



**COLUMBUS**  
CITY SCHOOLS

2022

**EMPLOYEE**  
**BENEFITS**  
GUIDE

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# BENEFIT CONTACTS

Benefit Plan	Provider	Group/Plan #	Contacts	Website
Medical	UnitedHealthcare (UHC)	918500	1-844-210-6436	<a href="http://www.myuhc.com">www.myuhc.com</a>
Prescription Drugs	Express Scripts	CBYA	1-866-533-7005	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Dental	Delta Dental of OH	0215	1-800-282-0749	<a href="http://www.deltadentaloh.com">www.deltadentaloh.com</a>
Vision	Vision Service Plan (VSP)	30099933	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Basic Term and Supplemental Life Insurance	The Hartford	681625	1-888-563-1124	<a href="http://www.thehartford.com/employee-benefits/claims">www.thehartford.com/employee-benefits/claims</a>
Flexible Spending Account (FSA)	WEX (formerly Discovery Benefits)	Columbus City Schools	1-866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Employee Assistance Program (EAP) & HealthAdvocacy	HealthAdvocate	Columbus City Schools	1-866-799-2728	<a href="http://www.HealthAdvocate.com/members">www.HealthAdvocate.com/members</a>
Benefits Information	Columbus City Schools	N/A	Benefitquestions@columbus.k12.oh.us	<a href="https://www.ccssoh.us/employeebenefits">https://www.ccssoh.us/employeebenefits</a>
Dependent Verification	COTIVITI	Columbus City Schools	1-866-868-8991	<a href="https://verifyos.com">https://verifyos.com</a>
Voluntary Benefit Enrollment	US Enrollment Services	Columbus City Schools	1-800-735-0080	<a href="http://www.usenrollments.com/ColumbusCitySchoolsAppointments">www.usenrollments.com/ColumbusCitySchoolsAppointments</a>
Term to 100 Life Insurance	Allstate	N/A	1-800-521-3535	<a href="http://www.allstatebenefits.com/">www.allstatebenefits.com/</a>
Short Term Disability (STD) Claim Filing	Voya	70215-3	1-866-228-8742	<a href="https://claimscenter.voya.com">https://claimscenter.voya.com</a>
Critical Illness Insurance Claim Filing	Voya	70215-3	1-888-238-4840	<a href="https://claimscenter.voya.com">https://claimscenter.voya.com</a>
Accident Insurance Claim Filing	Voya	70215-3	1-888-238-4840	<a href="https://claimscenter.voya.com">https://claimscenter.voya.com</a>
Legal Insurance	LegalEASE	1000030	1-888-205-4025, hotline@legalaccessplans.com	<a href="http://vsc-legalease.com">http://vsc-legalease.com</a>
Pet Insurance Enrollment Information	Nationwide Insurance	Columbus City Schools	1-877-738-7874	<a href="https://benefits.petinsurance.com/columbus-city-schools26">https://benefits.petinsurance.com/columbus-city-schools26</a>
Leave of Absence Requests	CCS Leaves Department	Columbus City Schools	(614) 365-6791, leavesofabsence@columbus.k12.oh.us	<a href="https://www.ccssoh.us/Page/2344">https://www.ccssoh.us/Page/2344</a>

# 2022 OPEN ENROLLMENT

OCTOBER 11-29, 2021

## IMPORTANT INFORMATION

### Certificated/Administrator Plan Design

**Change** - Please be sure to review the updated plan designs on page 9 of this guide.

**Flexible Spending Accounts (FSA)** - If you wish to contribute to an FSA, you must re-enroll for 2022. If you have an election from 2021, 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 your dependents eligibility. For more information see page 7.

**Payroll Deductions** - The first 2022 election will begin on November 26, 2021 for 21 pay employees and December 10, 2021 for 26 (stretch) pay employees. Be sure to review your paycheck in ESS to verify your new rates.

