COLUMBUS CITY SCHOOLS

2020 EMPLOYEE BENEFITS ENROLLMENT GUIDE

OPEN ENROLLMENT
OCTOBER 8th- 25th, 2019

DID YOU KNOW?

Dependents are now being verified through a third party administrator HMS? If you are adding a new dependent to your benefit plan, be on the lookout for an email from HMS with verification instructions.

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BENEFITS CONTACTS

Benefit Plan	Carrier/ Administrator	Contacts	Website
Medical	UnitedHealthcare	1-844-210-6436	www.myuhc.com
Prescription Drugs	Express Scripts	1-866-533-7005	www.express-scripts.com
Dental	Delta Dental	1-800-282-0749	www.DeltaDentalOH.com
Vision	Vision Service Plan (VSP)	1-800-877-7195	www.VSP.com
Basic Term and Supplemental Life Insurance	The Hartford	1-888-563-1124	www.thehartford.com/ employee-benefits/claims
Flexible Spending Account	Discovery Benefits	1-866-451-3399	www.discoverybenefits.com
Employee Assistance Program (EAP)	Guidance Resources	1-800-774-6420	www.guidanceresources.com
Term to 100 Life	Allstate	1-800-521-3535	www.allstatebenefits.com/ mybenefits
Short Term Disability (STD)	Voya	1-866-228-8742	www.voya.com
Critical Illness Insurance	Voya	1-877-236-7564	https://claimscenter.voya.com/ static/claimscenter/
Accident Insurance	Voya	1-877-236-7564	https://claimscenter.voya.com/ static/claimscenter/
Legal Insurance	LegalEASE	1-888-416-4313	http://vsc-legalease.com
Pet Insurance	Nationwide Insurance	1-877-PETSVPI	www.eb.petinsurance.com
Voluntary Benefit Enrollment	US Enrollment Services	1-800-735-0080	https://ccs.mybenefitsinfo.com
Dependent Verification	HMS	877-223-8478	www.VerifyOS.com
CCS Benefit Department	Columbus City Schools	Benefitquestions @columbus. k12.oh.us	https://www.ccsoh.us/ employeebenefits

EMPLOYEE CHECKLIST

- [ ] **READ** this booklet to understand the benefits that are available to you and your family.
- [ ] **VERIFY** personal information in Employee Self Service to ensure benefit vendors receive your correct information.
- [ ] **ENROLL** in 2020 Core Benefits, within 30 days of hire/ life event, through Employee Self Service (ESS); choose to meet in person, over the phone, or in ESS during Open Enrollment. Enrollment.
- [ ] **ELECT** Voluntary Benefits, within 30 days of hire/ life event, by calling US Enrollment Services; choose to meet in person or enroll over the phone during Open Enrollment.
- [ ] **GATHER** dependent social security numbers and eligibility documents to verify new dependent enrollments.
- [ ] **REVIEW** core and voluntary benefit election confirmation statements to ensure that your elections are correct.
- [ ] **SUBMIT** dependent eligibility documents to HMS within 30 days of notice.

HOW TO ENROLL

1 OVER THE PHONE

- Visit https://ccs.mybenefitsinfo.com
- Click on the Call Center option.
- Follow the prompts to select your appointment date/ time between 10am and 6:30pm ET.
- You will receive a confirmation email, coming from a secure email address, with a phone number to the Call Center.
- You must be able to access Employee Self Service (ESS) on a computer at the time of the appointment and be able to print a copy of your ESS confirmation statement for your records.
- During the co-browsing sessions, both you and the Benefit Specialist are able to see the same screen at the same time.

2 IN PERSON

- To schedule a time at your building or at an open lab*, please visit: https://ccs.mybenefitsinfo.com
- Choose your desired location and follow the prompts to select your appointment date and time.

  * Don't forget that open labs are for walk-ins too!

3 EMPLOYEE SELF SERVICE

- Visit: columbus.munisselfservice.com
- Click on the Benefits Tab on the left side of the screen to make your elections.

  (Voluntary Benefits enrollments/changes/ terminations are not available via ESS)

ENROLLMENT DEADLINE:
October 25, 2019

Regardless of the method chosen to enroll, you are ultimately responsible for ensuring that the enrollment is correct and submitted by October 25, 2019.

WHAT YOU NEED TO KNOW

WHO'S ELIGIBLE?

Eligible Employees	Ineligible Employees
Full-time employees	Temporary employees
Part-time classified working at least 20 hours per week	Part-time employees working less than 20 hours per week
Part-time (0.5) Certificated employees	Summer school employees
Latchkey teachers	Part time hourly teachers (i.e. LLI, Read 180, Home Instruction)
Tutors scheduled for a minimum of 15 hours per week	Substitutes (except for long term substitute teachers)
ACA eligible employees (not normally benefits eligible but, worked an average of 30 hours per week over the course of the year)	

HOW TO ENROLL, CHANGE, OR WAIVE COVERAGE DURING OPEN ENROLLMENT

Existing Employees

During Open Enrollment, you **MUST** enroll or waive coverage; coverage begins January 1, 2020. You can enroll through ESS or with a Benefits Specialist. (See **page 5** for additional information)

If you elect to <u>waive benefits coverage</u>, you will need to decline benefit coverage in ESS.

New Hires

(Between January 1 and October 1, 2019)

You must enroll twice – If you enrolled in benefits for 2019, you will need to reconfirm your elections for 2020 through ESS.

New Hires (After October 1, 2019)

<u>If you are a new employee</u>, during your first 30 days of employment, you will have an opportunity to enroll in core and voluntary benefits by completing your elections in ESS. Benefits begin on the first of the month following 30 days of employemmt.
No action is required for Open Enrollment. Your core and voluntary benefits will roll over automatically.

When Coverage Begins

- If you are a new hire, have transferred into a benefits-eligible position, or returned from an unpaid leave of absence and let your benefits coverage lapse, you will need to make your elections within 30 days of your date of hire, transfer, or return to work date.
    - Benefits will be effective on the first day of the month following 30 days of employment.
- For other changes, like qualifying events, benefits are effective on the date of the event. For more information about qualifying events, refer to the Making Mid-Year Benefit Changes section on the next page.
- Open Enrollment benefit elections begin on January 1, 2020.

Making Mid-Year Benefit Changes

Qualifying events (Life or Job Status Changes) provide a 30-day eligibility period for employees to add or drop dependents and make changes to benefit coverage. If a qualifying event occurs, you must report the event in ESS under the benefits tab. **Please note that new dependents added to benefits will need to verify their eligibility through HMS.**

When Coverage Ends

Benefits coverage end dates are based on employment types. See chart below for details.

	CEA/ CAA Members	OAPSE/ CSCSA Members
Terminations/ Resignations	Benefits will end on the last day of the month of your last paycheck date.	Benefits will end on the last day of the month of your last day worked.
Retirements	Core benefits will terminate on the last day of the month indicated on the Payroll and Deduction Schedule corresponding to the last date of paid benefit contributions.	
Overage Dependents	• Medical and Vision - Benefits end at the end of the month of your dependent's 26th birthday • Dental - Benefits end on your dependent's 23rd birthday	
Voluntary Benefits	Call US Enrollment at 1-800-735-0080 to terminate voluntary benefits.	

Unpaid Leave of Absence

If you choose to maintain benefits coverage while on an unpaid Leave of Absence, you are required to pay 100% of the total cost (both employee and employer shares) unless you are covered by FMLA. The Benefits Department will mail a written notice to you specifically outlining required payments to continue coverage for you and/or dependent(s). While on a leave, payments for your benefit contributions will be paid directly to the CCS benefits team. **You are responsible for ensuring that your benefit coverage continues while on leave of absence. If you choose to waive coverage while on unpaid leave, please email the benefits team at benefitquestions@columbus.k12.oh.us, within the first 30 days from your return to work date to reinstate your benefits by completing your elections online through ESS.**

To continue Voluntary Benefits while on an unpaid leave, you must contact US Enrollment Services at 1-800-735-0080 to arrange direct payments.

