



# 2023

# BENEFITS GUIDE

## OPEN ENROLLMENT

### October 10 - 28

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# WHO IS 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	Daily Substitutes
ACA eligible employees (not normally benefits eligible, but worked an average of 30 hours per week over the course of 12 months)	
Building and Long Term Substitutes	



# WHERE DO I FIND BENEFITS INFO?

**Benefits Guide:** Go to [ccsoh.us/domain/177](https://ccsoh.us/domain/177) find an electronic version of the Benefits Guide and important information on both Core and Voluntary Benefits, Qualifying Life Events and New Hire Enrollment instructions, announcements, deadlines, and more.

**OE Instruction Guide:** Choose [ccsoh.us/domain/177](https://ccsoh.us/domain/177) to find step-by-step instructions on how to complete Open Enrollment.

## Contact the Benefits Team:

- **Email:** [Benefitquestions@columbus.k12.oh.us](mailto:Benefitquestions@columbus.k12.oh.us) with your benefit questions or
- **Call:** 614-365-6475 to speak to someone directly about your benefit questions or issues. The Benefits Team will be glad to assist!

# NEW HIRE & MID YEAR CHANGES

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 an unpaid 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	2023 Open Enrollment Oct 10 - Oct 28, 2022	January 1, 2023

## 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, or change in job status (promotion or demotion). You have 30 days from the date of the QLE to make changes to your benefits.

## WHEN DO BENEFITS END?

<b>Terminations/ Resignations</b>	Benefits will end on the last day of the month of your effective separation date.
<b>Retirements</b>	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.
<b>Overage Dependents</b>	<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>
<b>Voluntary Benefits</b>	Call US Enrollment at 1-800-735-0080 to terminate voluntary benefits.



# BENEFITS & LEAVES OF ABSENCE

## LEAVES OF ABSENCE

FMLA (Family & Medical Leave Act of 1993)

**Broadspire®**

A CRAWFORD COMPANY

If you need to take a leave of absence, Broadspire, our leaves of absence administrator, will determine whether you are eligible for FMLA. Broadspire can be contacted at 888-578-8561. 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.

### 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 of insurance (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 your dependent(s). While on an unpaid leave, payments for your benefit contributions will be paid directly to the CCS Benefits Team.

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

If you choose to continue benefits while on an approved Worker's Compensation leave of absence, you must self-pay for benefits:

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

**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.**



**If you need to request a leave of absence, contact Broadspire at [www.myleavetech.com](http://www.myleavetech.com) or 888-578-8561.**

# 2023 OPEN ENROLLMENT



## Important Notes!

### OCTOBER 10 ► 28

**YOU MUST COMPLETE OPEN ENROLLMENT IN ORDER TO HAVE BENEFITS FOR 2023!** Even if you are out sick, on vacation, or on a paid leave of absence, you still **MUST** complete Open Enrollment by October 28th.

**ALL EMPLOYEES HIRED BEFORE NOVEMBER 1, 2022, MUST COMPLETE OPEN ENROLLMENT** - even if you were a new hire within the last 12 months. All employees sign up for benefits each year.

**DEPENDENT NAMES AND SOCIAL SECURITY NUMBERS MUST MATCH THEIR SOCIAL SECURITY CARD EXACTLY.** Reference dependent social security cards for accuracy. Addresses and birthdates must also be correct.

**IF YOU WANT A FLEXIBLE SPENDING ACCOUNT FOR 2023 YOU MUST COMPLETE THE ENROLLMENT PROCESS.** You cannot choose “No Changes”. FSA elections will not roll over from year to year.

**Need ESS Help?** Call the **Help Desk** at **614-365-8425**.

# 2023 OPEN ENROLLMENT

## Checklist



### REVIEW

the Benefits Guide thoroughly to understand your plan options.  
**Refer to 2023 Instruction Guide on how to enroll.**



### GATHER

Social Security cards for all dependents. Name and social security numbers for all dependents must match the card EXACTLY. Any new dependents must be verified. See page 6 for more information.



