident and Critical Illness plans

- Accident and Critical Illness plans are now with **The Hartford**.

## Change in support for Trustmark Universal Life product

- The Universal Life plan through Trustmark will no longer be supported as a voluntary benefit option. Employees who have subscribed to the Universal Life product will be billed directly by Trustmark. Further instructions on how to set up direct billing with Trustmark will be mailed to current subscribers.

## Medical premium change

- Due to the rising cost of healthcare and insurance coverage, medical insurance premiums will increase by seven percent for the 2018 benefit year.

# Information Page

The 2018 Benefits Enrollment booklet was created so that all ESC/COG employees would have a single document to review all benefits. The Benefits department also wanted to make sure that all employees had a chance to educate themselves before the start of open enrollment, which is mandatory for all benefit-eligible employees.

Below you will find a list of customer service numbers for each benefit administrator:

## Allied Benefits (medical)

800.288.2078  
www.alliedbenefits.com

## Delta Dental (dental)

800.524.0149

## Ameritas (vision)

800.659.2223

## The Hartford (life, disability, critical illness and accident insurance)

877.778.1383

## Chard Snyder (flexible spending account)

www.chard-snyder.com  
800.982.7715

## HelpNet

www.helpneteap.com  
user name: esc  
password: employee  
800.969.6162

# Core and Voluntary Benefits

Below, employees will find a list of the providers and benefits available during open enrollment:

## Core Benefits

### Allied Benefits

- Medical and Prescription Drug

### Delta Dental

- Dental

## Voluntary Benefits

### Ameritas

- Vision

### Chard Snyder

- FSA (Flexible Spending Account, Health Care and Dependent Care) - plan year runs Jan. 1, 2018, through Dec. 31, 2018.

### The Hartford

- Group Term Life Insurance, Accidental Death Insurance
- Disability Insurance (short-term, long-term)
- Critical Illness Insurance
- Accident Insurance

## Core Benefits available to all employees

HelpNet Employee Assistance Program

# Frequently Asked Questions

**Q: Can an employee change benefits coverage at any time?**

**A:** No. There are only two occasions when an employee can change (add or drop) their benefits coverage:

- During open enrollment
- Within 30 days of a “qualifying event”

**Q: What is a qualifying event?**

**A:** A qualifying event is a change in a person’s life that creates the need to add, drop, increase or change coverage. Examples of qualifying events include:

- Marriage or divorce
- Birth or adoption
- Spouse losing coverage

Check with the benefits department to determine if that employee’s situation is a qualifying event.

**Q: How much time do employees have to submit a request to change coverage after a qualifying event?**

**A:** Employees must submit their request for change to the benefits department within 30 days of the qualifying event. Otherwise, the employee will have to wait until the next open enrollment period to change coverage.

**Q: How long is an employee’s child eligible to stay on their insurance?**

**A:** An employee’s child may remain on their medical, dental and vision insurance up to age 26.

**Q: When will employees receive their identification cards?**

**A:** Generally within two weeks after the date coverage takes effect, employees will receive their medical and dental ID cards in the mail. Check the card(s) right away to make sure the coverage is correct.

# Medical Insurance Coverage

<i>Amounts shown are what you pay for in-network benefits.</i>	<b>PPO</b>	<b>HDHP/Bronze Plan</b>
<b>Preventative Care</b>	Preventative services covered 100% for all plans	
<b>Annual Deductible</b>  <i>This is the dollar amount you must pay first in a year before the plans begin paying specified benefits.</i>	\$750/person \$2,000/family  You do not have to meet the deductible before copays apply.	\$1,500/person \$3,000/family  You must meet the deductible before the prescription copays apply.
<b>Maximum Out-of-Pocket</b>  <i>Includes deductibles and copays. This is the most you will pay toward your in-network expenses.</i>	\$3,500/person \$7,000/family	\$2,500/person \$5,000/family
<b>Doctor Office Visit</b>  <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health and chiropractor.</i>	\$25 for primary care \$50 for specialist	\$0 after deductible
<b>Urgent Care</b>	\$50 copay	\$0 after deductible
<b>Emergency Room</b>	\$250 copay (waived if admitted)	\$0 after deductible
<b>Inpatient Hospital and Outpatient Surgery</b>	20% after deductible	\$0 after deductible
<b>Prescription Drugs</b>	Deductible does not apply	After the deductible is reached
<b>Retail-30 day supply</b>	\$10 generic \$35 formulary brand \$60 non-formulary	\$15 generic \$30 formulary brand \$60 non-formulary
<b>Mail Order- 90 day supply</b>	\$25 generic \$87.50 formulary brand \$150 non-formulary brand	\$25 generic \$87.50 formulary brand \$150 non-formulary

