



2021

EMPLOYEE BENEFITS GUIDE



TABLE OF CONTENTS

Benefit Contacts	2
2021 Open Enrollment Information	3
Enrollment Checklist	4
What You Need to Know	5
Who's Eligible	5
When to Enroll, Change, or Waive Coverage	5
When Coverage Ends	6
Leaves of Absence	6
Dependent Eligibility and Verification	7
Core Benefits	8-18
2021 Medical Benefits <i>NEW! Real Appeal for 2021</i>	8-12
2021 Pharmacy Benefits	13
2021 Dental Benefits	14
2021 Vision Benefits <i>NEW! Buy-up plan for 2021</i>	15
2021 Board Sponsored Life Insurance Benefits	16
2021 Flexible Spend Accounts	17-18
2021 Employee Assistance Program (EAP)	18
2021 Rates	19-23
Voluntary Benefits	24-26
Short Term Disability Insurance-Voya	24
Accident Insurance-Voya	24
Critical Illness Insurance-Voya	25
Group Term to Age 100 Life Insurance-Allstate	26
Legal Insurance Option-LegalEASE	26
Pet Insurance-Nationwide	26
Columbus City Schools Wellness Initiative	27
Tuition Discounts	27
Go Mobile	28
Important Notices	29-34

BENEFIT CONTACTS

Benefit Plan	Provider	Group/Plan #	Contacts	Website
Medical	UnitedHealthcare (UHC)	918500	1-844-210-6436	www.myuhc.com
Prescription Drugs	Express Scripts	CBYA	1-866-533-7005	www.express-scripts.com
Dental	Delta Dental of OH	0215	1-800-282-0749	www.deltadentaloh.com
Vision	Vision Service Plan (VSP)	30099933	1-800-877-7195	www.vsp.com
Basic Term and Supplemental Life Insurance	The Hartford	681625	1-888-563-1124	www.thehartford.com/employee-benefits/claims
Flexible Spending Account (FSA)	Discovery Benefits	Columbus City Schools	1-866-451-3399	www.discoverybenefits.com
Employee Assistance Program (EAP)	Guidance Resources	CCS	1-800-774-6420	www.guidanceresources.com
Self-service enrollment (ESS) and general inquiries	Columbus City Schools	N/A	Benefitquestions@columbus.k12.oh.us	https://www.ccssoh.us/employeebenefits
Dependent Verification	HMS	Columbus City Schools	1-877-223-8478	https://verifyos.com
Voluntary Benefit Enrollment	US Enrollment Services	Columbus City Schools	1-800-735-0080	www.usenrollments.com/ColumbusCitySchoolsAppointments
Term to 100 Life Insurance	Allstate	N/A	1-800-521-3535	www.allstatebenefits.com/mybenefits
Short Term Disability (STD) Claim Filing	Voya	70215-3	1-866-228-8742	https://claimscenter.voya.com
Critical Illness Insurance Claim Filing	Voya	70215-3	1-888-238-4840	https://claimscenter.voya.com
Accident Insurance Claim Filing	Voya	70215-3	1-888-238-4840	https://claimscenter.voya.com
Legal Insurance	LegalEASE	1000030	1-888-205-4025, hotline@legalaccessplans.com	http://vsc-legallease.com
Pet Insurance Enrollment Information	Nationwide Insurance	Columbus City Schools	1-877-738-7874	https://benefits.petinsurance.com/columbus-city-schools26
Leave of Absence Requests	CCS Leaves Department	Columbus City Schools	(614) 365-6791, leavesofabsence@columbus.k12.oh.us	https://www.ccssoh.us/Page/2344

2021 OPEN ENROLLMENT

OCTOBER 12 - 30, 2020

IMPORTANT INFORMATION

- **New for 2021 Vision** - We are excited to offer a new vision plan that offers a more robust coverage. This new plan includes eye exams every year and an increased annual frame/contact allowance. Vision coverage will stay with VSP. See page 15 for details.
- **Certificated/Administrator Rate Increase** - Please be sure to review the updated rates prior to making your enrollment decision.
- **Flexible Spending Accounts (FSA)** - If you wish to contribute to an FSA, you must re-enroll for 2021. If you have an election from 2020, it will NOT rollover.
- **Dependent Eligibility** - If you are adding a new dependent to your plan, please be aware that you will be required to verify the dependents eligibility. For more information see page 7.
- **Payroll Deductions** - The first 2021 election will begin on November 27, 2020 for 21 pay employees and December 11, 2020 for 26 (stretch) pay employees. Be sure to review your paycheck in ESS to ensure your deductions are accurate.

All CCS Employees hired prior to November 1, 2020, must make Open Enrollment elections for 2021!

Questions? Email Us

benefitquestions@columbus.k12.oh.us

Hired after November 1, 2020?

*Disregard Open Enrollment information.
You will enroll as a new hire.*

HOW TO ENROLL

1. Employee Self-Service (ESS) - Core Benefits Only

- **<https://columbus.munisselfservice.com>**
- Click *Benefits* on the left side of the screen. This will show you all of your enrollment options.
- This is the easiest way to enroll in your core benefits on your time. ESS is accessible 24/7.
- Please keep in mind you will still need to schedule time with US Enrollment Services for your voluntary benefit elections.
- **Be sure to review your confirmation email. This will be sent to your CCS email.**

2. Over the phone - Core Benefits and Voluntary Benefits

- US Enrollment can set up a co-browsing session so that they can view your screen and help you walk through your core benefits enrollment. Make sure to have access to ESS at the time of your appointment.
- You can schedule an appointment by visiting: **www.usenrollments.com/ColumbusCitySchoolsAppointments**

ENROLLMENT CHECKLIST

REVIEW

the benefit guide thoroughly to understand your plan options.