### LOGIN

to Employee Self Service (ESS) [columbus.munisselfservice.com](https://columbus.munisselfservice.com)

- Review all of your personal information to ensure its accuracy - especially names, social security numbers, and addresses.
- 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 and social security number EXACTLY as it is on the dependent's social security card.**
- Make sure to designate a beneficiary(ies) for any life insurance policies. (*Dependents age 18+ recommended*)



### SCHEDULE

an appointment online with US Enrollment Services by calling 800-735-0080 from 8am—4:30pm EST or by visiting the site below:

<https://columbuscityschools.mybenefitsinfo.com/>

The US Enrollment Specialist will help you complete your entire Open Enrollment OR just add/update/change/terminate your voluntary benefits.



### CHECK

Double-check your 2023 contributions on the following paychecks. Do they reflect your new elections?

- **21 Pays:** November 25, 2022
- **26 Pays:** December 09, 2022

**Need ESS Help?** Call the **Help Desk** at **614-365-8425.**

# VERIFYING DEPENDENTS



If you are enrolling any **NEW** dependents in your Core Benefits, you will be required to provide eligibility documents to BMI, 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 to age 26, and coverage will end at the end of the month of their 26th birthday. Dental benefits for children run to age 23 with benefits ending on their 23rd birthday.

## Dependent Verification Process

**BMI will contact you directly via letters to your home, emails sent to your CCS address, and texts.**

They will provide you with the names of the dependents you are being asked to verify and the deadline by which you must 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 by only providing coverage to those who are eligible.

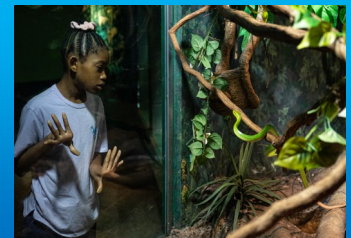
## Required Dependent Information

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

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

**Name & SSN  
must appear  
exactly as it is  
on the card.**

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 (3) Medical plan options:

#### 1. Select Basic Plan (Classified employees 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 that 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 you can 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.

***Participate in the maternity support management program and earn, up to, \$150 towards the purchase of a stroller.***

Call UHC at **877-201-5328** Monday– Friday or visit [myuhc.phs.com/maternitysupport](http://myuhc.phs.com/maternitysupport) to get started.

## Preventive Care

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

# CERTIFICATED EMPLOYEES & ADMINISTRATORS

## Medical & Pharmacy Summary

	Select	Choice	
Benefit		Network	Non-Network
Choice of Physician	Member selects a physician from the network	Member selects a physician from the network	Member can also receive care from non-network providers at a lower benefit level
<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.

# CLASSIFIED EMPLOYEES & CLASSIFIED SUPERVISORS

## Medical & Pharmacy Summary

	Select Basic	Select	Choice	
Benefit			Network	Non-Network
Choice of Physician	Member selects a physician from the network	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	\$300/\$900	\$300/\$900	\$150/\$300	\$900/\$2,700
Annual Out-of-Pocket Maximum (OOP)	Network medical copayments will accumulate to the Out of Pocket Maximum along with any applicable medical deductibles and coinsurance. (See Pharmacy Out of Pocket Maximum below)			
Medical OOP Individual/Family	\$750/\$1,500	\$750/\$1,500	\$750/\$1,500	\$2,250/\$4,500
Preventive Care Services (Routine preventive care Services)	\$0 Copay	\$0 Copay	\$0 Copay	Not Covered
Physician Office Visits	\$20 Copay	\$15 Copay	\$15 Copay	30% Coinsurance after deductible
Specialist Office Visits	\$30 Copay	\$30 Copay	\$30 Copay	30% Coinsurance after deductible
Urgent Care Visits	\$50 Copay	\$50 Copay	\$50 Copay	Not Covered
Hospital Emergency Room	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)
Inpatient Facility Services	10% Coinsurance after deductible	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
Outpatient Facility Services	10% Coinsurance after deductible	10% Coinsurance after deductible	5% Coinsurance after deductible	30% Coinsurance after deductible
Chiropractic Services (30 Visits per year)	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible
Physical and Occupational Therapy (60 visit level combined per year)	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible
Speech Therapy (20 visits per year)	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible
DME – Medical Supplies, Equipment and Appliances	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
Diabetic/Asthmatic Supplies	\$0 Copay	\$0 Copay	\$0 Copay	Not Covered
Human Organ/Tissue Transplant	Plan pays 100%	Plan pays 100%	Plan pays 100%	Not Covered
Mental Health/ Substance Abuse Inpatient Services	10% Coinsurance after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	20% Coinsurance after deductible
Mental Health/ Substance Abuse Outpatient Services	\$20 Copay	\$15 Copay	\$15 Copay	20% Coinsurance
Home Health Care	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible (30 visit limit per year)
Hospice Services	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible
Pharmacy OOP Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000
Prescription Drugs Retail Pharmacy (30 day supply)	\$14 Generic / \$25 Brand Preferred / \$40 Brand Non-Preferred	\$7 Generic / \$18 Brand Preferred / \$35 Brand Non-Preferred	\$7 Generic / \$18 Brand Preferred / \$35 Brand Non-Preferred	50% Coinsurance
Prescription Drugs Mail Order Pharmacy (90 day supply)	\$28 Generic / \$50 Brand Preferred / \$80 Brand Non-Preferred	\$14 Generic / \$35 Brand Preferred / \$70 Brand Non-Preferred	\$14 Generic / \$35 Brand Preferred / \$70 Brand Non-Preferred	Not Covered
Dependent Child Age	Up to age 26			