**All employees hired prior to November 1, 2021, must make Open Enrollment elections for 2022!**

### **Hired after November 1, 2021?**

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

**Questions? Email Us**  
[benefitquestions@columbus.k12.oh.us](mailto:benefitquestions@columbus.k12.oh.us)

## 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 and Voluntary Benefits

- US Enrollment can set up a co-browsing sessions to view your screen and help you make elections for your core benefits. Make sure to have access to ESS at the time of your appointment and be sitting at a computer at the time of your appointment.
- **You can schedule an appointment by visiting: [www.usenrollments.com/employer/ColumbusCitySchoolsAppointments](http://www.usenrollments.com/employer/ColumbusCitySchoolsAppointments) or by calling 800-735-0080 Monday - Friday, 8am - 4:30pm.**

You must be at a computer if you need assistance with your Employee Self Service enrollment.

# 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/employer/ColumbusCitySchoolsAppointments](http://www.usenrollments.com/employer/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 access 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"> <li>• New Hire</li> <li>• Transfer into a benefits eligible position</li> <li>• Return from a leave of absence and benefits lapsed</li> </ul>	Within 30 days from your hire/ transfer/ return from leave date	The 1st of the month following 30 days of employment
Qualifying life events	Within 30 days of the event date	The date of the qualifying life event
Open Enrollment	2022 Open Enrollment Oct 11 - Oct 29, 2021	January 1, 2022

## 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"> <li>Medical and Vision - Benefits end at the end of the month of your dependent's 26th birthday</li> <li>Dental - Benefits end on your dependent's 23rd birthday</li> </ul>	
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](mailto: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, if you move into an unpaid status while on leave, you will receive documentation regarding eligibility to continue benefits.

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](mailto: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 COTIVITI, 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 their 23rd birthday.

## Dependent Verification Process

**COTIVITI will contact you directly via your CCS 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 you 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](http://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](http://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
<b>Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted</b>				
Medical Deductible Individual/Family	\$500/\$1,000		\$500/\$1,000	\$1,000/\$2,000
Annual Out-of-Pocket Maximum (OOP)	<b>Network medical and pharmacy copayments, deductibles and coinsurance will accumulate to the Out of Pocket Maximum.</b>			
Medical OOP Individual/Family	\$1,500/\$3,000		\$1,500/\$3,000	\$3,000/\$6,000
Preventive Care Services (Routine preventive care services)	\$0 Copay		\$0 Copay	Not Covered
Primary Care Physician Office Visit	\$20 Copay		\$20 Copay	20% Coinsurance after deductible
Specialist Office Visits	\$30 Copay		\$30 Copay	20% Coinsurance after deductible
Urgent Care Visits	\$35 Copay		\$45 Copay	Not Covered
Hospital Emergency Room	<b>\$200 Copay (waived if admitted)</b>		<b>\$200 Copay (waived if admitted)</b>	<b>\$200 Copay (waived if admitted)</b>
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	<b>0% Coinsurance after deductible</b>		<b>0% Coinsurance after deductible</b>	<b>20% Coinsurance after deductible</b>
Chiropractic Services (30 visits per year)	\$30 Copay		\$30 Copay	20% Coinsurance after deductible
Physical and Occupational Therapy (60 visits per year combined)	\$30 Copay		\$30 Copay	20% Coinsurance after deductible
Speech Therapy (20 visits per year)	\$30 Copay		\$30 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
Prescription Drugs Retail Pharmacy (30 day supply)	\$8 Generic / \$50 Brand Preferred / \$80 Brand Non-Preferred / Specialty 20% (\$80 min, \$120 max)		\$8 Generic / \$50 Brand Preferred / \$80 Brand Non-Preferred / Specialty 20% (\$80 min, \$120 max)	50% Coinsurance
Prescription Drugs Mail Order Pharmacy (90 day supply)	\$20 Generic / \$100 Brand Preferred / \$160 Brand Non-Preferred / Specialty 20% (\$160 min, \$240 max)		\$20 Generic / \$100 Brand Preferred / \$160 Brand Non-Preferred / Specialty 20% (\$160 min, \$240 max)	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	
<b>Choice of Physician</b>	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	<b>Member selects a physician from the network</b>
<b>Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted</b>				
<b>Medical Deductible Individual/Family</b>	\$200/\$600	\$50/\$100	\$600/\$1,800	\$200/\$600
<b>Annual Out-of-Pocket Maximum (OOP)</b>	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)			
<b>Medical OOP Individual/Family</b>	\$500/\$1,000	\$500/\$1,000	\$1,500/\$3,000	\$500/\$1,000
<b>Preventive Care Services (Routine preventive care Services)</b>				
	\$0 Copay	\$0 Copay	Not Covered	\$0 Copay
<b>Physician / Specialist Office Visits</b>				
	\$15 Copay	\$15 Copay	30% Coinsurance after deductible	\$20 Copay
<b>Urgent Care Visits</b>				
	\$25 Copay	\$35 Copay	Not Covered	\$35 Copay
<b>Hospital Emergency Room</b>				
	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)
<b>Inpatient Facility Services</b>				
	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
<b>Outpatient Facility Services</b>				
	10% Coinsurance after deductible	5% Coinsurance after deductible	30% Coinsurance after deductible	10% Coinsurance after deductible
<b>Chiropractic Services (30 Visits per year)</b>				
	\$5 Copay	\$5 Copay	30% Coinsurance after deductible	\$10 Copay
<b>Physical and Occupational Therapy (60 visit level combined per year)</b>				
	\$5 Copay	\$5 Copay	30% Coinsurance after deductible	\$10 Copay
<b>Speech Therapy (20 visits per year)</b>				
	\$15 Copay	\$15 Copay	30% Coinsurance after deductible	\$20 Copay
<b>DME – Medical Supplies, Equipment and Appliances</b>				
	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
<b>Diabetic/Asthmatic Supplies</b>				
	\$0 Copay	\$0 Copay	Not Covered	\$0 Copay
<b>Human Organ/Tissue Transplant</b>				
	Plan pays 100%	Plan pays 100%	Not Covered	Plan pays 100%
<b>Mental Health/ Substance Abuse Inpatient Services</b>				
	Plan pays 100% after deductible	Plan pays 100% after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible
<b>Mental Health/ Substance Abuse Outpatient Services</b>				
	\$5 Copay	\$5 Copay	20% Coinsurance	\$20 Copay
<b>Home Health Care</b>				
	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible (30 visit limit per year)	0% Coinsurance after deductible
<b>Hospice Services</b>				
	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible
<b>Pharmacy OOP Individual/Family</b>				
	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	\$1,500/\$3,000
<b>Prescription Drugs Retail Pharmacy (30 day supply)</b>				
	\$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
<b>Prescription Drugs Mail Order Pharmacy (90 day supply)</b>				
	\$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
<b>Dependent Child Age</b>				
	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