LOGIN

to Employee Self Service (ESS) within 30 days of your new hire/ life event date.

<https://columbus.munisselfservice.com>

- Review all of your personal information to ensure its accuracy. The address you have on file with CCS will be the address sent to the benefit providers.
- Enroll in your Core Benefits (medical, dental, vision, FSA and basic life insurance).
- Add any eligible dependents you wish to cover.
Make sure to have your dependent's legal name, social security number, gender and date of birth.

SCHEDULE

an appointment online with US Enrollment Services within 30 days of your new hire/life event date to enroll in any voluntary benefits (disability, critical illness, accident, term life and legal coverage) you wish to elect.

www.usenrollments.com/ColumbusCitySchoolsAppointments

CONFIRM

and save all enrollment confirmations. You will receive a confirmation email to your CCS email inbox.

GATHER

eligibility documents for the dependent verification audit (if you have covered new dependents on your medical, dental or vision plans). See page 7 for details.

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

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 12 months)	



WHEN TO ENROLL, CHANGE, OR WAIVE COVERAGE

Enrollment Event	Timeframe to Enroll	When Benefits Begin
<ul style="list-style-type: none"> New Hire Transfer into a benefits eligible position Return from a leave of absence and benefits 	Within 30 days from your hire/ transfer/ return from leave date	The 1st of the month following 30 days of employment
Qualifying life events	With 30 days of the event date	The date of the qualifying life event
Open Enrollment	2021 Open Enrollment Oct 12 - Oct 30, 2020	January 1, 2021

QUALIFYING LIFE EVENT

The benefits you elect as a new hire are the benefits you will have for the entire calendar year. Benefits can only be changed mid-year if you experience a qualifying life event (QLE) which includes birth/adoption of a child, marriage, divorce/legal separation, loss/gain of other coverage and change in job status (promotion or demotion). You have 30 days from the date of the QLE to make changes to your benefits.

WHEN COVERAGE ENDS

When leaving the district, your coverage end date will depend upon your employee type. Please review the chart below in detail. If applicable, your contract should be reviewed as well.

	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	<ul style="list-style-type: none"> 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 a leave of absence. If you waive coverage while on unpaid leave and wish to be reinstated upon your return to work, please email the benefits team at benefitquestions@columbus.k12.oh.us, within the first 30 days from your return to work date to request reinstatement of your benefits. The benefits team will set up ESS so you can re-enroll.

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.

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 Worker's 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.

HELPFUL HINT

If you need to request a leave of absence, email the CCS leaves team at leavesofabsence@columbus.k12.oh.us

DEPENDENT ELIGIBILITY AND VERIFICATION



If you are enrolling any NEW dependents in your Core Benefits, you will be required to provide eligibility documents to HMS, the third party verification administrator for Columbus City Schools.

Eligible Dependents

Spouses and children are considered eligible for coverage under the CCS benefit plans. Dependent children are eligible for medical and vision coverage through age 26 and will end at the end of the month of their 26th birthday. Dental benefits for children run through age 23 with benefits ending on the 23rd birthday.

Dependent Verification Process

HMS will contact you directly via your Columbus City School email address. They will provide you with the names of the dependents you are being asked to verify and the deadline in which you have to send in the required documentation. Below is a list of eligible dependents and the required documents. Participation in the verification program is mandatory and any unverified dependents will be removed from the plan. The program ensures we are able to offer our employees benefit plans that are cost effective with competitive rates.

Required Dependent Information

If you are enrolling an eligible dependent in your Core Benefits, the following information is required when entering your dependent in Employee Self Service (ESS)

- Date of Birth MM/DD/YYYY
- Social Security Number ###-##-####
- Gender

Dependent children are eligible for medical and vision until the age of 26 and dental until the age of 23.

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)

CORE BENEFITS



MEDICAL BENEFITS

UnitedHealthcare

Columbus City Schools is proud to offer medical coverage through UnitedHealthcare (UHC).

Three plan options to choose from:

1. Select Basic Plan (classified employee only)

This plan offers lower rates than other plan options but has higher co-pays for medical services and prescription drugs. This plan includes a deductible and out-of-pocket max. This plan does not offer any out-of-network coverage, with the exception of approved emergency services.

2. Select Plan

This plan offers affordable rates and co-pays for many services. This plan includes a deductible and out-of-pocket max. These differ depending on your employee classification. This plan does not offer any out-of-network coverage, with the exception of approved emergency services.

3. Choice Plan

This plan offers higher rates compared to the other plan options. This plan includes a deductible and out-of-pocket max. These differ depending on your employee classification. This plan includes network and out-of-network coverage. Be aware the out-of-network coverage has higher out-of-pocket costs.

Condition Management Programs

Disease Management

UnitedHealthcare offers so much more than just great healthcare coverage, they also provide support to help you stay healthy. UHC provides personal health support if you are managing a chronic disease like diabetes or heart disease. UHC's Condition Management Program is there for you every step of the way. UHC may reach out to directly so that you can take advantage of the programs available to you or call the number on the back of your ID card to ask how UHC can help.