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

# WHERE TO GO FOR CARE

## COMPARE CARE OPTIONS TO KEEP COSTS DOWN


Getting care at the place that best fits 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.

## KNOW BEFORE YOU GO SAVE TIME AND MONEY

compare and get to know your care options when you need it the most

*\*Examples of conditions listed are not inclusive of all care.*

<b>\$0</b>	<b>\$</b>	<b>\$</b>	<b>\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$\$</b>
<b>24/7 Nurse Line</b>	<b>Virtual Visits</b>	<b>PCP Visit</b>	<b>Convenience Care Clinic</b>	<b>Urgent Care</b>	<b>Emergency Room</b>
Call the number on the back of your health ID card	See a doctor online, whenever, wherever <a href="https://uhc.com/VirtualVisits">uhc.com/VirtualVisits</a>	Your Primary Care Provider (PCP) <a href="https://myuhc.com">myuhc.com</a>	(CVS, Kroger, etc) Basic conditions, not life-threatening	Serious conditions, NOT life-threatening	Life-and limb-threatening emergencies
<ul style="list-style-type: none"><li>• Choosing where to go for medical care</li><li>• Finding a doctor</li><li>• Finding a hospital</li><li>• Health and Wellness help</li><li>• Answers to questions about medicines</li></ul>	<ul style="list-style-type: none"><li>• Cold</li><li>• Flu</li><li>• Fever</li><li>• Pinkeye</li><li>• Sinus problems</li></ul>	<ul style="list-style-type: none"><li>• Preventive care</li><li>• Screenings</li><li>• Cold</li><li>• Flu</li><li>• Fever</li><li>• Pinkeye</li><li>• Sinus problems</li><li>• Muscle strain</li><li>• UTI</li><li>• and more!</li></ul>	<ul style="list-style-type: none"><li>• Skin rash</li><li>• Flu Shot</li><li>• Minor injuries</li><li>• Earache</li></ul>	<ul style="list-style-type: none"><li>• Low back pain</li><li>• Respiratory (cough, pneumonia, asthma)</li><li>• Stomach pain, vomiting, diarrhea</li><li>• Infections (including UTIs)</li><li>• Minor injuries (small fracture, stitches)</li><li>• Minor burns</li></ul>	<ul style="list-style-type: none"><li>• Chest pain</li><li>• Shortness of breath</li><li>• Severe asthma attack</li><li>• Major burns</li><li>• Severe injuries</li><li>• Kidney stones</li></ul>

 **UnitedHealthcare®**

Learn more at [uhc.com/quickcare](https://uhc.com/quickcare)

**Convenient access to quality,  
personalized health care**



# UHC RESOURCES



## 24/7 VIRTUAL VISITS

*Get same - day care*

24/7 Virtual Visits are a way to schedule same-day, urgent care visits, so you can talk with a provider 24/7 for common urgent care needs or when your primary care provider (PCP) is not available.



## VIRTUAL PRIMARY CARE

*See a primary care doctor, virtually*

Get regular health visits and checkups with a primary care provider (PCP), without the office visit. You can choose to see a network PCP regularly so the same provider will take care of you over time.

24/7 Virtual Visits cost the same as a physician office visit copay. Learn more by visiting [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits)



## VIRTUAL THERAPY

*Get caring 1-on-1 support*

Get confidential behavioral health care by talking to a psychiatrist or therapist during a virtual visit from the safety and comfort of your home.