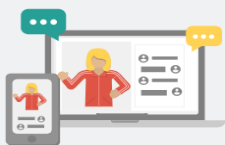
Virtual Visits can be used for a quick assessment of severity. This can help you determine if it is necessary to seek outside treatment. For more information visit [uhc.com/virtual-visits](https://uhc.com/virtual-visits). UHC has partnered with three telehealth providers: **Teladoc**, **amwell** and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



## Real Appeal

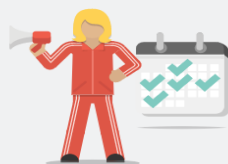
CCS is proud to offer Real Appeal; a lifestyle program to help you lose weight, feel better and improve your overall health. Any employee or dependent wishing to enroll in the Real Appeal Program, must be covered under the CCS's medical insurance plan with UHC.

### 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 care options to help keep costs down

Getting care at the place that may best fit your condition or situation will save you money compared to an emergency room (ER) visit.\* If you have a life-threatening condition, call 911 or go to the ER. For everything else, it may be best to contact your primary care provider (PCP) first. If seeing your PCP isn't possible, it's important to know your other care options, especially before heading to the ER.

Visit [uhc.com/quickcare](http://uhc.com/quickcare)

[Learn more](#)

Care options to consider and approximate costs	START HERE				
	 <b>PCP</b> Care from the doctor who may know you best	 <b>Virtual Visits</b> See a doctor whenever, wherever	 <b>Convenience Care</b> Basic conditions that aren't generally life-threatening	 <b>Urgent Care</b> Serious conditions that aren't generally life-threatening	 <b>Emergency Room</b> Life-and limb-threatening emergencies
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	<a href="http://myuhc.com/virtualvisits">myuhc.com/virtualvisits</a>	<a href="http://myuhc.com">myuhc.com</a>	<a href="http://myuhc.com">myuhc.com</a>	<a href="http://myuhc.com">myuhc.com</a>

✓ 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](http://myuhc.com). **Not sure where to go for care?** Call the number on your health plan ID card.