Maternity Support Management

The Maternity Support Program is here for anyone thinking about having a baby or if you have a baby on the way. UHC can help you choose a doctor for yourself and a pediatrician for your newborn. They can provide you with information to help you take care of yourself and your baby. Call **877-201-5328** Monday – Friday or visit myuhc.phs.com/maternitysupport anytime to get started.

Preventive Care

Routine preventive care can be the best way to prevent disease and catch disease early.

General preventive services are covered by your health plan at 100%.

To find out what preventive care you should be receiving, contact your doctor or visit:

uhc.com/preventivecare.

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, the plan will pay 100% of your covered charges for the balance of the year.

COLUMBUS CITY SCHOOLS Medical/Pharmacy Benefit Summaries
Certificated Employees & Administrators

Benefit	Select	Choice	
		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.

COLUMBUS CITY SCHOOLS Medical/Pharmacy Benefit Summaries
Classified Employees & Classified Supervisors

Benefit	Select	Choice		Select Basic
		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.

UHC Virtual Visits

UnitedHealthcare offers options for you to receive care and manage your health from the convenience and safety of your own home.

See a doctor from the comfort of your own home or wherever you may be! Virtual Visits are accessible day or night. All you need is a phone, tablet or computer with a camera and an internet connection.

Virtual Visits are a great option for treating;

- Allergies
- Cough/Cold
- Migraine/Headache
- Pink eye
- Skin rashes
- Seasonal Flu

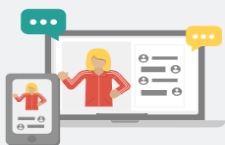
Virtual Visits can be used for a quick assessment of severity. This can help you determine if it is necessary to seek outside treatment. For more information visit uhc.com/virtual-visits. UHC has partnered with three telehealth providers; **Teladoc**, **amwell** and **dr. on demand**.



Real Appeal **NEW Program!**

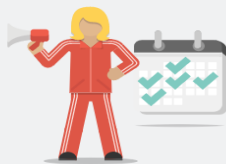
CCS is proud to offer Real Appeal; a lifestyle program to help you lose weight, feel better and improve your overall health. Any employee or dependent wishing to enroll in the Real Appeal Program, must be covered under the CCS's medical insurance plan with UHC.

What You Can Expect



Live Online Sessions ⓘ

Join weekly online group sessions led by your coach, with the flexibility to reschedule anytime.



Tailored to You

You're not visible in our sessions and how you participate is up to you. Scheduling a makeup is easy too.



Stay on Track

Use the fitness, food and weight trackers to help stay on top of your progress everyday.



Success Kit

Kickstart weight loss with your success kit tools including, a food scale, exercise DVDs and guides.

What You Need To Register



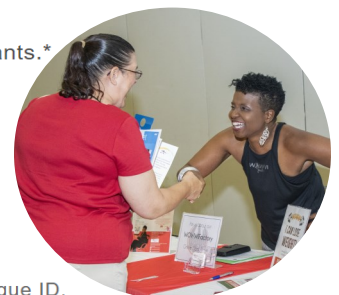
Health Insurance Card ▶ Real Appeal is available at no cost to eligible health plan participants.*



Personal Calendar ▶ Have it handy when you choose your weekly session day and time.



Shipping Address ▶ We'll mail a success kit out to you after your first session.








* Some employers may ask for alternate forms of identification, like SSN (last 4 digits), employee ID, or other unique ID.

WHERE TO GO FOR CARE

Compare quick care options to help keep costs down.

Call 911 or go to an emergency room (ER) if you have a life-threatening condition. For everything else, see your primary care physician (PCP) or family doctor first. If seeing your PCP isn't possible, it's important to know your quick care options, especially before heading to an ER.

Getting care at the best place for your condition could **save you up to \$1,900 compared to an ER visit**. For more details on quick care options, visit uhc.com/checkchoosego.

	START HERE				
Quick Care Options	 PCP Care from the doctor who knows you best.	 Virtual Visits See a doctor, Whenever, wherever.	 ConvenienceCare Basic conditions that aren't life-threatening	 Urgent Care Basic conditions that aren't life-threatening	 Emergency Room Emergency conditions that could be life-threatening
Average Cost*	\$20	\$20	\$20	\$50	\$100
Hours	Varies by location	24/7	Varies by location	Varies by location - may be open nights/weekends	24/7
How to Connect	Contact your PCP	myuhc.com/virtualvisits	myuhc.com	myuhc.com	myuhc.com
✓ indicates the recommended place for care for the following common conditions:					
Broken bone				✓	✓
Chest pain					✓
Cough	✓	✓	✓		
Fever	✓	✓	✓		
Muscle strain	✓		✓		
Pinkeye	✓	✓	✓		
Shortness of breath					✓
Sinus problems	✓	✓	✓		
Sore throat	✓	✓	✓		
Sprain	✓		✓	✓	
Urinary tract infection	✓	✓	✓		



Need to find a network provider or PCP? Visiting an out-of-network provider could end up costing you more for care. To find a PCP, urgent care centers and emergency rooms in your network, go to myuhc.com.
Not sure where to go for care? Call the number on your health plan ID card.