## VIRTUAL SPECIALTY CARE

*Access specialty care more quickly*

Virtual specialty care allows you to more quickly access specialty care that's personalized for your specific care needs, such as migraine care.

## GET THE MOST OUT OF YOUR BENEFITS

Your personalized website, [myuhc.com](https://myuhc.com), features tools designed to help you:

- **Find, price and save on care** — you can save with Virtual Visits and other tools. When you compare costs for providers and services, you can save an average of 36% on healthcare costs.
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7.
- **Understand your benefits** and the financial impact of care decisions.
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on

your specific health plan status.

- **Access claim details**, plan balances and your health plan ID card quickly.
- **Follow through on clinical recommendations** and access wellness programs.
- **Check your plan balances**, access financial accounts and more.



**Activate your  
myuhc.com account**

Put your health plan at your fingertips

# CORE BENEFITS

## PHARMACY (Rx)



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 7 and 8 of the Benefit Guide.

Express Scripts also has pharmacists available 24/7 to answer questions about drug interactions, side effects, medication risks 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.



#### 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 signing 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.

# CORE BENEFITS

## DENTAL BENEFITS



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 protect 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 a nonparticipating

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

**NOTE: Eligibility for dependents covered under the CCS dental plan ends on the dependent's 23rd birthday.**

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

# CORE BENEFITS

## VISION BENEFITS



Columbus City Schools has partnered with VSP to offer District employees **two** vision options: Base Plan and Buy-Up Plan. 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 (applies to both plans)
<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



# CORE BENEFITS

BOARD SPONSORED

## LIFE INSURANCE



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** and you may also 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 27).

### 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 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 27.



# CORE BENEFITS

## FLEXIBLE SPENDING



As part of the wide range of benefits choices, Columbus City Schools offers Flexible Spending Accounts (FSA). FSA's 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 such as medical, dental and vision copays and deductibles. There is also a long list of over-the-counter items that 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. All funds are available on the first day of coverage. 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. 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 Dependent care FSA you have 120 days after the end of the plan year to submit claims, but all claims must be incurred during the plan

### 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 you receive in a year (21 or 26).

#### Example:

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

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

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



## Important Dates for your Medical and Dependent Care FSA Accounts

### 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, 2024 to continue to incur medical expenses and use funds that have not been exhausted from your 2023 accounts.

*For example, you can go to the dentist in February 2024, get a root canal, and use 2023 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 2023. All submissions for reimbursement for the 2023 Dependent and Health Care Flexible Spending Accounts are due to WEX no later than **April 30, 2024. 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.

# CCS WELLNESS

Columbus City Schools Staff Wellness Initiative is an award-winning program! The Initiative strives to improve student success through creating and fostering a culture of wellness for students and staff.

Wellness programming is open to ALL staff members. Some examples of programming that you can take advantage of as a CCS employee include:

- Virtual Fitness Classes
- Urban Zen Integrative Therapy
- Financial Wellness Coaching
- Wellness Challenges
- Wellness Professional Development
- Chronic Disease Management
- Health Coaching
- And more!



**CCS Wellness programming is a benefit for all CCS staff members.**

**Visit the Wellness website to see the most up to date wellness resources and opportunities!**

**[CCSOH.US/WELLNESS](https://ccsoh.us/wellness)**

your dedicated  
nurse

GRACE CRAWFORD  
MHA, BSN, RN

(614) 867-6567  
gcrawford1@columbus.k12.oh.us



**HEALTHY BODIES  
ACTIVE MINDS**  
COLUMBUS CITY SCHOOLS

# REAL APPEAL

## Make the Change You've Always Wanted

Real Appeal is a program on Rally Coach™ available to you and eligible family members at no additional cost as part of your health benefits plan.



### Live Online Sessions

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



### Tailored to You

You are not visible in the online group sessions and can choose how you'd like to participate.



### Stay on Track

Use our fitness, food and weight trackers to stay on top of your progress and hit your goals.



### Success Kit

Receive a Success Kit with food and weight scales, exercise tools, food guides and more.

Get Started Today at




**columbuscityschools.realappeal.com**

Have your health insurance ID card handy when enrolling.