# Medical Insurance Rates\*

## PPO plan

Single	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$138.40	\$69.20	\$346.00	\$173.00
Board pays	\$553.60	\$276.80	\$346.00	\$173.00
<b>Total</b>	<b>\$692.00</b>		<b>\$692.00</b>	

Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$366.60	\$183.30	\$916.50	\$458.25
Board pays	\$1,466.40	\$733.20	\$916.50	\$458.25
<b>Total</b>	<b>\$1,833.00</b>		<b>\$1,833.00</b>	

## HDHP plan

Single	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$123.20	\$61.60	\$308.00	\$154.00
Board pays	\$492.80	\$246.40	\$308.00	\$154.00
<b>Total</b>	<b>\$616.00</b>		<b>\$616.00</b>	

Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$326.60	\$163.30	\$816.50	\$408.25
Board pays	\$1,306.40	\$653.20	\$816.50	\$408.25
<b>Total</b>	<b>\$1,633.00</b>		<b>\$1,633.00</b>	

\* Insurance rates are calculated on a **monthly** basis.



## Core Benefits

# Dental Insurance

For verification of eligibility please refer to the telephone number on the employee's identification card.

Call this number to verify eligibility for plan benefits before the charge is incurred.

Please read the section Alternate Treatment in the Dental Plan. Please visit [www.escco.org](http://www.escco.org), where you will find this document under Forms & Files, then Benefits. Employees will need to follow this section or reimbursement from the plan may be reduced.

### DENTAL CARE BENEFIT SCHEDULE

DENTAL CARE BENEFIT	
MAXIMUM BENEFIT AMOUNT	BENEFIT
For Class A – Preventive, Class B – Basic, and Class C – Major	\$1500 per Benefit year
For Class D – Orthodontia (For Dependent Children under age 25 Only)	\$1,000 per Lifetime
COVERED CHARGES	
Classes of Benefits	Percentage Payable
Class A Services - Preventive	100%
Class B Services - Basic	80%
Class C Services - Major	70%
Class D Services - Orthodontia	50%

*Dental expenses under the dental benefits section of this plan do not apply to the benefit year deductible or to the out-of-pocket maximum under the medical portion of this plan.*

## Rates for Dental Benefits

Single or Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$18.00	\$9.00	\$45.00	\$22.50
Board pays	\$72.00	\$36.00	\$45.00	\$22.50
<b>Total</b>	<b>\$90.00</b>		<b>\$90.00</b>	

Insurance rates are calculated on a **monthly** basis.

## Voluntary Benefits

# Vision Insurance Coverage

### Focus® Plan Summary

Effective Date: 1/1/2017

	VSP Choice Network	Out of Network
<b>Deductibles</b>		
	\$15 Exam	\$15 Exam
	\$15 Eye Glass Lenses or Frames*	\$15 Eye Glass Lenses or Frames
<b>Annual Eye Exam</b>	Covered in full	Up to \$45
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$30
<b>Bifocal</b>	Covered in full	Up to \$50
<b>Trifocal</b>	Covered in full	Up to \$65
<b>Lenticular</b>	Covered in full	Up to \$100
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>	Member cost up to \$60	No benefit
<b>Elective</b>	Up to \$130	Up to \$105
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frames</b>	\$130	Up to \$70
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/12 Based on date of service	12/12/12 Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

### Lens Options (member cost)\*

	VSP Choice Network	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
	\$33 adults	
<b>Solid Plastic Dye</b>	\$15	No benefit
	(except Pink I & II)	
<b>Plastic Gradient Dye</b>	\$17	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	\$31-\$82	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

### Monthly Rates

<b>Employee Only (EE)</b>	\$ 8.90
<b>EE + 1 Dependent</b>	\$13.44
<b>EE + 2 or more Dependents</b>	\$23.84

## Voluntary Benefits

# Vision Insurance Rates

Rates for Vision Benefits (full-time and part-time employees)

Vision Benefits	
Employee	\$8.90
Employee +1	\$13.44
Employee +2 or more dependents	\$23.84

Insurance rates are calculated on a **monthly** basis.

# Flexible Spending Account (FSA)

A Flexible Spending Account, or FSA, allows an employee to set aside a portion of their income, before taxes, for approved healthcare and dependent care expenses. Benefits of an FSA include:

- Helping budget and pay for approved expenses over the course of the plan year.
- Increasing take-home pay because the FSA contribution reduces tax liabilities.
- Creating financial flexibility because the total medical FSA pledge amount is available at any time during the plan year.