To find an in-network doctor - go to myuhc.com.

1. Click on *Find a Doctor*
2. Click *Medical or Behavioral Directory*
3. Click *All UHC Plans*
4. Click *Choice Plus*

PHARMACY BENEFITS



Express Scripts

Columbus City Schools has partnered with Express Scripts to offer our employees a trusted name in prescription drug coverage.

*All prescription drug co-pays and costs can be found on pages 9 and 10 of the benefit guide.

Express Scripts also have pharmacists available 24/7 to answer questions about drug interactions, side effects, medication risk and benefits and many other prescription drug questions and concerns you might have.

Express Scripts Home Delivery Pharmacy

Express Scripts offers home delivery on most maintenance medications and it comes with an additional savings. Express Scripts will ship up to a 90 day supply of your medication directly to your doorstep. The shipping is free and for an added convenience you can set up your prescriptions to auto-refill. Simply ask your doctor to send your prescriptions directly to Express Scripts to fill every 90 days.

Getting Started with Home Delivery

Choose an option that's most convenient for you. Please note: It's recommended that you have a 30-day supply of medication on hand before your first order.



Online

If you haven't created an account, go to www.express-scripts.com and click *Register*. Once your account is up and running, you can switch medication to Home Delivery, order refills, track orders, and much more.



e-Prescribe

Ask your doctor to submit your prescription electronically (e-Prescribe). Express Scripts Pharmacy® will process your prescription and mail it to you. If a copayment applies, you'll receive an invoice in the mail.

Your doctor can submit prescriptions directly to us through the electronic medical record (EMR) at: Express Scripts Home Delivery Pharmacy, 4600 North Hanley Road, St. Louis, MO 63134.



Mobile app

If you have an existing prescription at a retail or military pharmacy, you can transfer it to delivery using the Express Scripts® mobile app. Simply download the app today for FREE by searching "Express Scripts" in your mobile app store and sign in to get started.



Phone

Call **(877)363-1303** and have your prescription bottle ready. A patient care advocate will work with your doctor to transfer your medication to Home Delivery.



Mail

Fill out the [Home Delivery Order Form](#) (available online) and then mail the form and your 90-day prescription to the address listed on the form.

If you elect medical coverage with CCS, you will automatically be enrolled in the prescription drug coverage. Please note that Express Scripts will mail a separate prescription drug ID card to your home. Your UHC ID number and your Express Scripts ID number are the same.

DENTAL BENEFITS



Delta Dental

Because oral health is so important, Columbus City Schools offers a dental plan to help you keep your mouth and your family's mouths healthy!

Maximizing your Dental Benefits

To get the most of our dental benefits, search for a dentist that participates in the Delta Dental **PPO or Premier Network**. This will ensure hassle free claim submission and protects you from unexpected balance billing from the dentist. ***Balance billing** is when the nonparticipating doctor charges more than the insurance company pays participating providers. Delta Dental will only pay their highest contracted rate

to nonparticipating dentist. The dentist may pass off the additional costs to you.

NOTE: Dependent eligibility for dependents covered under the CCS dental plan ends at the age of 23.

To find a network participating dentist:

Visit www.deltadentaloh.com or Call 1-800-282-0747.

Delta Dental DOES NOT issue ID cards.
Tell your dentist you have Delta Dental to verify your coverage.

	Delta Dental PPO/Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays <small>*patient may be balance billed</small>
Plan Deductible	\$0	
Annual Calendar Maximum Benefit	\$1,500 per person	
Orthodontic Lifetime Maximum Benefit	50% up to \$1,000 per person/lifetime (no age restriction)	
Diagnostic & Preventative		
Diagnostic and Preventative Services —exams, cleanings, fluoride and space maintainers	100%	100%
Emergency Palliative Treatment —to temporarily relieve pain	100%	100%
Radiographs —X-rays	100%	100%
Basic Services		
Minor Restorative Services —fillings and crown repair	80%	80%
Endodontic Services —root canals	80%	80%
Periodontic Services —to treat gum disease	80%	80%
Oral Surgery Services —extractions and dental surgery	80%	80%
Major Restorative Services —crowns	80%	80%
Other Basic Services —misc. services	80%	80%
Relines and Repairs —to bridges, implants and dentures	80%	80%
Major Service		
Prosthodontic Service —bridges, implants and dentures	50%	50%

VISION BENEFITS



VSP *NEW! Buy-up plan for 2021*

Columbus City Schools has partnered with VSP to offer District employees **two** vision options; the original base plan and a new buy up plan that offers more coverage. While both are great options; you might find one that better fits your needs.

1. **Vision Base Plan** - this plan is 100% paid for by the District for most employees (Latchkey Teachers and Job Share Teachers are required to pay a portion of the premium)
2. **Vision Buy-Up Plan** - this plan offers a more extensive vision option and the premium for the additional benefits are covered 100% by the employee.

To find an in-network provider visit the VSP website at www.vsp.com.

VSP also offers extra savings if you choose to buy your eyewear online at eyeconic. Visit www.eyeconic.com for more information.

VSP does NOT issue ID cards. Tell your vision provider you have VSP to verify your coverage.