With Real Appeal, You'll Learn Ways to

- Eat Healthier
- Stay Active
- Fit healthy choices into your lifestyle
- Stay motivated and energized
- Develop lasting, healthy habits

### What you need to Register

-  **Health Insurance Card**
-  **Personal Calendar –** to choose your weekly online session day and time
-  **Shipping Address –** to receive a Success Kit after attending your first online session.

# EMPLOYEE ASSISTANCE 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 **four (4) confidential counseling sessions** 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

- Four (4) free sessions for 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.



# TUITION DISCOUNTS & SCHOLARSHIPS

## ASHLAND UNIVERSITY

CCS has partnered with Ashland University to provide District employees, spouses, and dependents the chance to receive discounted tuition for Associate, Bachelor, and Master's Degrees as well as 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

## 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 Sports Management
- Master of Theology

## 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.

**For more information regarding tuition discounts and scholarships, please visit [ccsoh.us/employeebenefits](https://ccsoh.us/employeebenefits).**

## FRANKLIN UNIVERSITY

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

- 10% tuition discount on Associate and Bachelor 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



# Certificated & Administrators

## 2023 Contributions Per Pay

### MEDICAL

21 Pay Plan	Select	Choice
Employee Only	\$56.24	\$65.79
Employee Plus Child	\$112.15	\$131.19
Employee Plus Spouse (Grandfathered Rates)**	\$112.15	\$131.19
Employee Plus Spouse*	\$313.78	\$333.02
Employee Plus Children	\$165.48	\$193.59
Family (Employee Plus Spouse & Child(ren))	\$165.48	\$193.59
Family (Employee plus Spouse & Child(ren))*	\$463.25	\$491.36

26 Pay Plan	Select	Choice
Employee Only	\$45.42	\$53.14
Employee Plus Child	\$90.58	\$105.96
Employee Plus Spouse (Grandfathered Rates)**	\$90.58	\$105.96
Employee Plus Spouse*	\$253.60	\$268.98
Employee Plus Children	\$133.66	\$156.36
Family (Employee Plus Spouse & Child(ren))	\$133.66	\$156.36
Family (Employee plus Spouse & Child(ren))*	\$374.16	\$396.87

\*CEA bargaining unit members or Administrators who add their spouse after May 31, 2009 will pay a higher contribution rate to include their spouse for medical 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 medical 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	\$4.51	\$3.65

### 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 & Supervisors

## 2023 Contributions Per Pay

### MEDICAL

21 Pay Plan	Select Basic	Select	Choice
Employee Only	\$14.22	\$27.83	\$63.90
Employee Plus Child	\$28.37	\$55.51	\$127.41
Employee Plus Spouse (Grandfathered Rates)**	\$28.37	\$55.51	\$127.41
Employee Plus Spouse*	\$283.20	\$310.34	\$382.24
Employee Plus Children	\$41.87	\$81.91	\$187.99
Family (Employee Plus Spouse & Child(ren)) (Grandfathered Rates)**	\$41.87	\$81.91	\$187.99
Family (Employee Plus Spouse & Child(ren))*	\$417.85	\$457.88	\$563.96

26 Pay Plan	Select Basic	Select	Choice
Employee Only	\$11.49	\$22.48	\$51.61
Employee Plus Child	\$22.92	\$44.83	\$102.91
Employee plus Spouse (Grandfathered Rates)**	\$22.92	\$44.83	\$102.91
Employee Plus Spouse*	\$228.74	\$250.66	\$308.73
Employee Plus Children	\$33.82	\$66.16	\$151.84
Family (Employee Plus Spouse & Child(ren)) (Grandfathered Rates)**	\$33.82	\$66.16	\$151.84
Family (Employee Plus Spouse and Child(ren))*	\$337.49	\$369.83	\$455.51

\* 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	\$4.51	\$3.65

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

# Eligible Tutors

## 2023 Contributions Per Pay

### MEDICAL

21 Pay Plan	Select	Choice
<b>Tutors (15-25 scheduled hours)</b>		
Employee Only	\$258.68	\$268.23
Employee Plus One (Child or Spouse)	\$515.81	\$534.86
Family (Employee Plus Spouse & Child(ren))	\$761.01	\$789.13
<b>Tutors (Over 25 scheduled hours)</b>		
Employee Only	\$147.34	\$156.89
Employee Plus One (Child or Spouse)	\$293.79	\$312.83
Family (Employee plus Spouse & Child(ren))	\$433.46	\$461.57