## Getting Started

During open enrollment, an employee may choose the amount of money to be deducted from their paycheck for contribution toward a FSA. The maximum amount of money an employee can contribute is \$2,600 for medical savings and \$5,000 for dependent care.

## Debit Card

The ESC/COG offers a debit card that can be used virtually everywhere that Visa and MasterCard are accepted. This allows payments to be deducted directly from the FSA account, eliminating paperwork and reimbursement wait time.

## FSA or child care: Which is better for a tax return?

The same dependent care expenses that qualify for the FSA are eligible for a federal income tax credit. Employees cannot use both tax advantages for the same expenses, though they may be able to take a tax credit for expenses they do not pay through the FSA. Other tax credits, such as the Earned Income Credit (EIC) can be affected by using the FSA. Depending on an employee's income level, the EIC may either increase or decrease if they incur a salary reduction to contribute to the FSA plan. Employees should consult a tax advisor to confirm which would be best.

# Flexible Spending Account (FSA)

## Qualified Medical Expenses\*

Any medical/dental/optical expense incurred during the plan year for the employee, their spouse or dependents may be paid through the employee's medical FSA, such as:

- Acupuncture
- Alcohol/drug treatment
- Ambulance
- Blood pressure monitoring devices
- Body scans
- Chiropractors
- Christian Science practitioners
- Contact lenses and solution
- Deductibles and co-pays
- Dentures
- Diabetic supplies and insulin
- Emergency room co-pay
- Eye exams and eyeglasses
- Fertility treatment/drugs
- Guide dog
- Hearing exams/aids
- Lab fees
- Lasik eye surgery
- Learning disability tuition
- Obesity program fee
- Office visit co-pays
- Orthodontia
- Ostomy products
- OTC drugs with prescription
- OTC medical supplies
- Oxygen
- Prescription drugs and co-pays
- Prescription sunglasses
- Psychological counseling
- Smoking cessation program
- Vaccines
- Vasectomy

*\*This list is not comprehensive. Internal Revenue Code 213(d) defines expenses eligible for reimbursement.*

## Qualified Dependent/Child Care Expenses

Expenses for the care of a dependent that enable the employee and/or their spouse to work qualify. The maximum amount that they can contribute to a Dependent Care FSA is \$5,000 in a calendar year or \$2,600 if they are married and filing a separate tax return.

- Day care or babysitting for an employee's child under age 13.
- Services that can be provided in the home or in another location (such as a day care center). Service must be for the physical care of the child, not for education.
- Qualified expenses include costs for adult day care (such as spouse or dependent parent). The adult dependent must reside with the employee and regularly spend at least eight hours per day in their home.
- The election cannot be greater than their spouse's income or one half their joint income, whichever is smaller.
- An employee must supply the care provider's name, address and employer identification number or social security number with the reimbursement claim.
- An employee will be reimbursed up to the current balance in their account when submitting a claim.

## Voluntary Benefits

# Life Insurance Disability Insurance

### Group Term Life and Accidental Death Insurance\*

Basic group term life insurance in the amount of \$50,000 is provided to all full-time employees at no cost.

In addition to the group term life provided by the ESC/COG, employees have the opportunity to purchase additional term life protection up to five times their annual salary not to exceed \$500,000, whichever is less. No medical questions are asked for amounts up to \$150,000 if the employee enrolls when they are first eligible.

Employees also have the option to cover a spouse up to 50% of what the employee elects up to \$25,000 and children up to \$10,000.

### Accidental Death and Dismemberment (AD&D)

AD&D coverage provides benefits due to certain injuries or death from an accident. The covered injuries or death can occur up to 365 days after the accident.

### Disability Insurance (short-term, long-term)\*

Voluntary short- and long-term disability insurance from The Hartford provides employees with the security of knowing a paycheck will not stop if they have an extended disability due to illness or accident. This program provides 60 percent of the monthly salary up to a maximum of \$5,000 with two options for both short- and long-term coverage with benefit duration periods from nine weeks up through social security full retirement age.

Disability insurance does have a pre-existing condition period of 3/12. This means that if an employee was treated for a medical condition three months prior to the effective date, it will be considered a pre-existing condition and will not be covered unless they are treatment free for 12 months after the effective date of coverage.

*\*This information is not intended to be a complete description of the insurance coverage available. The policy has exclusions and limitations, which may affect any benefits payable. The online benefits portal can give complete details of the coverage and availability.*

# Critical Illness Insurance

Facing a critical illness is difficult. There is so much to think about - from deciding between treatment options to managing the family's everyday needs to maintaining financial and emotional stability.