	Base Plan	Buy-Up Plan	Out-of-Network (applies to both plans)
Routine Eye Exam	\$10.00 (applies to exam and lenses materials) Once every 24 months	\$10.00 co-pay Once every 12 months	Up to \$50 Follows frequency of in-network benefit
Frames	\$105 + 20% off any balance	\$150 + 20% off any balance	Up to \$70 Follows frequency of in-network benefit
Single Vision Lenses	Covered in full after \$10 copay Once every 24 months	Covered in full after \$25 copay Once every 12 months	Up to \$50 Follows frequency of in-network benefit
Bifocal Lenses	Covered in Full after \$10 copay Once every 24 months	Covered in Full after \$25 copay Once every 12 months	Up to \$75 Follows frequency of in-network benefit
Trifocal Lenses	Covered in Full after \$10 copay Once every 24 months	Covered in Full after \$25 copay Once every 12 months	Up to \$100 Follows frequency of in-network benefit
Lens Enhancements	\$14-\$70 copay depending on enhancement Once every 24 months	\$14-\$70 copay depending on enhancement Once every 12 months	Not available
Contact Lenses (in lieu of eyeglasses)	\$105 Once every 24 months	\$150 Once every 12 months	Up to \$105 Follows frequency of in-network benefit

BOARD SPONSORED LIFE INSURANCE

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 Life Insurance (page 26).

Available Services

The Hartford has a suite of valuable additional services 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 The District 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. Please note that tutors and latchkey teachers are not eligible to elect Supplemental Life Insurance.

The board paid basic life insurance and the supplemental life insurance with The Hartford is coverage on yourself. If you would like to cover your spouse or dependent child(ren), please see the Allstate Term Life information on page 26.

FLEXIBLE SPENDING

ACCOUNTS (FSA)

Discovery Benefits

As part of the wide range of benefits choices, Columbus City Schools offers Flexible Spending Accounts (FSA). FSAs give you the opportunity to set aside money on a pre-tax basis for medical and childcare expenses.

Medical FSA

- These dollars can be used to pay for a wide range of healthcare expenses. Some of the common expenses include; medical, dental and vision copays and deductibles. There is also a long list of over-the-counter items, these dollars can be used for. For a full list of eligible expenses, visit discoverybenefits.com/employees/eligible-expenses. Also take advantage of your dollars at FSASore.com.
- **Minimum Annual Contribution: \$260**
Maximum Annual Contribution: \$2,500
- If you are enrolling in the Medical FSA for the first time with CCS you will receive a Discovery Benefits debit card in the mail. If you are re-enrolling you may continue to use the debit card from the previous year. As you use your dollars you may receive an email from Discovery asking for substantiation of the dollars you spent. **Make sure to hold on to your receipts as you may need these.**

Dependent Care FSA (DCFSA)

- These dollars can be used for child care expenses for a dependent child under the age of 13. These expenses can include daycare, latchkey/after school programs and day camps. Dollars can also be used for adult daycare for a disabled adult dependent or an elderly parent.
- **Minimum Annual Contribution: \$260**
Maximum Annual Contribution: \$5,000
- Submit daycare receipts to Discovery Benefits. DCFSA reimbursements will be issued as your account is funded. DCFSA funds cannot be used prior to being deducted from your payroll check.

You must re-enroll in your FSA every year. Your previous year elections do not carry over.

FSA dollars are use it or lose it so please budget wisely when planning your contributions. The medical FSA offers a grace period until March 15th of the following year to incur new claims and submit for reimbursement. For DCFSA you have 120 after the end of the plan year to submit claims, but all claims must be incurred during the plan year.



DO THE MATH!

When deciding how much you would like to contribute, consider how much you want to deduct from each payroll check or how much you want to contribute annually.

If you have a total annual election in mind; divide that number by the remaining pay dates in the calendar year. Don't forget to consider how many paychecks your receive in a year (21 or 26).

Example:

If you need **\$500** for the year and have 26 paychecks remaining;

$$\mathbf{\$500 \div 26 \text{ pay periods} = \$19.23 \text{ per paycheck}}$$

Please note that FSA plans are regulated by the IRS. If you have any tax concerns or questions about you or family's eligibility please contact your tax advisor.

Important Dates for your Medical and Dependent Care FSA Accounts

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

- Check your account balance and view account activity
- Get 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

General Plan Rules

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

- Under plan guidelines for the Medical Flexible Spending Account, you have up until March 15, 2022 to continue to incur medical expenses and use funds that have not been exhausted from your 2021 accounts.

For example, you can go to the dentist in February 2022, get a root canal, and use 2021 FSA dollars to pay for this expense.

The grace period described above does not apply to funds in the Dependent Care Account.

- The IRS allows you to continue to be reimbursed for money left in both your Dependent and Health Care Flexible Spending Accounts from 2021. All submissions for reimbursement for the 2021 Dependent and Health Care Flexible Spending Accounts are due to Discovery Benefits no later than **April 30, 2022. 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 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.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Guidance Resources

Life can be stressful at times and Columbus City Schools wants to make sure you have resources to help you navigate these stressful times. We are proud to partner with GuidanceResources to deliver the services provided by the EAP.

GuidanceResources is available 24 hours a day, seven days a week. EAP specialists can help with 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



GuidanceResources® Online
24/7 Support, Resources & Information

If you or someone in your family would benefit from counseling, whether it's in-person, over the phone, through video or chat, with a licensed professional, the EAP will cover up to 4 sessions per family member.

EAP services are available to and your family at no cost.