Workers' Compensation Leave of Absence

While on an approved WorkerS' Compensation related leave of absence, if you choose to continue benefits, you must self-pay for benefits:

- Classified employees will pay their normal benefit premium, not to exceed 2 years.
- Certificated employees are responsible for 100% of the cost of the benefit premiums.

LEAVES OF ABSENCE

FMLA (Family & Medical Leave Act of 1993)

If you need to take a leave of absence, the Human Resources Department will determine whether you are eligible for FMLA. Under the provisions of FMLA, Columbus City Schools is required to maintain an employee's health benefits for a period not to exceed 12 weeks from the date of leave. You will pay for insurance under the same conditions (during those 12 weeks), as if you continued active employment. Once FMLA has been exhausted, you are responsible for the total cost to maintain benefits coverage. Once approved for FMLA leave, you will receive detailed documentation of your benefits continuation eligibility if you move into an unpaid status while on leave.

Adding Dependents

If you are adding new dependents to your Core Benefits, you must provide their eligibility verification documentation to HMS, the third party verification administrator for Columbus City Schools. If you add a new dependent as a New Hire, or during a Qualifying Event, or Open Enrollment, you will receive an email requesting verification of dependent eligibility.

Eligible Dependents	Required Verification Documents
Spouse	**Marriage Certificate and document showing joint ownership**
Biological, Adopted, Stepchild, or Foster child	**Birth Certificate** **Child Support Court Order** **Adoption Court Award** **Guardianship Court Award (until age 18)**
Disabled Overage Dependents	**Proof of handicapped status verified by dependent's physician. (for medical benefits only)**

HMS Dependent Verification

To ensure that only eligible dependents are covered under our health plans, HMS, a third party administrator, will be assisting with dependent eligibility verification. This program helps us ensure that our health plans are compliant, competitive, and cost effective and helps manage overall plan cost, which benefits all employees. If you enroll one or more dependents in the medical, dental, or vision plans provided by Columbus City Schools, you will receive an email requesting you to submit documentation that verifies the eligibly of your dependent(s). If you have questions, call HMS directly at 877-223-8478.

Steps to Add a New Dependent in ESS

You will need to add each dependent to each benefit you'd like for your dependent to be enrolled in. For example, if you wish to enroll your dependent in medical, dental and vision benefits, you will need to repeat the process of adding that dependent for coverage for each of these benefits.

- Enter the dependent's birth date in this format: (MM/DD/YYYY)
- Enter your dependent's social security number in this format: ###-##-####. **Make sure this is correct!**
- If you do not enter your dependent's social security number and/or birth date, the enrollment will be rejected by the insurance company when the data is transmitted at the end of Open Enrollment.
- Remember, If you are adding a dependent, you are required to provide documentation verifying their eligibility. **If this documentation is not provided during open enrollment, your dependent will be removed and you will be notified via CCS e-mail.**

CORE BENEFITS

2020 Medical Benefits

UnitedHealthcare

Columbus City Schools offers three different types of medical plans through **UnitedHealthcare** (UHC)

- Select Basic (classified plans only)
- Select
- Choice

All plans cover the same general types of services and pay benefits toward the cost of preventive care, as well as doctor visits, hospitalization, diagnostic tests, mental health and substance abuse treatment. The Select Basic and Select Plans are in-network only plans and do not provide benefits for out-of-network providers. The Choice Plans cover both in-network and non-network providers. The plans also differ in how much you pay out of your own pocket and the bi-weekly contributions.

How The Medical Plans Work

Select Basic (classified plans only)
The plan offers lower employee contribution rates than the other options, but higher co-pays and a higher cost for prescription drugs. The plan includes an annual deductible and co-insurance for some services. Non-network services are not covered under this plan, except for approved emergency care.*

Select
The plan offers affordable employee contribution rates and co-pays for many services. Non-network services are not covered under this plan, except for approved emergency care. Co-insurance and deductible amounts vary depending on employee classification.*

Choice
The plan offers higher contribution rates compared to the other plans and co-pays for services. Network coverage and non-network coverage is available with this plan and co-insurance and deductible amounts vary depending on employee classification.*

* For details, see the medical/prescription summaries included in this guide on pages 17 and 18.

MyUHC.com - Your Personalized Web Portal

All you need to register is your Medical ID card!
When it comes to managing your health plan and making more informed decisions, simpler is better. With myuhc.com, you have a personalized website that helps you access and manage your health plan:

- Find and estimate costs for the network care you need.
- See what's covered, and get information about preventive care.
- View claim details and account balances.
- Sign up for paperless delivery of your required plan communications.

Plan Definitions

Deductible: The amount you must first pay for medical coverage before the plan pays.

Co-Payment: Often referred to as a co-pay, a fixed amount you must pay for covered medical services or prescription medications, typically either at the time of the office visit or when you pay for your prescriptions.

Co-Insurance: After satisfying the deductible, the percentage of covered expenses that insurance will cover.

Out-of-Pocket Maximums: The maximum amount of money you will be required to pay for covered medical services, in a calendar year. Once your share of the covered medical expenses reaches this maximum, Columbus City Schools will pay 100% of your covered charges for the balance of the year.

Dependent: A spouse or child of an eligible Employee, from birth until age 26, with the exception of 23 for Dental.

Condition Management Programs

If you live with a chronic condition, having a coach to offer guidance and empowerment can be very helpful. UHC's Condition Management Program provides you with valuable information and a plan designed to meet your specific needs. UHC might even call you to help you get more from your health plan by taking advantage of the following wellness programs and services — offered to you at no additional cost as part of your health plan:

Wellness Coaching
From goal-setting and setting up an action plan, to healthy eating and exercise plans, UHC wellness coaches are with you every step of the way.

Personal Health Support
By helping to ensure you have everything you need, including after-care instructions, medication and medical equipment, Care Coordination nurses can help ease your transition home from a hospital stay.

Disease Management
Managing medical conditions like diabetes and coronary artery disease may be easier with disease-management tools and resources identified by skilled nurses.

Maternity Support Program
Knowledgeable and experienced nurses offer answers expectant mothers may need, all the way through delivery.

Maternity Support

Get support for your precious delivery
If you're thinking about having a baby or have one on the way, the Maternity Support Program is here to provide information and support — throughout your pregnancy and after giving birth.

When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer your questions and help you with things like:

- Choosing a doctor or nurse midwife, and help you with finding a pediatrician or other specialist.
- Information to help you take care of yourself and the health of your baby — even if your pregnancy is considered high-risk.
- Support to help you manage your health — physically and emotionally — before and after your baby is born.

1-877-201-5328
myuhc.phs.com/maternitysupport

Monday-Thursday, 8:00 a.m.–8:00 p.m. and Friday, 8:00 a.m.–5:00 p.m. Central Time
This service is available at no extra cost as part of your benefit plan. (TTY: **711**)

Get started today, download now:

UnitedHealthcare Healthy Pregnancy℠ app.

- Track milestones
- Set reminders
- Get daily tips
- Find resources

PREVENTIVE CARE

Routine preventive care helps you manage and maintain your health, and is generally covered at 100% by most health plans.

Visit:

uhc.com/preventivecare

to review general guidelines and create a personalized preventive care checklist today!

Health4Me App

Go-anywhere access to your health benefit plans.

Health4Me is a convenient on-the-go version of myuhc.com — your source for important health plan information.

- Quick access to customer service, whenever and wherever you need it.
- HealthSafe ID™ protects your personal information and simplifies login.
- Care and cost resource for medical treatments and services.
- Coverage and claims review for plans.
- HealtheNotes reminders for members who may need to take preventive care measures.
- Personalized musculoskeletal messaging.

Virtual Doctor's Visits

The doctor will see you now

When you need care — anytime, day or night. Virtual visits can be a great option. From treating colds and fevers to caring for migraines and allergies, you can connect with a doctor whenever, wherever. Visit uhc.com/VirtualVisits for more information.