Hartford critical illness insurance can provide immediate financial relief from the overwhelming expenses of a serious illness, such as a heart attack, stroke or cancer. It pays a lump-sum cash benefit when an employee is diagnosed with a covered illness easing financial worries.

### What's covered?

- Heart attack
- Stroke
- Renal (kidney) failure
- Coma
- Loss of hearing
- Major organ transplant
- Coronary artery by-pass surgery (25 percent benefit)
- Cancer

### Health Screening Benefit

The Health Screening Benefit pays the cost of one screening test per calendar year (up to \$50 or \$100 maximum). Some of the many screening tests covered include:

- Low dose mammography
- Pap smear (women over 18)
- Serum cholesterol
- Prostate specific antigen

### Features:

- Single cash benefit: Choose a benefit from \$10,000 to \$50,000. Amounts vary by state.
- Guaranteed Renewable: Guaranteed active coverage to age 100, as long as premiums are paid. Premiums may change if the premium for all policies in an employee's class changes.
- Level Premiums: Enjoy rates that don't increase because of age.
- Hospitalization-Treatment: Not required to collect benefit. Benefit payment comes after diagnosis.
- Family Coverage: Apply for spouse, children and dependent grandchildren.
- Convenient Payroll Deduction: No bills. No checks. A direct bill option is available when an employee changes jobs or retires.

# Accident Insurance

Hartford accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports related and household ones. It provides cash benefits to help cover things health insurance doesn't, such as:

- Deductibles
- Co-payments
- Transportation and lodging costs
- Everyday bills and more

What's more, benefits come directly to the employee without any restrictions on how they are used. Unexpected accidents are unpredictable, but employees can protect their family from the expenses accidents bring with them.

### 24 hour coverage with benefits for:

- Initial Care Benefits: Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery, emergency dental.
- Injury Benefits: Burn; concussion; dislocation; eye injury; fracture; ruptured disc; joint replacement; rotator cuff injury; laceration; hernia repair; torn knee cartilage.
- Follow-up Care Benefits: Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation.

### Benefits:

- Benefits paid directly to the employee without any restrictions on how they can be used.
- Benefits are paid to employee regardless of any other coverage.
- Guarantee Issue: There are no medical questions to answer, but a spouse must answer a disability question.
- Level Premiums and Benefits: Renewable as long as premiums are paid.
- Family Coverage: Apply for spouse, children and dependent grandchildren.
- Convenient Payroll Deduction: No bills. No checks.



## Core Benefits available to all employees

# HelpNet

### Work-Life Programs - [www.helpnet.eap.com](http://www.helpnet.eap.com)

Click on “Work-Life Programs” in upper right corner

- Username: esc
- Password: employee



Free online access to a wide range of resources on topics of interest to the employee and members of their household - all available on one website.

- Articles on balance, parenting, wellness, grief, relationships, career skill-builders, and more. Spanish language available.
- Seminars with featured monthly themes, such as *Getting Organized*, *Handling Bullies at Any Age*, *Improving Sleep*, *Strengthening Work Teams*, *Parenting and Communication*.
- Savings center with free registration using the company code **Advantage** for 25-70 percent discounts off regular retail prices.
- Relocation assistance provides community information on demographics, home sales, school districts, school reports, places of worship, up-to-date maps and more.

### Personal Counseling - 1.800.969.6162

Solution-focused brief therapy (1 to 6 sessions) at no cost for the employee or members of their household.

- Counseling provided for marital and family issues, addictions, emotional problems, career issues, relationships, aging parents, stress/anxiety, depression, and life enrichment techniques.
- Available 24 hours a day, 7 days a week, 365 days a year.
- All services are strictly confidential. Call anytime.

### Legal, Financial and ID Recovery

The employee and members of their household can receive telephonic consultation when a legal issue, financial matter or an instance of identity fraud disrupts life. Through professional consultation, these programs can save time, while providing valuable information, support and peace of mind.

- Legal Assist provides access to qualified legal advice and council, either by phone or in-person, as determined by the need.
- Coverage is available nationwide.
- Consultations are free, half-hour sessions with an attorney qualified to handle the issue.
- Receive a 25 percent discount on hourly attorney fees if representation is required.
- Valuable legal resources are available online as part of the work-life website.

# Get a checkup → get a check

Your health is worth a lot.  
Earn \$150 just for keeping  
it on track!

## How it works:

- All employees enrolled in the medical plan may participate.
- Schedule a preventative care checkup with your primary care provider between January 1 and December 31, 2018.
- Approximately 4-6 weeks after your visit you will receive \$150.\*



\*The amount will be added to your regular paycheck and is subject to applicable taxes.



Important

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