All calls and appointments with Guidance Resources are confidential. Each employee should feel secure and comfortable when reaching out to GuidanceResources.

Guidance Resources
Call: 1-800-774-6420
Online: www.guidanceresources.com
Web ID: CCS

Certificated Employees & Administrators

2021 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

MEDICAL

21 Pay Plan	Select	Choice
Employee only	\$48.26	\$56.46
Employee plus Child	\$96.24	\$112.58
Employee plus Spouse (grandfathered rates)**	\$96.24	\$112.58
Employee plus Spouse*	\$269.43	\$285.78
Employee plus Children	\$142.01	\$166.13
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$142.01	\$166.13
Family (Employee plus Spouse and child(ren))*	\$397.53	\$421.65

26 Pay Plan	Select	Choice
Employee only	\$38.98	\$45.60
Employee plus Child	\$77.73	\$90.93
Employee plus Spouse (grandfathered rates)**	\$77.73	\$90.93
Employee plus Spouse*	\$217.62	\$230.82
Employee plus Children	\$114.70	\$134.18
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$114.70	\$134.18
Family (Employee plus Spouse and child(ren))*	\$321.08	\$340.56

* 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	\$3.87	\$3.12
Family	\$3.87	\$3.12

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$4.17	\$3.37

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Employee + 2 or more	\$8.95	\$7.23

The Base Vision plan is paid 100% by the District.

Classified Employees

2021 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

MEDICAL

21 Pay Plan	Select Basic	Select	Choice
Employee only	\$12.01	\$23.50	\$53.94
Employee plus Child	\$23.94	\$46.86	\$107.55
Employee plus Spouse (grandfathered rates)**	\$23.94	\$46.86	\$107.55
Employee plus Spouse*	\$239.04	\$261.95	\$322.65
Employee plus Children	\$35.35	\$69.14	\$158.68
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$35.35	\$69.14	\$158.68
Family (Employee plus Spouse and child(ren))*	\$352.70	\$386.50	\$476.03

26 Pay Plan	Select Basic	Select	Choice
Employee only	\$9.70	\$18.98	\$43.56
Employee plus Child	\$19.34	\$37.85	\$86.87
Employee plus Spouse (grandfathered rates)**	\$19.34	\$37.85	\$86.87
Employee plus Spouse*	\$193.07	\$211.58	\$260.60
Employee plus Children	\$28.55	\$55.85	\$128.16
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$28.55	\$55.85	\$128.16
Family (Employee plus Spouse and child(ren))*	\$284.88	\$312.17	\$384.49

* 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	\$3.87	\$3.12
Family	\$3.87	\$3.12

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$4.17	\$3.37

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Employee + 2 or more	\$8.95	\$7.23

The Base Vision plan is paid 100% by the District.

Eligible Tutors

2021 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

MEDICAL

21 Pay Plan	Select	Choice
Tutors (15-25 scheduled hours)		
Employee only	\$221.98	\$230.18
Employee plus one (Child or Spouse)	\$442.63	\$458.98
Family (Employee plus Spouse and child(ren))	\$653.05	\$677.17
Tutors (Over 25 scheduled hours)		
Employee only	\$126.43	\$134.63
Employee plus one (Child or Spouse)	\$252.11	\$268.46
Family (Employee plus Spouse and child(ren))	\$371.97	\$396.09

26 Pay Plan	Select	Choice
Tutors (15-25 scheduled hours)		
Employee only	\$179.29	\$185.92
Employee plus one (Child or Spouse)	\$357.51	\$370.71
Family (Employee plus Spouse and child(ren))	\$527.46	\$546.95
Tutors (Over 25 scheduled hours)		
Employee only	\$102.12	\$108.74
Employee plus one (Child or Spouse)	\$203.63	\$216.83
Family (Employee plus Spouse and child(ren))	\$300.43	\$319.92

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only (15-25 hours)	\$19.35	\$15.63
Family (15-25 hours)	\$19.35	\$15.63
Employee Only (over 25 hours)	\$10.83	\$8.75
Family (over 25 hours)	\$10.83	\$8.75

VISION BUY-UP

15 + hours	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Employee + 2 or more	\$8.95	\$7.23

The Base Vision plan is paid 100% by the District.

LIFE INSURANCE

	21 Pay	26 Pay Plan
Basic Life \$50,000 (Board Paid)	\$0.00	\$0.00

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

Latchkey Teachers

2021 Employee Benefit Contributions Per Pay

MEDICAL

21 Pay Plan	Select	Choice
Employee only	\$126.43	\$134.63
Employee plus one (Child or Spouse)	\$252.11	\$268.46
Family (Child or Spouse)	\$371.97	\$396.09

26 Pay Plan	Select	Choice
Employee only	\$102.12	\$108.74
Employee plus one (Child or Spouse)	\$203.63	\$216.83
Family (Child or Spouse)	\$300.43	\$319.92

DENTAL

	21 Pay Plan	26 Pay Plan
Employee only	\$10.83	\$8.75
Family	\$10.83	\$8.75

VISION BASE

	21 Pay Plan	26 Pay Plan
Employee Only	\$0.58	\$0.47
Employee + 1	\$1.16	\$0.94
Employee + 2 or more	\$1.87	\$1.51

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$3.36	\$2.71
Employee + 1	\$6.71	\$5.42
Employee + 2 or more	\$10.82	\$8.74