26 Pay Plan	Select	Choice
<b>Tutors (15-25 scheduled hours)</b>		
Employee Only	\$208.93	\$216.65
Employee Plus One (Child or Spouse)	\$416.62	\$432.00
Family (Employee Plus Spouse & Child(ren))	\$614.66	\$637.37
<b>Tutors (Over 25 scheduled hours)</b>		
Employee Only	\$119.00	\$126.72
Employee Plus One (Child or Spouse)	\$237.29	\$252.67
Family (Employee Plus Spouse & Child(ren))	\$350.10	\$372.81

### 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 \$20,000 (Board Paid)	\$0.00	\$0.00

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

# Latchkey Teachers

## 2023 Contributions Per Pay

### MEDICAL

21 Pay Plan	Select	Choice
Employee Only	\$147.34	\$156.89
Employee Plus One (Child or Spouse)	\$293.79	\$312.83
Family (Child or Spouse)	\$433.46	\$461.57

26 Pay Plan	Select	Choice
Employee Only	\$119.00	\$126.72
Employee Plus One (Child or Spouse)	\$237.29	\$252.67
Family (Child or Spouse)	\$350.10	\$372.81

### 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

## 2023 Contributions Per Pay

### MEDICAL

21 Pay Plan	Select	Choice
Job Share Percentage	50%	50%
Employee Only	\$283.97	\$293.53
Employee Plus Child	\$566.24	\$585.29
Employee Plus Spouse (Grandfathered Rates)**	\$566.24	\$585.29
Employee Plus Spouse*	\$667.15	\$686.20
Employee Plus Children	\$835.46	\$863.57
Family (Employee Plus Spouse & Child(ren)) (Grandfathered Rates)**	\$835.46	\$863.57
Family (Employee Plus Spouse & Child(ren))*	\$984.34	\$1012.45

26 Pay Plan	Select	Choice
Job Share Percentage	50%	50%
Employee Only	\$229.36	\$237.08
Employee Plus Child	\$457.35	\$472.73
Employee Plus Spouse (Grandfathered Rates)**	\$457.35	\$472.73
Employee Plus Spouse*	\$538.86	\$554.24
Employee Plus Children	\$674.79	\$697.50
Family (Employee Plus Spouse & Child(ren)) (Grandfathered Rates)**	\$674.79	\$697.50
Family (Employee Plus Spouse & Child(ren))*	\$795.04	\$817.75

\*CEA bargaining unit members or Administrators hired **after** May 31, 2009 will pay a higher contribution rate to include their spouse for medical 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 (District Paid)	\$0.00	\$0.00
Supplemental Life \$25,000	\$2.26	\$1.83

### 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 an eligible employee working over 20 hours per week**, you may purchase many of these coverages without a medical exam. **(Tutors are not eligible for Voluntary Benefits.)** 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 to enroll in your Voluntary Benefits. **Schedule an appointment by visiting:** <https://columbuscityschools.mybenefitsinfo.com/> or by calling 800-735-0080.

## 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 of an amount 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 US Enrollment 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 and spouse per year for completing a health screening test and \$25 for each child up to a maximum of \$200 per year for all children. (See Critical Illness section on page 26 for more information about the wellness benefit.)

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

# VOLUNTARY BENEFITS

## 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. It 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 (not cardiac arrest), 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.

- **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 (not applicable 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.

# VOLUNTARY BENEFITS

## 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 (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 provide you with an opportunity to do so.

## LEGAL INSURANCE

**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. Additional services include 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



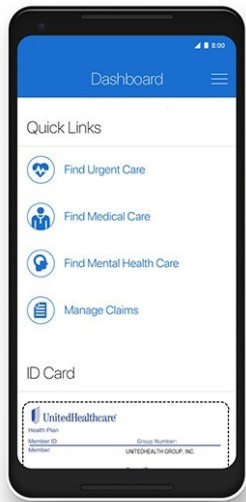
Similar to health insurance for the people in your family, the Pet Insurance Plan helps you meet the cost of caring for your pets. The Pet Insurance Plan is available through VPI Pet Insurance.

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 please visit: <https://benefits.petinsurance.com/columbus-city-schools26>.