UnitedHealthcare®

To find an in-network doctor - go to [myuhc.com](http://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](http://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 Express Scripts 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](http://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®	Delta Dental PPO/Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays <small>*patient may be balance billed</small>
<b>Plan Deductible</b>	\$0	
<b>Annual Calendar Maximum Benefit</b>	\$1,500 per person	
<b>Orthodontic Lifetime Maximum Benefit</b>	50% up to \$1,000 per person/lifetime (no age restriction)	
<b>Diagnostic &amp; Preventative</b>		
<b>Diagnostic and Preventative Services</b> —exams, cleanings, fluoride and space maintainers	100%	100%
<b>Emergency Palliative Treatment</b> —to	100%	100%
<b>Radiographs</b> —X-rays	100%	100%
<b>Basic Services</b>		
<b>Minor Restorative Services</b> —fillings and crown	80%	80%
<b>Endodontic Services</b> —root canals	80%	80%
<b>Periodontic Services</b> —to treat gum disease	80%	80%
<b>Oral Surgery Services</b> —extractions and dental surgery	80%	80%
<b>Major Restorative Services</b> —crowns	80%	80%
<b>Other Basic Services</b> —misc. services	80%	80%
<b>Relines and Repairs</b> —to bridges, implants and	80%	80%
<b>Major Service</b>		
<b>Prosthetic Service</b> —bridges, implants and	50%	50%



# VISION BENEFITS

## VSP

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](http://www.vsp.com).

VSP also offers extra savings if you choose to buy your eyewear online at eyeconic. Visit [www.eyeconic.com](http://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
<b>Routine Eye Exam</b>	\$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
<b>Frames</b>	\$105 + 20% off any balance	\$150 + 20% off any balance	Up to \$70 Follows frequency of in-network benefit
<b>Single Vision Lenses</b>	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
<b>Bifocal Lenses</b>	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
<b>Trifocal Lenses</b>	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
<b>Lens Enhancements</b>	\$14-\$70 copay depending on enhancement Once every 24 months	\$14-\$70 copay depending on enhancement Once every 12 months	Not available
<b>Contact Lenses (in lieu of eyeglasses)</b>	\$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)

### WEX



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 [wexinc.com/insights/benefits-toolkit/eligible-expenses/](http://wexinc.com/insights/benefits-toolkit/eligible-expenses/) Also take advantage of your dollars at [FSAStore.com](http://FSAStore.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 WEX 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 WEX asking for substantiation of the dollars you spent; **Make sure to hold on to your receipts!**

### 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 WEX. 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 days 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;

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

*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 **WEX 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, 2023 to continue to incur medical expenses and use funds that have not been exhausted from your 2022 accounts.

*For example, you can go to the dentist in February 2023, get a root canal, and use 2022 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 2022. All submissions for reimbursement for the 2022 Dependent and Health Care Flexible Spending Accounts are due to **WEX** no later than **April 30, 2023. 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) and HEALTH ADVOCACY **HealthAdvocate<sup>SM</sup>**

Navigating the healthcare system and dealing with personal problems can be a challenge. HealthAdvocate experts will answer your questions and take on virtually any healthcare or administrative issue so you get to the right care at the right time. HealthAdvocate also provides confidential counseling and the right support to help you work through personal issues. **All at no cost to you!**

### Support for every type of medical condition

- Explain health conditions, diagnoses and treatments; research treatment options
- Arrange second opinions and transfer medical records; coordinate care and services

### Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve complicated claims and billing issues

### Confidential support for personal problems

- Work through relationship issues, stress, depression, substance abuse and more
- Build coping skills to manage life's challenges and gain control of your life

### Work/life resources to make life easier

- Locate childcare, eldercare, summer camps, special needs services and relocation support
- Easy access to legal/financial experts and information, saving you time, money and worry

Turn to HealthAdvocate—we can help.