Available on your mobile device, tablet or computer.

20 minutes or less to chat face-to-face with a doctor.

Get prescriptions, if needed.

Save money in comparison to an ER visit

Is My Doctor In Network?

1. **Go to myuhc.com > Find a Doctor**
2. **Click Medical Directory**
3. **Click All UnitedHealthcare plans icon**
4. **Choose the Choice Plus Network**
5. **Type in the name of your provider**
6. **Check the Network Status**

Need Help? Call the Help Desk to resolve ESS password or log in issues at 614-365-8425

WHERE TO GO FOR CARE

Check. Choose. Go.℠

When you need care, call your primary care physician or family doctor first.
Your physician has easy access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs. When seeing your physician is not possible, however, it's important to know your quick care options to find the place that's right for you and help avoid financial surprises. Compare your choices today at uhc.com/checkchoosego.

Quick Care Options	Needs or Symptoms		Average Cost*
24/7 Nurse Line Call the number on your health plan ID card for expert advise	• Choosing where to get medical care • Finding a doctor or hospital	• Health and wellnesship • Answers to questions about medicine	$0
Virtual Visits Anywhere, anytime online doctor's visits	• Cold • Flu • Fever	• Pinkeye • Sinus problems	$20
Convenience Care Clinic Treatment that's nearby	• Skin rash • Flu shot	• Minor injuries • Earache	$20
Urgent Care Center Quicker after-hours care	• Low back pain • Respiratory (cough, pneumonia, asthma) • Stomach (pain, vomiting, diarrhea)	• Infections (skin, eye, ear/nose/throat, genital -urinary) • Minor injuries (burns, stitches, sprains, small fractures)	$50
Emergency Room (ER) For serious immediate needs	• Chest pain • Shortness of breath • Severe asthma attack	• Major burns • Severe injuries • Kidney stones	$100

Freestanding ERs

Many people have been surprised by their bill after visiting a freestanding emergency room (FSER). FSERs, sometimes referred to as urgency centers, typically bill at ER rates (or higher) and can be $1,500 more than an Urgent Care Center. Neither located in nor attached to a hospital, FSERs are able to treat similar conditions as an ER but do not have an ER's ability to admit patients.

Ask before you enter:

- Is this an urgent care center or an ER?
- Is this facility a network provider

Learn more at:
uhc.com/checkchoosego

Check your options for care. **Choose** your care provider. **Go** for better health.

UnitedHealthcare®

*For details, see the medical/prescription summaries included in this guide on pages 17 and 18.

PHARMACY BENEFITS

Express Scripts

Pharmacy benefits are offered through **Express Scripts**. If you're enrolled in the Medical Plan, you are automatically enrolled in the Pharmacy benefit. If you choose not to enroll in Medical, you cannot enroll in Pharmacy. Your pharmacy information can be found on the front of your UHC ID Card. Coverage detail for the pharmacy benefit can be found on page 18 &19.

Express Scripts Home Delivery Pharmacy

Get up to a 90-day supply of your medicine for a single home delivery copayment by using home delivery for the prescriptions you take regularly. This valuable part of your prescription benefit includes free standard shipping. Save money, save time!

To enroll in the Home Delivery Pharmacy, call 1-800-698-3757 or sign into Express-Scripts.com.

DENTAL BENEFITS

Delta Dental

Regular, professional dental care is an important part of your family's health care. To help you get that care, Columbus City Schools offers you a dental plan with a wide choice of providers.

Your dental benefits cover you and your eligible enrolled dependents for a variety of services. **Note: Dependent eligibility for the dental plan ends at age 23.**

Dental Provider Choice

If you use a Delta Dental participating dentist:

- Participating dentists fill out and submit claims for you. Claim payments are sent directly to the dentist. Staying in network makes claims and payment hassle free and, you are protected from balance billing.

If you use a nonparticipating dentist:

- You may have to fill out and submit your own claim forms and dentists may require you to pay the full cost of treatment up front.
- There are no limits on what a dentist can charge. If the dentist's normal charge is higher than Delta Dental's maximum approved fee, the dentist can pass the balance on to you. You won't be protected from balance billing.

To locate a participating provider, call Delta Dental at 1-800-282-0747, or visit the website at www.DeltaDentalOH.com.

Dental Plan Benefits

	Delta PPO/Premier Provider	Non-participating Provider*
Deductible	None	
Annual Calendar Year Maximum	$1,500 per person	
Lifetime Maximum for Orthodontic Treatment	$1,000 per person/lifetime (child or adult)	
	Plan Pays	
Preventive and Diagnostic Services (2x per year check-up and cleaning; X-rays every 3 years)	100%	100%**
Minor Restorative Services (including fillings, root canals, periodontics and oral surgery)	80%	80%**
Major Restorative Services (such as crowns)	80%	80%**
Prosthodontic Services (such as bridgework and dentures)	50%	50%**
Orthodontic Services (no age limit)	50%	50%**

*If you elect a non – participating provider, your share of costs may be higher.

**Of Delta Dental's maximum approved fees.

VISION BENEFITS

VSP

The vision care benefit is available to you and your family free of charge; Columbus City Schools pays the full cost for you and your enrolled dependents!

Note: Latchkey Teachers are required to pay a portion of the cost for vision benefits.

Your Vision Plan covers you and your eligible enrolled dependents. **NOTE: Dependent eligibility for the Vision Plan ends at age 26.**

Your Vision Plan includes a full range of vision care services provided through a network of preferred vision providers, the **Vision Service Provider** (VSP) network. You may also receive care from any provider of your choice but, you pay less out of pocket when you see an in-network VSP provider.

The network has expanded to include coverage at large retailers like Walmart and Pearl Vision. To locate a participating provider, call VSP at 1-800-877-7195, or visit the VSP website at www.vsp.com. Once you choose a provider, call the provider directly to schedule your appointment.

If you choose a non-participating provider, you will have to file a claim for reimbursement.

Vision Plan Benefits		
	In-Network	**Out-of-Network**
Covered Services		
Routine eye exam (**every 24 months**)	$10 copay (applies to exam and eyewear materials)	$35 after $10 copay (applies to exam and eyewear materials)
Frames (**every 24 months**)	$105 allowance	$35 allowance
Lenses (every 24 months)		
Single vision	Covered in full after $10 copay (see above)	$25 allowance
Lined Bifocal	Covered in full after $10 copay (see above)	$40 allowance
Lined Trifocal	Covered in full after $10 copay (see above)	$55 allowance
Contact lenses (every 24 months instead of eyeglass lenses and frames)		
Cosmetic	$105 allowance	$105 allowance
Medically necessary	Covered in full after $10 copay (see above)*	$210 allowance**

** Medically necessary lenses are those required to correct serious vision conditions such as following cataract surgery. Most contact lenses worn in place of glasses do not fall into this category.

Your Dental Plan

You will not receive a card for your Dental benefit. Make an appointment and tell the doctor's office that you're a Delta Dental member and an employee of Columbus City Schools. Provide them with your name and social security number and your doctor's office will use this information to identify your account and obtain benefits authorization.

Your Vision Plan

You will not receive a card for your Vision benefit. Make an appointment and tell the doctor's office that you're a VSP member and an employee of Columbus City Schools. Provide them with your name and social security number and your doctor's office will use this information to identify your account and obtain benefits authorization.

BOARD SPONSORED LIFE INSURANCE BENEFITS

The Hartford

Planning for your family's financial well-being can bring you peace of mind. Life Insurance can provide financial support to your beneficiaries in the event of your death. Columbus City Schools pays the full cost of your Basic Term Life Insurance coverage through The Hartford. You may purchase additional coverage to meet your needs. For more life insurance options in addition to the Supplemental Life Insurance described in the next column, please see the section of this guide on the Group Term to Age 100 (page 26).

Why is having enough Life Insurance protection important?