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

Job Share Teachers

2021 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

MEDICAL

21 Pay Plan	Select	Choice
Job Share Percentage	50%	50%
Employee only	\$243.69	\$251.89
Employee plus Child	\$485.91	\$502.25
Employee plus Spouse (grandfathered rates)**	\$485.91	\$502.25
Employee plus Spouse*	\$572.51	\$588.85
Employee plus Children	\$716.93	\$741.06
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$716.93	\$741.06
Family (Employee plus Spouse and child(ren))*	\$844.69	\$868.82

26 Pay Plan	Select	Choice
Job Share Percentage	50%	50%
Employee only	\$196.82	\$203.45
Employee plus Child	\$392.46	\$405.66
Employee plus Spouse (grandfathered rates)**	\$392.46	\$405.66
Employee plus Spouse*	\$462.41	\$475.61
Employee plus Children	\$579.06	\$598.55
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$579.06	\$598.55
Family (Employee plus Spouse and child(ren))*	\$682.25	\$701.74

*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 50%

	21 Pay Plan	26 Pay Plan
Employee only	\$21.28	\$17.19
Family	\$21.28	\$17.19

VISION BASE 50%

	21 Pay Plan	26 Pay Plan
Employee Only	\$1.03	\$0.84
Employee + 1	\$2.07	\$1.68
Employee + 2 or more	\$3.34	\$2.70

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$25,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$25,000	\$2.09	\$1.68

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$3.81	\$3.08
Employee + 1	\$7.63	\$6.16
Employee + 2 or more	\$12.29	\$9.93

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 may be required for late entry into the plan.

How to Enroll

- Schedule an appointment with US Enrollment Services within 30 days of your hire/eligibility date to get more information and enroll in your Voluntary Benefits.
- You can schedule an appointment by visiting: www.usenrollments.com/ColumbusCitySchoolsAppointments

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 policy to reflect salary changes.

Accident Insurance - Voya

Accident Insurance pays you cash benefits for 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 and is not health insurance.

Plan Features

- 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.

Plan Benefits with Accident Coverage

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
- Burns
- Concussions
- Fractures
- Common Injuries
- Accidental Death & Dismemberment
- Catastrophic Accident Benefits

Wellness Benefit with Accident Coverage

Wellness Benefit: \$100 for employee & spouse per year for completing a health screening test, \$25 for each child up to a maximum of \$200 per year for all children (see Critical Illness section on page 25 for more information about the wellness benefit).

To file a claim with VOYA or to speak with a Customer Service Representative Call: 1-866-228-8742

*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 (CI) Insurance - Voya

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, and can help you pay for medical expenses such as deductibles and copays, child care, home healthcare costs, and monthly living expenses. Critical Illness Insurance is a limited benefit policy and is not health insurance.

Plan Features

- **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

Covered Illnesses

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%)

Maximum CI Benefits

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

Multiple Claims

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.

Wellness Benefit with CI Coverage

- 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 \$25 per child with an annual maximum of \$200 for all children.

*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.

Call Voya at 1-877-236-7564 for more information

Group Term to Age 100 Life Insurance

Life is unpredictable. You do not 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.

If you would like to carry a life insurance policy on your spouse or dependent children, the voluntary term life benefits with Allstate is the opportunity to those in your family.

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 convenient post-tax payroll deductions.

The LegalGuard Plan includes Unlimited free consultations with plan attorneys in person, over the phone, or online. The plan includes a wide range of drafting and/or reviewing 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. The plan will cover a simple divorce in full. Many other family law issues are also covered such as child support, child custody and adoptions. In addition, criminal defense matters, real estate matters and more.

Other Benefits Include Financial Planning, Identity Theft, Prevention Identity, Theft Recovery and Debt Management.

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 two 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, get a quote and enroll visit: <https://benefits.petinsurance.com/columbus-city-schools26>

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 <https://www.ccssoh.us/Page/5994>.

Columbus City Schools Wellness Initiative:



The CCS Wellness Initiative offers programming that addresses the eight dimensions of wellness: emotional, physical, social, occupational, spiritual, financial, environmental, and intellectual.

Initiative goals are designed to improve staff personal well-being, reduce absenteeism, benefit costs, and supports the district mission to educate students. The Wellness Initiative supports this mission: by improving student success through creating and fostering a culture of wellness that results in healthy behaviors among students and staff.



To learn more about this benefit, visit:
ccsoh.us/wellness

Tuition Discounts

Ashland University

CCS has partnered with Ashland University to provide district employees, spouses, and dependents to receive discounted tuition for associate, bachelor's, master's and doctoral programs.

- Online undergraduate students: 10% tuition discount on top of most grants, scholarships, and student loans.
- Traditional on-campus full-time undergraduate students: \$1,000 per year (\$500 per semester) on top of any other grants, scholarships, and student loans.
- All Graduate students: 10% percent tuition discount on top of any other grants, scholarships, and student loans.
- All students participating in our RN-BSN program: \$200 per credit hour

Otterbein University

The Otterbein Scholarship for children of CCS employees is available to any undergraduate under the age of 23 who has not completed a Bachelor's degree, whether they are applying as a new first-time first year student or a transfer student. The current value of the award is \$19,000, renewable for all 4 years, giving your children the opportunity to access all of the benefits of a private university at public school prices.