**866.799.2728**

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)  
Web: [HealthAdvocate.com/members](http://HealthAdvocate.com/members)

Download the app today!



The Health Advocacy and Employee Assistance Program (EAP) is FREE and Confidential to employees and their spouses, dependents, parents and parents-in-law. Crisis Help available 24/7 Health Advocacy and EAP is FREE and Confidential to employees and their spouses, dependents, parents and parents-in-law.

# Certificated Employees & Administrators

## 2022 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

### MEDICAL

21 Pay Plan	Select	Choice
Employee only	\$52.13	\$60.98
Employee plus Child	\$103.94	\$121.59
Employee plus Spouse (grandfathered rates)**	\$103.94	\$121.59
Employee plus Spouse*	\$290.99	\$308.64
Employee plus Children	\$153.37	\$179.42
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$153.37	\$179.42
Family (Employee plus Spouse and child(ren))*	\$429.33	\$455.38

26 Pay Plan	Select	Choice
Employee only	\$42.10	\$49.25
Employee plus Child	\$83.95	\$98.21
Employee plus Spouse (grandfathered rates)**	\$83.95	\$98.21
Employee plus Spouse*	\$235.03	\$249.29
Employee plus Children	\$123.87	\$144.92
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$123.87	\$144.92
Family (Employee plus Spouse and child(ren))*	\$346.76	\$367.81

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

### DENTAL

	21 Pay Plan	26 Pay Plan
Employee only	\$3.98	\$3.22
Family	\$3.98	\$3.22

### 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 & Classified Supervisors

## 2022 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

### MEDICAL

21 Pay Plan	Select Basic	Select	Choice
Employee only	\$12.94	\$25.31	\$58.09
Employee plus Child	\$25.79	\$50.46	\$115.83
Employee plus Spouse (grandfathered rates)**	\$25.79	\$50.46	\$115.83
Employee plus Spouse*	\$257.45	\$282.13	\$347.49
Employee plus Children	\$38.07	\$74.46	\$170.90
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$38.07	\$74.46	\$170.90
Family (Employee plus Spouse and child(ren))*	\$379.86	\$416.26	\$512.69

26 Pay Plan	Select Basic	Select	Choice
Employee only	\$10.45	\$20.44	\$46.92
Employee plus Child	\$20.83	\$40.76	\$93.55
Employee plus Spouse (grandfathered rates)**	\$20.83	\$40.76	\$93.55
Employee plus Spouse*	\$207.94	\$227.87	\$280.67
Employee plus Children	\$30.75	\$60.14	\$138.03
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$30.75	\$60.14	\$138.03
Family (Employee plus Spouse and child(ren))*	\$306.81	\$336.21	\$414.10

\* 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	\$3.98	\$3.22
Family	\$3.98	\$3.22

### 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

### 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

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

## Eligible Tutors

### 2022 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

#### MEDICAL

21 Pay Plan	Select	Choice
<b>Tutors (15-25 scheduled hours)</b>		
Employee only	\$239.74	\$248.59
Employee plus one (Child or Spouse)	\$478.05	\$495.70
Family (Employee plus Spouse and child(ren))	\$705.29	\$731.35
<b>Tutors (Over 25 scheduled hours)</b>		
Employee only	\$136.55	\$145.41
Employee plus one (Child or Spouse)	\$272.28	\$289.93
Family (Employee plus Spouse and child(ren))	\$401.72	\$427.78

26 Pay Plan	Select	Choice
<b>Tutors (15-25 scheduled hours)</b>		
Employee only	\$193.64	\$200.79
Employee plus one (Child or Spouse)	\$386.11	\$400.37
Family (Employee plus Spouse and child(ren))	\$569.66	\$590.70
<b>Tutors (Over 25 scheduled hours)</b>		
Employee only	\$110.29	\$117.44
Employee plus one (Child or Spouse)	\$219.92	\$234.18
Family (Employee plus Spouse and child(ren))	\$324.47	\$345.51

#### DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only (15-25 hours)	\$19.93	\$16.09
Family (15-25 hours)	\$19.93	\$16.09
Employee Only (over 25 hours)	\$11.16	\$9.01
Family (over 25 hours)	\$11.16	\$9.01