If you have a spouse and/or children, they may rely on you to help keep the household running. It is important to take steps to make sure your family would be financially prepared if you were no longer there to handle expenses like:

- Mortgage or rent payments
- Insurance premiums
- Transportation
- Utilities
- Food
- Child care/education fees
- Burial expenses

Please note that tutors and latchkey teachers are not eligible to elect Supplemental Life Insurance.

Available Services

The Hartford has a suite of valuable additional services that employers can offer to help you and your loved ones make informed decisions during some of the most difficult times in their lives.

During life's most trying times, understanding one's options and choosing the best direction can be very difficult. End-of-life decisions, financial matters, insurance needs, and planning for the loss of a loved one may be easier with the help of experienced and compassionate professionals

- Funeral Concierge
- Estate Guidance
- Beneficiary Assist (help for those coping with a loss)
- Travel Assistance and Theft Protection Service

Your Coverage

- Basic Life Insurance - term life insurance paid for in full by your employer and based on your position
- Supplemental Life Insurance - if eligible, you may elect to purchase additional term life insurance coverage for yourself in amounts based on your position.

Basic Life Insurance Amounts

Basic Life Plan Benefits	
Benefits Eligible Employee Type	**Coverage Amount**
Superintendent	$300,000
Chief Executives	$100,000
Full-time certificated/ administrators	$50,000
Part-Time certificated	$25,000
Full-time classified	$50,000
Part-time classified	$25,000
Tutors	$20,000

Supplemental Life Insurance

If you are an executive, certificated employee, administrator, or classified employee, you may purchase Supplemental Life Insurance equal to your Basic Life Insurance amount. Whether you are enrolling as a new employee or during Open Enrollment, no proof of good health is required. You pay for your Supplemental Life Insurance coverage with post-tax dollars through convenient payroll deduction.

FLEXIBLE SPENDING ACCOUNTS

Discovery Benefits

As part of the wide range of choices the Columbus City Schools benefits program offers, you may also elect to set up a Flexible Spending Account (FSA) to help save income taxes on predictable eligible health and/or dependent care expenses.

There are two types of FSA plans that are available to you:

- **Health Care FSA** - Use these funds to pay for healthcare expenses like co-payments, prescriptions, glasses, etc.
- **Dependent Care FSA** - Use these funds to pay for childcare like preschool, daycare, adult daycare, summer day camp, and before and after school programs.

Health Care FSA:

- Estimate how much you expect to spend on eligible health care expenses for the plan year (January 1, 2020 through December 31, 2020). The minimum contribution is $260 per plan year and the maximum contribution you may elect is $2,500 per plan year.

- Throughout 2020, use the Discovery Benefits debit card to pay for eligible expenses. **Please be advised the IRS guidelines require you to be able to provide documentation to verify your expenses.** If you are unable to provide the requested information, your debit card may be frozen, preventing you from using it. At the close of the plan year, any unsubstantiated claims must be repaid.

- For eligible FSA expenses where VISA is not accepted, pay out of your own pocket and submit a claim for reimbursement, with a copy of any necessary documents (receipts, explanation of benefits, etc.) to Discovery Benefits at the address listed on the claim form available on their website www.discoverybenefits.com or with the Discovery Benefits App available on iTunes or Google Play. *(See page 28 for more details)*

NOTE: For a full list of qualifying FSA expenses, visit: discoverybenefits.com/employees/eligible-expenses.

Dependent Care FSA:

- Estimate your eligible expenses for dependent day care while you work, or other dependent care expenses. The maximum you may elect is based on your tax filing status: $5,000 (if you are single or married and filing a joint return) or $2,500 (if you are married and filing a separate return).

- Pay for eligible dependent care expenses out of your own pocket and submit a claim for reimbursement, with a copy of any necessary documents (receipts, etc.) to Discovery Benefits at the address listed on the claim form available on their website www.discoverybenefits.com.

- Reimbursements are processed daily and your reimbursement will be sent according to your choice of direct deposit or check.

Please visit FSAStore.com and take advantage of our partnership with the FSA Store and to easily shop for eligible expenses.

DID YOU KNOW?

IMPORTANT: Your Flexible Spending Account (FSA) enrollment does not carry over.

You must re-enroll every year

You can make elections:

- During Open Enrollment
- Within 30 days of when you become eligible
- Within 30 days of when you have a qualifying event (Job or Life Status Change)

Deduction Options:

	21 Pay Health FSA	26 Pay (stretch) Health FSA	21 Pay Dependent FSA	26 Pay (stretch) Dependent FSA
Minimum	**$260 per year** $12.38 per pay	**$260 per year** $10.00 per pay	**$260 per year** $12.38 per pay	**$260 per year** $10.00 per pay
Maximum	**$2,500 per year** $119.05 per pay	**$2,500 per year** $96.15 per pay	**$5,000 per year** $238.10 per pay	**$5,000 per year** $192.31 per pay

Managing your Health and Dependent Care FSA Accounts

You can access your account either online or with the Benefits Mobile App. Access your benefits 24/7 to:

- Check your account balance and view account activity
- Get instant notifications on the status of your claims
- File a claim and upload documentation using your phone's camera
- Scan an item's bar code with your camera phone to determine if it's an eligible expense
- Report a card lost or stolen
- Reset login credentials

General Plan Rules

The Internal Revenue Service imposes the following rules and regulations on pre-tax Flexible Spending Accounts:

- Under plan guidelines for the Health Care Flexible Spending Account, you have up until March 15, 2020 to continue to incur medical expenses and use funds that they have not exhausted from your 2019 accounts.
  - For example, you can go to the dentist in February 2020, get a root canal and use money set aside between January 1 and December 31, 2019 to pay for this expense with a date of service in February 2020. ***The grace period described above does not apply to funds in the Dependent Care Account.***
- The IRS allows you to continue to be reimbursed money left in both your Dependent and Health Care Flexible Spending Accounts from 2019. All submissions for reimbursement for the 2019 Dependent and Health Care Flexible Spending Accounts are due to Discovery Benefits no later than **April 30, 2020. Any dollars in Flexible Spending Accounts left unclaimed after the April 30th deadline will be forfeited.**
- You may be eligible for a Federal Child and Dependent Care Tax Credit and/or to deduct certain health care expenses on your tax return. Be sure to talk to a tax advisor to see whether the tax credits and deductions or the Flexible Spending Accounts are the best choice for you.
- For the Health Care FSA, you can be reimbursed up to the full amount you elect to contribute for the plan year even if funds are not yet deposited into your account. However, you can only be reimbursed up to the amount deposited into your Dependent Care Flexible Spending Account at the time of your claim.
- You cannot use money in your Health Care Flexible Spending Account to be reimbursed for dependent care expenses and you cannot use money in your Dependent Care Flexible Spending Account to be reimbursed for health care expenses. You also cannot transfer money from one account to the other.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Guidance Resources

Guidance Resources provides confidential, professional assistance and resources to you and members of your family free of charge. The program offers someone to talk to and resources to consult whenever and wherever you need them, 24 hours a day, seven days a week. The EAP covers up to four (4) visits per issue per household member.

To arrange a **confidential** appointment with a specialist near you, call Guidance Resources at 1-800-774-6420. Appointments can be scheduled at any time. You can consult with a specialist in a face-to-face meeting or, if you prefer, a telephone appointment can be scheduled as well. Sessions are normally 50 minutes in length.

EAP specialists have professional training and expertise in a wide range of issues, including:

- Relationship & family problems
- Depression
- Alcohol & drug abuse
- Emotional & psychological concerns
- Financial & legal difficulties
- Daily living information
- Stress & much more

Guidance Resources Online and the GuidanceResources® Now app provides you with access to a broad variety of employee assistance services, such as getting resources and finding providers online and via your smartphone. Log on today to connect directly with a Guidance Consultant about your issue or to consult articles, podcasts, videos and other helpful tools.