# 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

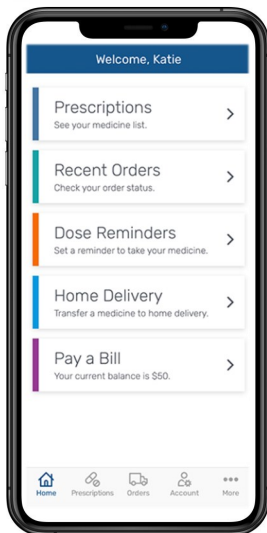
- Find network care options for doctors, clinics and hospitals in your area.
- Talk to a doctor by video 24/7.
- See reviews and ratings for doctors.

### 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.

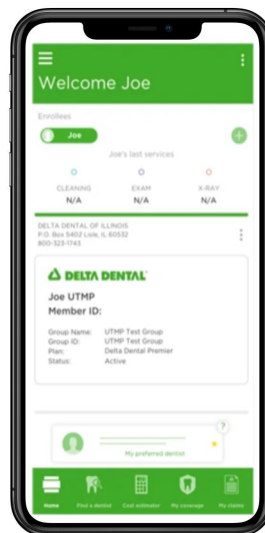


## Express Scripts

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

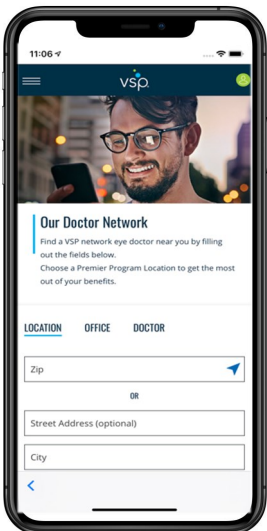


## Delta Dental of Ohio

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

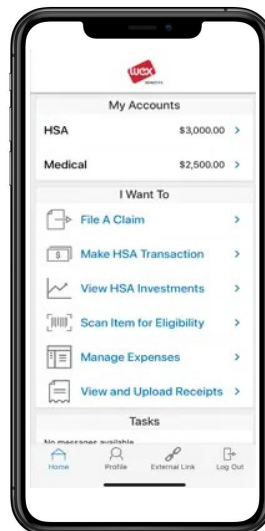


## VSP

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)

Enjoy real-time access to all your benefits accounts in one spot.

### You can:

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



# 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.ccsok.us/employeebenefits">https://www.ccsok.us/employeebenefits</a>
Dependent Verification	BMI	Columbus City Schools	1-877-634-7780	<a href="https://www.bmiverify.com">https://www.bmiverify.com</a>
Voluntary Benefit Enrollment	US Enrollment Services	Columbus City Schools	1-800-735-0080	<a href="https://columbuscityschools.mybenefitsinfo.com/">https://columbuscityschools.mybenefitsinfo.com/</a>
Term to 100 Life Insurance	Allstate	N/A	1-800-521-3535	<a href="http://www.allstatebenefits.com/mybenefits">www.allstatebenefits.com/mybenefits</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	1-888-416-4313; 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	Broadspire	Columbus City Schools	<a href="tel:888-578-8561">888-578-8561</a>	<a href="http://www.myleavetech.com">www.myleavetech.com</a>

# 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 your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

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

**The Benefits Team**  
**COLUMUS CITY SCHOOLS**  
**3700 South High Street 47209**  
**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 2023

***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, 2022. Contact your State for more information on eligibility –

<b>ALABAMA Medicaid</b> Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 1-855-692-5447	<b>CALIFORNIA Medicaid</b> 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>
<b>ALASKA Medicaid</b> 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>	<b>COLORADO Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> 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
<b>ARKANSAS Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>FLORIDA Medicaid</b> 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
<b>GEORGIA Medicaid</b> 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	<b>MASSACHUSETTS Medicaid and CHIP</b> 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
<b>INDIANA Medicaid</b> 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	<b>MINNESOTA Medicaid</b> 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
<b>IOWA Medicaid and CHIP (Hawki)</b> 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	<b>MISSOURI Medicaid</b> 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
<b>KANSAS Medicaid</b> Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	<b>MONTANA Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KENTUCKY Medicaid</b> 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:KIHIPPI.PROGRAM@ky.gov">KIHIPPI.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>	<b>NEBRASKA Medicaid</b> 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 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	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
<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.nifamilycare.org/index.html">http://www.nifamilycare.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/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-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 Rlte 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, 2022, 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

### Respond to lawsuits and legal actions

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

### Our Responsibilities

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

### For more information visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](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.





# 2023 BENEFITS GUIDE