#### 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

## 2022 Employee Benefit Contributions Per Pay

### MEDICAL

21 Pay Plan	Select	Choice
Employee only	\$136.55	\$145.41
Employee plus one (Child or Spouse)	\$272.28	\$289.93
Family (Child or Spouse)	\$401.72	\$427.78

26 Pay Plan	Select	Choice
Employee only	\$110.29	\$117.44
Employee plus one (Child or Spouse)	\$219.92	\$234.18
Family (Child or Spouse)	\$324.47	\$345.51

### DENTAL

	21 Pay Plan	26 Pay Plan
Employee only	\$11.16	\$9.01
Family	\$11.16	\$9.01

### 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

### 2022 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

#### MEDICAL

21 Pay Plan	Select	Choice
<b>Job Share Percentage</b>	<b>50%</b>	<b>50%</b>
Employee only	\$263.18	\$272.03
Employee plus Child	\$524.78	\$542.43
Employee plus Spouse (grandfathered rates)**	\$524.78	\$542.43
Employee plus Spouse*	\$618.31	\$635.96
Employee plus Children	\$774.29	\$800.34
Family (Employee plus Spouse and child(ren))	\$774.29	\$800.34
Family (Employee plus Spouse and child(ren))*	\$912.27	\$938.33

26 Pay Plan	Select	Choice
<b>Job Share Percentage</b>	<b>50%</b>	<b>50%</b>
Employee only	\$212.57	\$219.72
Employee plus Child	\$423.86	\$438.12
Employee plus Spouse (grandfathered rates)**	\$423.86	\$438.12
Employee plus Spouse*	\$499.40	\$513.66
Employee plus Children	\$625.38	\$646.43
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$625.38	\$646.43
Family (Employee plus Spouse and child(ren))*	\$736.83	\$757.88

\*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	\$21.91	\$17.70
Family	\$21.91	\$17.70

#### 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	\$0.00	\$0.00
Supplemental Life	\$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](http://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.

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

## 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).

\*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.ccsoh.us/Page/5994>.



# Columbus City Schools Wellness Initiative:



## Healthy Bodies, Active Minds

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

To learn more about this benefit, visit:  
[ccsoh.us/wellness](http://ccsoh.us/wellness)

this mission: by improving student success through creating and fostering a culture of wellness that results in healthy behaviors among students and staff.



## 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:

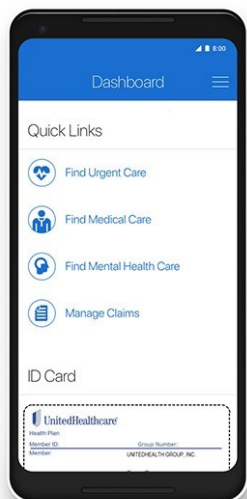
- Master of Arts in English
- Master of Arts in (TESOL)
- Master of Business Administration (data analytics, risk management, leadership, finance, accounting, and sports management)
- Master of Education (including curriculum and instruction and educational leadership with endorsements in early childhood,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

### Franklin University

CCS has partnered with Franklin University to offer the following discounts:

- 10% tuition discount on associate and bachelor's degree programs and undergraduate certificate programs including K-12 education bachelor's degree programs and the Post-Baccalaureate Teacher Certification program
- 20% tuition discount on 20+ accelerated master's degree and graduate certificate programs
- 15% tuition discount on doctoral programs, including the Ed.D. in Organizational Leadership

# 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

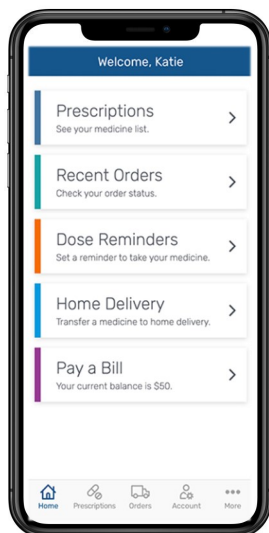
- Find network care options for doctors, clinics and hospitals in your area.
- Talk to a doctor by video 24/7.
- See reviews and ratings for doctors.