Guidance Resources

Call: 1-800-774-6420

Online: www.guidanceresources.com

Web ID: CCS

Certificated Employees & Administrators

	Select	Choice	
Benefit		**Network**	**Non-Network**
Choice of Physician	Member selects a physician from the network	Member selects a physician from the network	Member can also receive care from non-network providers at a lower benefit level
Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted			
Medical Deductible Individual/Family	$250/$500	$250/$500	$500/$1,000
Annual Out-of-Pocket Maximum (OOP)	**Network medical copayments will accumulate to the Out of Pocket Maximum along with any applicable medical deductibles and coinsurance. (See Pharmacy Out of Pocket Maximum below)**		
Medical OOP Individual/Family	$600/$1,200	$600/$1,200	$1,200/$2,400
Preventive Care Services (Routine preventive care services)	$0 Copay	$0 Copay	Not Covered
Physician /Specialist Office Visits	$20 Copay	$20 Copay	20% Coinsurance after deductible
Urgent Care Visits	$25 Copay	$35 Copay	Not Covered
Hospital Emergency Room	**$100 Copay (waived if admitted)**	**$100 Copay (waived if admitted)**	**$100 Copay (waived if admitted)**
Inpatient Facility Services	0% Coinsurance after deductible No Physical Medicine & Rehabilitation (PM&R) limit	0% Coinsurance after deductible 60 day combined PM&R limit	20% Coinsurance after deductible 60 day combined PM&R limit
Outpatient Facility Services	**0% Coinsurance after deductible**	**0% Coinsurance after deductible**	**20% Coinsurance after deductible**
Chiropractic Services (30 visits per year)	$20 Copay	$20 Copay	20% Coinsurance after deductible
Physical and Occupational Therapy (60 visits per year combined)	$20 Copay	$20 Copay	20% Coinsurance after deductible
Speech Therapy (20 visits per year)	$20 Copay	$20 Copay	20% Coinsurance after deductible
DME – Medical Supplies, Equipment and Appliances	20% Coinsurance after deductible	20% Coinsurance after deductible	
Diabetic/Asthmatic Supplies	$0 Copay	$0 Copay	Not covered
Human Organ /Tissue Transplant	Plan pays 100%	Plan pays 100%	Not covered
Mental Health/ Substance Abuse Inpatient Services	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible
Mental Health/ Substance Abuse Outpatient Services	$20 Copay	$20 Copay	20% Coinsurance after deductible
Hospice Services	Plan Pays 100%	Plan Pays 100%	
Home Health Care	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible
Pharmacy Out of Pocket Maximum Individual/Family	$1,500/$3,000	$1,500/$3,000	$2,500/$5,000
Prescription Drugs Retail Pharmacy (30 day supply)	$4 Generic / $25 Brand Preferred / $40 Brand Non-Preferred	$4 Generic / $25 Brand Preferred / $40 Brand Non-Preferred	50% Coinsurance
Prescription Drugs Mail Order Pharmacy (90 day supply)	$10 Generic / $50 Brand Preferred / $80 Brand Non-Preferred	$10 Generic / $50 Brand Preferred / $80 Brand Non-Preferred	Not Covered
Dependent Child Age	Up to age 26		

Note: Above summaries are for reference only. Please consult summary plan document, amendments, and riders for exact plan benefits.

Classified Employees & Classified Supervisors

	Select	Choice		Select Basic
Benefit		**Network**	**Non-Network**	
Choice of Physician	Member selects a physician from the network	Member selects a physician from the network	Member can also receive care from non-network providers at a lower benefit level	**Member selects a physician from the network**
Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted				
Medical Deductible Individual/Family	$200/$600	$50/$100	$600/$1,800	$200/$600
Annual Out-of-Pocket Maximum (OOP)	**Network medical copayments will accumulate to the Out of Pocket Maximum along with any applicable medical deductibles and coinsurance. (See Pharmacy Out of Pocket Maximum below)**			
Medical OOP Individual/Family	$500/$1,000	$500/$1,000	$1,500/$3,000	$500/$1,000
Preventive Care Services (Routine preventive care Services)	$0 Copay	$0 Copay	Not Covered	$0 Copay
Physician / Specialist Office Visits	$15 Copay	$15 Copay	30% Coinsurance after deductible	$20 Copay
Urgent Care Visits	$25 Copay	$35 Copay	Not Covered	$35 Copay
Hospital Emergency Room	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)
Inpatient Facility Services	10% Coinsurance after deductible No Physical Medicine & Rehabilitation (PM&R) limit	5% Coinsurance after deductible 60 day combined PM&R limit	30% Coinsurance after deductible 60 Day PM&R limit	10% Coinsurance after deductible
Outpatient Facility Services	10% Coinsurance after deductible	5% Coinsurance after deductible	30% Coinsurance after deductible	10% Coinsurance after deductible
Chiropractic Services (30 Visits per year)	$5 Copay	$5 Copay	30% Coinsurance after deductible	$10 Copay
Physical and Occupational Therapy (60 visit level combined per year)	$5 Copay	$5 Copay	30% Coinsurance after deductible	$10 Copay
Speech Therapy (20 visits per year)	$15 Copay	$15 Copay	30% Coinsurance after deductible	$20 Copay
DME – Medical Supplies, Equipment and Appliances	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
Diabetic/Asthmatic Supplies	$0 Copay	$0 Copay	Not Covered	$0 Copay
Human Organ/Tissue Transplant	Plan pays 100%	Plan pays 100%	Not Covered	Plan pays 100%
Mental Health/ Substance Abuse Inpatient Services	Plan pays 100% after deductible	Plan pays 100% after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible
Mental Health/ Substance Abuse Outpatient Services	$5 Copay	$5 Copay	20% Coinsurance	$20 Copay
Home Health Care	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible (30 visit limit per year)	0% Coinsurance after deductible
Hospice Services	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible
Pharmacy OOP Individual/Family	$1,500/$3,000	$1,500/$3,000	$2,500/$5,000	$1,500/$3,000
Prescription Drugs Retail Pharmacy (30 day supply)	$4 Generic / $15 Brand Preferred / $30 Brand Non-Preferred	$4 Generic / $15 Brand Preferred / $30 Brand Non-Preferred	50% Coinsurance	$10 Generic / $20 Brand Preferred / $30 Brand Non-Preferred
Prescription Drugs Mail Order Pharmacy (90 day supply)	$8 Generic / $30 Brand Preferred / $60 Brand Non-Preferred	$8 Generic / $30 Brand Preferred / $60 Brand Non-Preferred	Not Covered	$20 Generic / $40 Brand Preferred / $60 Brand Non-Preferred
Dependent Child Age	Up to age 26			

Note: Above summaries are for reference only. Please consult summary plan document, amendments, and riders for exact plan benefits.

Certificated Employees & Administrators

2020 Employee Benefit Contributions Per Pay

MEDICAL

21 Pay Plan	Select	Choice
Employee only	47.78	55.90
Employee plus Child	95.29	111.47
Employee plus Spouse (grandfathered rates)**	95.29	111.47
Employee plus Spouse*	266.77	282.95
Employee plus Children	140.60	164.49
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	140.60	164.49
Family (Employee plus Spouse and child(ren))*	393.59	417.48

26 Pay Plan	Select	Choice
Employee only	38.59	45.15
Employee plus Child	76.96	90.03
Employee plus Spouse (grandfathered rates)**	76.96	90.03
Employee plus Spouse*	215.46	228.54
Employee plus Children	113.56	132.85
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	113.56	132.85
Family (Employee plus Spouse and child(ren))*	317.90	337.20

* CEA bargaining unit members or Administrators who add their Spouse **after** May 31, 2009 will pay a higher rate contribution to include their spouse for Health Coverage.
**CEA bargaining unit members or Administrators as of May 31, 2009, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. * CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their health coverage since May 31, 2009, shall be allowed to continue Spousal coverage at these lower rates during their continuous employment with the district.