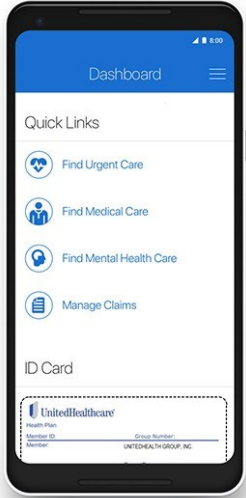
Ohio Dominican University

CCS has partnered with Ohio Dominican University to offer tuition discounting for CCS employees, spouses, and dependents for the following graduate programs:

- Master of Arts in English
- Master of Arts in (TESOL)
- Master of Business Administration (data analytics, risk management, leadership, finance, accounting, and sports management)
- Master of Education (including curriculum and instruction and educational leadership with endorsements in early childhood, reading, teacher leader, and TESOL)
- Master of Science in Sport Management
- Master of Theology

Columbus City Schools is always looking for new opportunities in the community to create partnerships that bring our employees great benefits. For the most recent list of tuition discount opportunities please review the Columbus City Schools Benefits webpage.

GO MOBILE



UnitedHealthcare

When you're out and about, the UnitedHealthcare app puts your health at your fingertips. Download it today to get instant access to your health plan details

Find care

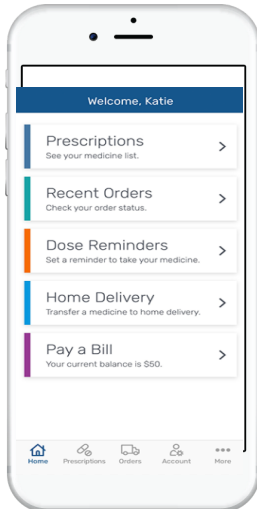
- Find network care options for doctors, clinics and hospitals in your area.
- Talk to a doctor by video 24/7.
- See reviews and ratings for doctors.

Manage health plan details

- Generate and share digital health plan ID cards.
- View claims and account balances.

Stay on top of Costs

- Contact a registered nurse 24/7 for advice about medical questions.
- Use the Talk to Me tool to ask a service representative to call you and answer questions about claims and benefits.

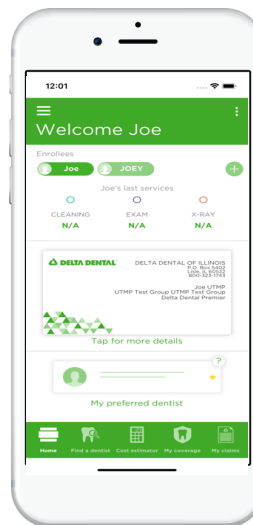


Express Scripts

The newly designed Express Scripts app lets you easily and quickly find everything you need for your medicine.

You can:

- Order refills for you or your family
- Track Orders
- Start automatic refills
- Access ID card

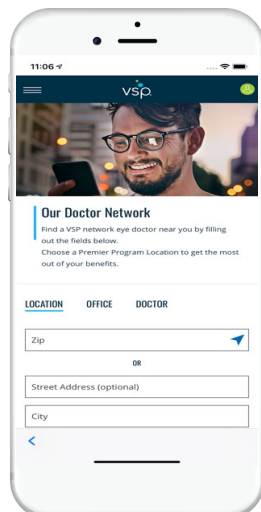


Delta Dental of Ohio

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
- Access to your ID card
- Check claims
- View coverage
- Display virtual ID card

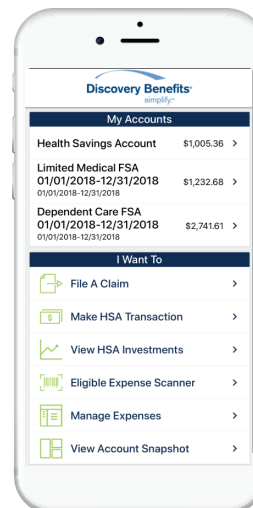


VSP

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



Discovery Benefits (FSA)

Real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

- View statements and notifications
- Check balances and see account activity
- Get instant notifications on claim statuses
- Upload claim verification documents

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/she and/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 your 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 2020

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,

ALABAMA—Medicaid	COLORADO—Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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-plusCHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA—Medicaid	FLORIDA—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: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
CALIFORNIA—Medicaid	INDIANA—Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	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
IOWA—Medicaid and CHIP (Hawki)	NEBRASKA—Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS—Medicaid	NEVADA—Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY—Medicaid	NEW HAMPSHIRE—Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-8 55-4 59-6 328 Email: KIHIP.PPROGRAM@ky.gov Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-8 77-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	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

LOUISIANA—Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEW JERSEY—Medicaid and CHIP 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
MAINE—Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NEW YORK—Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS—Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	NORTH CAROLINA—Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA—Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	NORTH DAKOTA—Medicaid Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825
MISSOURI—Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OKLAHOMA—Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA—Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPPP Phone: 1-800-694-3084	OREGON—Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA—Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	RHODE ISLAND—Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA—Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	VIRGINIA—Medicaid and CHIP Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA—Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON—Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS—Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WEST VIRGINIA—Medicaid Website: http://mywvhipp.com/Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH—Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN—Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/pl/p10095.pdf Phone: 1-800-362-3002
VERMONT—Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WYOMING—Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2020, 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.

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.



2021
**EMPLOYEE
BENEFITS
GUIDE**

Exhibit Hall

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MEN



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