### 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.

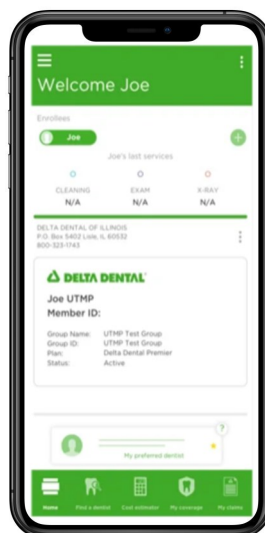


## Express Scripts

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

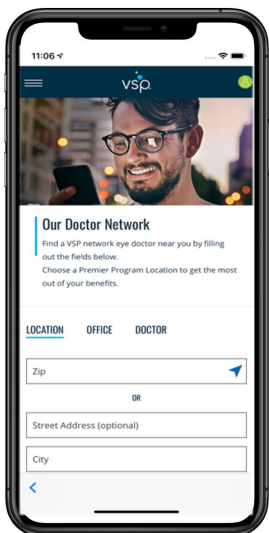


## Delta Dental of Ohio

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

### You can:

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

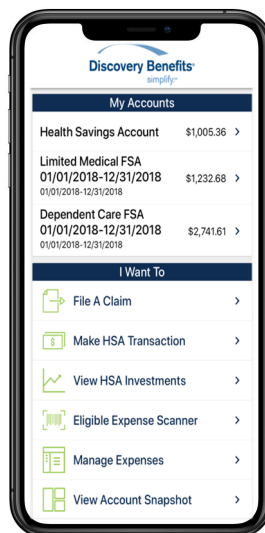


## VSP

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



## WEX (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

COLUMBUS CITY SCHOOLS

270 East State Street, 43215

614-365-6475

[benefitquestions@columbus.k12.oh.us](mailto:benefitquestions@columbus.k12.oh.us)

# Important Notice from Columbus City Schools about Your Prescription Drug Coverage and Medicare for Plan Year 2022

***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](http://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](http://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](http://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](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer healthplan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA Medicaid	CALIFORNIA Medicaid
Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA Medicaid	COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS Medicaid	FLORIDA Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA Medicaid	MASSACHUSETTS Medicaid and CHIP
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131	Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-program">https://www.mass.gov/info-details/masshealth-premium-assistance-program</a> Phone: 1-800-862-4840
INDIANA Medicaid	MINNESOTA Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584	Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
IOWA Medicaid and CHIP (Hawki)	MISSOURI Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
KANSAS Medicaid	MONTANA Medicaid
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
KENTUCKY Medicaid	NEBRASKA Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

<b>LOUISIANA Medicaid</b>	<b>NEVADA Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488(LaHIPP)	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>MAINE Medicaid</b>	<b>NEW HAMPSHIRE Medicaid</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://www.dhhs.nh.gov/oi/hipp.htm">https://www.dhhs.nh.gov/oi/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext5218
Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711	
<b>NEW JERSEY Medicaid and CHIP</b>	<b>SOUTH DAKOTA Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW YORK Medicaid</b>	<b>TEXAS Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA Medicaid</b>	<b>UTAH Medicaid and CHIP</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NORTH DAKOTA Medicaid</b>	<b>VERMONT Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA Medicaid and CHIP</b>	<b>VIRGINIA Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OREGON Medicaid</b>	<b>WASHINGTON Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>PENNSYLVANIA Medicaid</b>	<b>WEST VIRGINIA Medicaid</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HI_PP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HI_PP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>RHODE ISLAND Medicaid and CHIP</b>	<b>WISCONSIN Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlre Share Line)	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA Medicaid</b>	<b>WYOMING Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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

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



# HIPPA Privacy Notice

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

## YOUR RIGHTS

You have the right to:

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

## YOUR CHOICES

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

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

## OUR USE AND DISCLOSURES

We may use and share your information as we:

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

## YOUR RIGHTS

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

### Get a copy of health and claims records

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

### Ask us to correct health and claims records

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

### Request confidential communications

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

### Ask us to limit what we use or share

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

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

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

### Get a copy of this privacy notice

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

### Choose someone to act for you

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

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://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](http://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

- 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](http://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.



### Respond to lawsuits and legal actions

2022  
**EMPLOYEE**  
**BENEFITS**  
GUIDE