DENTAL

	21 Pay Plan	26 Pay Plan
Employee only	3.98	3.18
Family	3.98	3.18

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life $50,000 (Complementary Coverage)	0.00	0.00
Supplemental Life $50,000	4.17	3.37

VISION INSURANCE

(**FULLY PAID** for by Columbus City Schools)

Classified Employees

2020 Employee Benefit Contributions Per Pay

MEDICAL

21 Pay Plan	Select Basic	Select	Choice
Employee only	12.02	23.52	53.99
Employee plus Child	23.97	46.91	107.66
Employee plus Spouse (grandfathered rates)**	23.97	46.91	107.66
Employee plus Spouse*	239.28	262.22	322.97
Employee plus Children	35.38	69.21	158.84
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	35.38	69.21	158.84
Family (Employee plus Spouse and child(ren))*	353.06	386.89	476.51

26 Pay Plan	Select Basic	Select	Choice
Employee only	9.71	19.00	43.61
Employee plus Child	19.36	37.89	86.95
Employee plus Spouse (grandfathered rates)**	19.36	37.89	86.95
Employee plus Spouse*	193.26	211.79	260.86
Employee plus Children	28.58	55.90	128.29
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	28.58	55.90	128.29
Family (Employee plus Spouse and child(ren))*	285.16	312.48	384.88

* OAPSE bargaining unit members or Classified Supervisors who add their Spouse after April 30, 2010 will pay a higher rate contribution to include their spouse for Health Coverage.
** OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. * OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, who have continuously covered their spouse on their health coverage since April 30, 2010, shall be allowed to continue Spousal coverage at these lower rates during their continuous employment with the district.

DENTAL

	21 Pay Plan	26 Pay Plan
Employee only	3.93	3.18
Family	3.93	3.18

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life $50,000 (Complementary Coverage)	0.00	0.00
Supplemental Life $50,000	4.17	3.37

VISION INSURANCE

(**FULLY PAID** for by Columbus City Schools)

Eligible Tutors

2020 Employee Benefit Contributions Per Pay

MEDICAL

21 Pay Plan	Select	Choice
Tutors (15-25 scheduled hours)		
Employee only	219.78	227.90
Employee plus one (Child or Spouse)	438.25	454.43
Family (Employee plus Spouse and child(ren))	464.58	670.47
Tutors (Over 25 scheduled hours)		
Employee only	125.18	133.30
Employee plus one (Child or Spouse)	249.62	265.80
Family (Employee plus Spouse and child(ren))	368.29	392.17

26 Pay Plan	Select	Choice
Tutors (15-25 scheduled hours)		
Employee only	177.52	184.08
Employee plus one (Child or Spouse)	353.97	367.04
Family (Employee plus Spouse and child(ren))	522.24	541.53
Tutors (Over 25 scheduled hours)		
Employee only	101.11	107.67
Employee plus one (Child or Spouse)	201.61	214.68
Family (Employee plus Spouse and child(ren))	297.46	316.75

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only (15-25 hours)	19.65	15.87
Family (15-25 hours)	19.65	15.87
Employee Only (over 25 hours)	11.00	8.88
Family (over 25 hours)	11.00	8.88

VISION INSURANCE and BASIC LIFE

(**FULLY PAID** for by Columbus City Schools)

NOTE: Tutors are **not eligible** for **Supplemental Life Insurance.**

Latchkey Teachers

2020 Employee Benefit Contributions Per Pay

MEDICAL

21 Pay Plan	Select	Choice
Employee only	125.18	133.30
Employee plus one (Child or Spouse)	249.62	265.80
Family (Child or Spouse)	368.29	392.17

26 Pay Plan	Select	Choice
Employee only	101.11	107.67
Employee plus one (Child or Spouse)	201.61	214.68
Family (Child or Spouse)	297.46	316.75

DENTAL

	21 Pay Plan	26 Pay Plan
Employee only	11.00	8.88
Family	11.00	8.88

VISION

	21 Pay Plan	26 Pay Plan
21 Pay Plan	1.29	1.04
26 Pay Plan	1.29	1.04

NOTE: Latchkey Teachers are **not eligible** for Basic or Supplemental Life Insurance.

Job Share Teachers

2020 Employee Benefit Contributions Per Pay

MEDICAL

21 Pay Plan	Select	Choice
Job Share Percentage	**50%**	**50%**
Employee only	241.27	249.39
Employee plus Child	481.10	497.28
Employee plus Spouse (grandfathered rates)**	481.10	497.28
Employee plus Spouse*	566.84	583.02
Employee plus Children	709.83	733.72
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	709.83	733.72
Family (Employee plus Spouse and child(ren))*	836.33	860.22

26 Pay Plan	Select	Choice
Job Share Percentage	**50%**	**50%**
Employee only	194.87	201.43
Employee plus Child	388.58	401.65
Employee plus Spouse (grandfathered rates)**	388.58	401.65
Employee plus Spouse*	457.83	470.90
Employee plus Children	573.33	592.62
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	573.33	592.62
Family (Employee plus Spouse and child(ren))*	675.50	694.79

*CEA bargaining unit members or Administrators hired **after** May 31, 2009 will pay a higher rate contribution to include their spouse for Health Coverage.

** CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their health coverage since May 31, 2009, shall be allowed to continue Spousal coverage at these lower rates during their continuous employment with the district.

DENTAL

Job Share Percentage	50%
21 Pay - Employee only	21.61
21 Pay - Family Coverage	21.61
26 Pay - Employee only	17.45
26 Pay - Family Coverage	17.45

VISION

Job Share Percentage	50%
21 Pay - Employee only	2.29
21 Pay - Family Coverage	2.29
26 Pay - Employee only	1.85
26 Pay - Family Coverage	1.85

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life $25,000 (Complementary Coverage)	0.00	0.00
Supplemental Life $25,000	2.09	1.68

VOLUNTARY BENEFITS

Voluntary benefits are additional insurance products available for purchase at affordable rates. You also have the advantage of paying for these benefits through convenient, after-tax payroll deductions.

As a new employee, you may purchase many of these coverages without a medical exam. Proof of good health will be required if an existing employee or dependent enrolls at a later time. Furthermore, since you purchase these plans individually, many can be continued should you terminate employment with the school system.

How to Enroll

- During Open Enrollment, you can enroll in voluntary benefits when you meet with a Benefits Specialist who can answer your questions and provide you with rates for these insurance options. You can also visit https://ccs.mybenefitsinfo.com to schedule a co-browsing session with a Benefits Specialist. See Page 4 for instructions.

- New employees will need to call US Enrollment Services at 1-800-735-0080 within 30 days of employment to schedule a Voluntary Benefits enrollment session.

Short Term Disability Insurance - Voya

For many households, going without income for even a few weeks can be devastating. Short Term Disability Income Insurance can help protect your finances if you experience an eligible illness or injury that leaves you unable to work. It provides benefits to replace up to 60% of your weekly earnings for 26 weeks. These weekly benefits allow you to concentrate on getting better and when possible, back to work.

How the Plan Works

Weekly benefits begin after 14 days of disability from an illness or injury. You may choose a weekly benefit amount of, up to, $1,400 (but not more than 60% of your income).

Plan Costs

You pay for the Short Term Disability plan through convenient payroll deduction. For cost information, ask your Benefits Specialist when you enroll.

Make sure to update your Short Term Disability policies to reflect salary changes.

Filing a Claim

To File a Short Term Disability Claim or to talk to a customer service representative, call 1-888-305-0602.

Accident Insurance - Voya

What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. The benefit amount depends on the type of injury and care received. Accident Insurance is a limited benefit policy, is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Accident Insurance include:

- Guaranteed Issue - No medical questions or tests are required for coverage.
- Flexible – You can use the benefit payments as you see fit.
- Payroll deductions: Premiums are paid through convenient payroll deductions
- Portable – If you leave your current employer or retire, you can take your coverage with you.

What accident benefits are available?

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note: there may be some variations by state.

- Accident Hospital Care
- Accident Care
- Dislocations
- Fractures
- Common Injuries
- Accidental Death & Dismemberment
- Catastrophic Accident Benefits
- Wellness Benefit: $100 for employee & spouse per year for completing a health screening test, $50 for each child up to a maximum of $200 per year for all children (see Critical Illness section on page 26 for more information about the wellness benefit)

*This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. Accident Insurance is underwritten by **ReliaStar Life Insurance Company** (Minneapolis, MN) a member of the Voya family of companies.

Critical Illness Insurance - Voya

What is Critical Illness Insurance?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance is a limited benefit policy, is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Critical Illness Insurance Include:

- Guaranteed Issue - No medical questions or tests are required for coverage
- Flexible - You can use the benefit payments for any purpose you like
- Payroll deductions - Premiums are paid through convenient payroll deductions
- Portable - If you leave your current employer or retire, you can take your coverage with you

What critical illnesses and conditions are benefits available?

Critical Illness Insurance provides a benefit payment for the following illnesses and conditions. Covered illnesses/conditions are broken out into groups called "modules". Benefits are paid at 100% of the Maximum Critical Illness Benefit amount unless otherwise stated. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

- **Base Module:** Heart attack (Cardiac arrest is not a heart attack), Stroke, Coronary artery bypass (25%), Coma, Major organ failure, Permanent paralysis, End state renal (kidney) failure
- **Cancer Module:** Cancer, Skin cancer (10%), Carcinoma in situ (25%)

How can Critical Illness Insurance help?

Below are a few examples of how your Critical Illness Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductible and copays
- Child care
- Home healthcare costs
- Mortgage payment/rent and home maintenance

What Maximum Critical Illness Benefit am I eligible for?

- For employees - You have the opportunity to purchase a Maximum Critical Illness Benefit of $30,000 in $5,000 increments
- For your spouse - You have the opportunity to purchase a Maximum Critical Illness Benefit of $15,000 in $5,000 increments.
  Employee must elect coverage.
- For your children: You have the opportunity to purchase a Maximum Critical Illness Benefit of $10,000 or $1,000, $2,500, $5,000 for each covered child. Employee must elect coverage.

How many times can I receive the Maximum Critical Illness Benefit?

Usually you are only able to receive the Maximum Critical Illness Benefit once for each covered condition. Your plan includes the Recurrence Benefit (this benefit does not apply to the cancer module), which allows you to receive a benefit for the same condition a second time. It's important to note that in order for the second occurrence of the illness to be covered, it must occur after 6 consecutive months without the occurrence of any covered critical illness named in your certificate, including the illness from the first benefit payment.

If you have reached the benefit limit by receiving the maximum benefit for each covered condition, you may choose to end your coverage; however, if you have coverage for your spouse and/or children, you must continue your coverage in order to keep their coverage active. Please see your certificate of coverage for details.

What does my Critical Illness Insurance include?

- The Wellness Benefit provides an annual benefit payment if you complete a health screening test. You may only receive a benefit payment once per year, even if you complete multiple health screening tests.
- Examples of health screening tests include but are not limited to Pap tests, serum cholesterol tests for HDL & LDL levels, mammography, colonoscopy and stress tests on a bicycle or treadmill.
- The annual benefit amount is $100 for completing a health screening test.
- If your spouse and/or children are covered for Critical Illness Insurance, they are also covered by the Wellness Benefit. Your spouse's benefit amount is also $100. The benefit for child coverage is 50% of your benefit amount per child with an annual maximum of $200 for all children.
- Call Voya at 1-877-236-7564 for more information regarding the Wellness Benefit

*This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN) a member of the Voya family of companies.

Group Term to Age 100 Life Insurance - Allstate

Life is unpredictable. You don't know when or how death may occur but, having the right coverage in place can provide peace of mind for you and your family. Group Term to Age 100 Life Insurance provides a lump-sum cash benefit should you or your covered spouse or dependents die before the age 100. Your rate is guaranteed for the first five years of coverage and the tax-free* death benefit is paid directly to your designated beneficiary in one lump-sum and can be used to help cover daily living expenses, debts, funeral costs and more.

**With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.*

The supplemental health coverage is provided by limited benefit insurance. *The policies have exclusions and limitations, may have reductions of benefits at specific ages, and may not be available for sale in all states. The policies are underwritten by American Heritage Life Insurance Company (Home Office: Jacksonville, FL). For costs and complete details contact your Allstate Benefits Representative. Allstate Benefits is the marketing name for American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.*

Legal Insurance Option-LegalEASE

(CEA members not eligible)

The **LegalGUARD Plan**, through LegalEASE, offers a package of legal assistance benefits that can help you deal with a variety of legal situations. This service is available through a convenient post-tax payroll deduction.

The LegalGUARD Plan includes the following benefits:

- Unlimited free consultations with plan attorneys in person, over the phone, or online;
- Wide range of legal documents including deeds, leases, affidavits and others;
- Members may have a free simple will and power of attorney prepared by a plan attorney each year;
- A simple divorce is paid in full;
- Many other family law issues are also covered such as child support, child custody and adoptions;
- Criminal defense matters; and
- Real estate matters and more.

Your LegalGUARD Plan also offers assistance with:

- Debt Management
- Financial Planning
- Budgeting
- Financial Counseling
- Identity Theft
- Prevention Identity
- Theft Recovery

Pet Insurance - Nationwide

Similar to health insurance for the people in your family, the Pet Insurance Plan helps you meet the cost of caring for your pets. The Pet Insurance Plan is available through VPI Pet Insurance.

You may choose from several levels of benefits that cover some of the cost of routine care as well as treatment for injuries and illnesses.

Your cost for coverage is based on your pet's age and breed. You pay for the coverage through a convenient post-tax payroll deduction.

To learn more about Pet Insurance please visit their web site at www.petinsurance.com. Benefits Specialists will not be able to enroll employees for Pet Insurance.

Summary of Benefits and Coverage (SBC)

As part of the Patient Protection and Affordable Care Act (Health Care Reform), all employees are to have access to a Summary of Benefits and Coverage (SBC). To view electronically, please visit the CCS Benefits webpage available at ccsoh.us/employeebenefits.

You may also pick up a printed copy of this information in the Employee Benefits Department.

Columbus City Schools Wellness Initiative:

Healthy Bodies, Active Minds

The CCS Wellness Initiative aims to support employee wellness through the development of comprehensive programming that addresses the eight dimensions of wellness: emotional, physical, social, occupational, spiritual, financial, environmental, and intellectual.

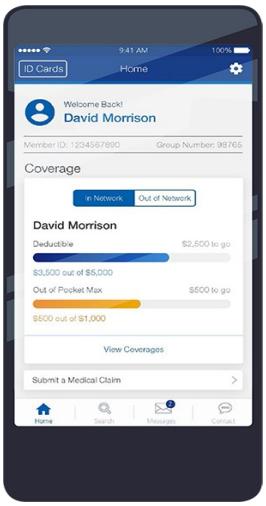
As an employer, employee wellness improves personal well-being, may reduce absenteeism, benefit costs, and supports the district mission to educate students. The Wellness Initiative supports this mission: by improving student success by creating and fostering a culture of wellness that results in healthy behaviors among students and employees. The Board of Education supports the important work of this initiative, and the implementation is overseen by the Joint Insurance Committee.

Employees are encouraged to take advantage of the free benefits offered through the Wellness Initiative. Beyond investing in personal wellness, working toward healthier employees also benefits CCS as an employer as it reduces healthcare cost, saving our plan and employees money. The Wellness Initiative's robust offerings include but are not limited to:

- Biometric Screenings
- Flu Shot Clinics
- Onsite Fitness Classes
- Free/Reduced Fitness Discounts
- Wellness Professional Development Opportunities
- Special Wellness Programming

A comprehensive list of offerings can be found at www.ccsoh.us/wellness.

GO MOBILE

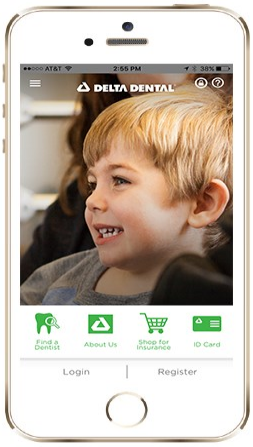


UnitedHealthcare

The Health4Me app keeps your health information within reach, wherever you go. It's the myuhc.com mobile app – and it's one more way to manage your UnitedHealthcare health plan.

You can:

- Access health plan ID card
- View claims and balances
- Find nearby care and compare costs
- Talk with a doctor or nurse

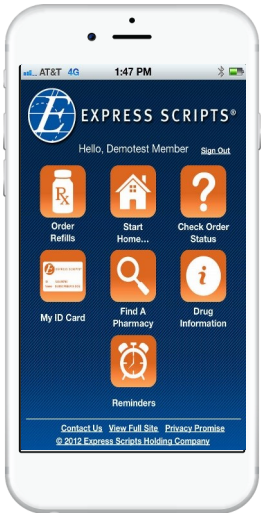


Delta Dental of Ohio

The Delta Dental mobile app makes it easy for you to get the most of their dental benefits anytime, anywhere.

You can:

- Find a dentist
- Use a tooth brushing timer
- Check claims
- View coverage
- Display ID card

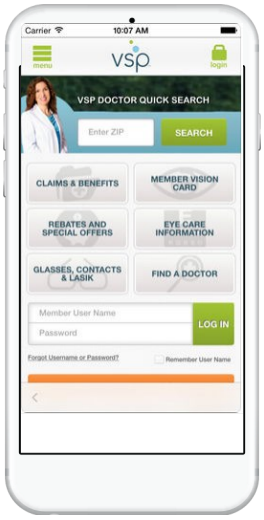


Express Scripts

With the Express Scripts mobile app, managing your medication is a snap!

You can:

- View orders
- Check drug interactions
- Find the closest retail pharmacy
- Transfer a prescription to Home Delivery
- Get personalized alerts to help make sure you're following your doctor's prescribed treatment plan

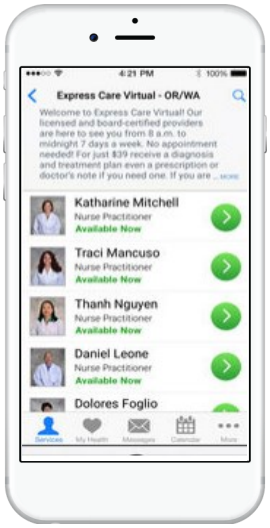


Vision Service Plan

Manage your eye care needs at any time, and from anywhere, with VSP Vision Care On The Go.

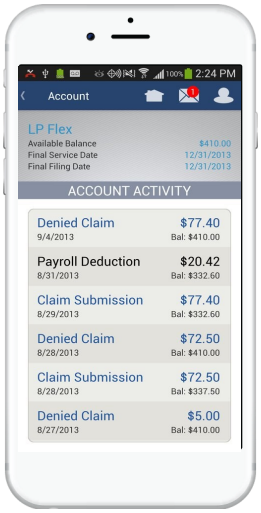
You can:

- Find a doctor
- Check your coverage
- Access your vision card
- Shop the latest eyewear fashions 24/7



Virtual Doctor's Visit Cleveland Clinic Express Care

Express Care Virtual provides a convenient alternative to a traditional doctor's office or urgent care visit. Visit with a licensed, board-certified health care provider by video using your smartphone or tablet. Get a diagnosis and treatment and doctor's note as needed. There's no waiting and no hassle. Just excellent care.



Discovery Benefits

Save time and hassles while making the most of your FSA health benefit accounts by quickly checking your balances and details and substantiating claims by taking a picture of your receipt, through the app, and submitting it electronically. The secure app makes managing your health benefits easy through real-time access and intuitive navigation to all your important account information on the go!

IMPORTANT NOTICES

Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA, a federal law, allows insured employees and their dependents to continue health and dental coverage under several circumstances when it would normally be lost.

Below is the basis for COBRA continuation:

1. Loss of Employment (resignation/termination) – If an employee terminates employment, the employee and/or insured dependents may continue his/her health coverage for up to 18 months.

2. Reduction of Hours – If any employee's hours of employment are reduced so that he/she is no longer entitled to benefits, he/sheand/or insured dependents may continue health coverage for up to 18 months (includes unpaid leave of absence or personal leave).

3. Death of Employee – If an employee with dependent coverage should die, covered dependents may continue their health coverage for up to 36 months.

4. Loss of Dependent Eligibility – Health coverage may be continued for a child who was covered by dependent coverage and has reached the age limitation for normal coverage, for up to 36 months.

5. Divorce – If an employee and his/her spouse are divorced, and the spouse and/or other dependents were covered as dependents on the employee's health insurance, the divorced spouse and/or dependents may continue his/her health coverage for up to 36 months.

6. Extension for Disabled Persons – If a person is totally disabled for social security purposes at the time that one of the reasons listed in (1) or (2) above occurs, that person is entitled to up to 29 months of continued health coverage. Premiums for the above insurance are paid by the person using COBRA coverage. If one of the above events occurs, please contact Employee Benefits so that COBRA can be offered. Employees have 60 days from the qualifying event to complete and return the COBRA application or forfeit any rights to continuation of coverage.

Woman's Health and Cancer Rights Act of 1988 - Notice of Post-Mastectomy Benefits

The Women's Health and Cancer Rights Act of 1998, a federal law, was enacted on October 21, 1998. This law requires that a medical plan's coverage of a necessary mastectomy also include the following post-mastectomy coverage for:

- Reconstruction of the breast;
- Surgery of the other breast to achieve the appearance of symmetry;
- Prostheses; and
- Treatment of physical complications during any stage of the mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient. Benefits will be subject to the same annual deductibles, copays and coinsurance as applicable to any other type of care.

The Newborns' and Mothers' Health Protection Act of 1996 (Newborn's Act)

Group health plans generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Special Enrollment Notice

If you are declining enrollment for yourself or your insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that coverage (or if the employer stops contributing toward you or you dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Finally, you and your dependents may have special enrollment rights if coverage is lost under Medicaid or State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or to obtain more information, contact:

The Benefits Team

COLUMUS CITY SCHOOLS
270 East State Street, 43215
614-365-6475
benefitquestions@columbus.k12.oh.us

Important Notice from Columbus City Schools about Your

Prescription Drug Coverage and Medicare for Plan Year 2019

Please read this notice carefully and keep a copy for your records.

This notice provides important information about your current prescription drug coverage through Columbus City Schools and about your options under Medicare's prescription drug coverage (if you are currently eligible for Medicare). This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Columbus City Schools has determined that the prescription drug coverage offered by the Columbus City Schools Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Columbus City Schools coverage will be affected. If you continue to be enrolled in the Columbus City Schools health plan, your benefits will coordinate with Medicare Part D. If you do not enroll in Columbus City Schools plan, you will lose both your medical and prescription drug coverage. If you do decide to join a Medicare drug plan and drop your current Columbus City Schools coverage, be aware that you and your dependents can re-enroll during the annual Open Enrollment period.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Columbus City Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

- Contact the Benefits Department at 614-365-6475 with any questions you might have about the CCS pharmacy benefit plan.
- Contact Express Scripts at 866-533-7005 with any questions regarding your current prescription drug coverage.

NOTE: You'll get this notice each year before the next period you can join a Medicare drug plan and if this coverage through Columbus City Schools changes. You may also request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Premium Assistance Under Medicaid and the

Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid and CHIP**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPPA Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

OUR USE AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

YOUR RIGHTS

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

NOTE: If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USE AND DISCLOSURES

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

  EXAMPLE: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

  EXAMPLE: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
  EXAMPLE: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
  Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.
- How else can we use or share your health information?
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

09/03/2019
Courtney Hale, *Manager of Employee Benefits*
chale@columbus.k12.oh.us

COLUMBUS
CITY SCHOOLS

2020

EMPLOYEE BENEFITS
ENROLLMENT GUIDE

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