



Benefits Guide

Open Enrollment
Period **October 6-24, 2025**

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If you (and/or) your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 42 for more details.

Information in this guide is for reference only. Please consult your contract or the Summary Plan Documents, amendments, and riders for exact benefits. When there is a discrepancy between this guide and the contracts and SPD's, information in the contracts and SPD's will provide the final rule.

Benefit Contacts:

Benefit Plan	Provider	Group/Plan #	Contacts	Website
Medical	UnitedHealthcare (UHC)	918500	1-844-210-6436	www.myuhc.com
Prescription Drugs	CVS Caremark	RX24BN	1-833-268-1270	www.caremark.com
Dental	Delta Dental of OH	0215	1-800-524-0149	www.deltadentaloh.com
Vision	Vision Service Plan (VSP)	30099933	1-800-877-7195	www.vsp.com
Basic Term & Supplemental Life	Unum	968731	1-800-445-0402	Login.unum.com
FSA & HSA	WEX	Columbus City Schools	1-866-451-3399	www.wexinc.com
Employee Assistance Program	HealthAdvocate	Columbus City Schools	1-877-240-6863	www.healthadvocate.com/members
Benefits Information	Columbus City Schools	N/A	BenefitQuestions@columbus.k12.oh.us	www.ccssoh.us/employeebenefits
Dependent Verification	BMI	Columbus City Schools	1-877-634-7780	www.bmiverify.com
New Hire Enrollment Enrollment	iBTR	Columbus City Schools	614-401-5172	ccsbenefits@ibtr.com
Term to 100 Life Insurance	Allstate	G1380	1-800-521-3535	www.allstatebenefits.com/mybenefits
Whole Life Insurance	Unum	968738	1-800-635-5597	Login.unum.com
Short Term Disability (STD) Claim Filing	Unum	968730	1-888-673-9940	Login.unum.com
Long Term Disability (LTD) Claim Filing	Lincoln Financial	1187212	1-800-423-2765	www.LincolnFinancial.com
Accident Insurance Claim Filing	Unum	968735	1-800-635-5597	Login.unum.com
Critical Illness Ins. Claim Filing	Unum	968736	1-800-635-5597	Login.unum.com
Hospital Indemnity Claim Filing	Unum	968737	1-800-635-5597	Login.unum.com
Identity Theft Protection Claim Filing	Norton Lifelock	Columbus City Schools	1-800-607-9174	my.norton.com
Legal Insurance	LegalEASE	2000030	1-888-416-4313 hotline@legalaccessplans.com	vsc.legalease.com
Pet Insurance Enrollment Information	Nationwide Insurance	Columbus City Schools	1-877-738-7874	benefits.petinsurance.com/columbus-city-schools26
Leave of Absence Requests	Broadspire	Columbus City Schools	888-578-8561	www.myleavetech.com

Who Is Eligible?

Benefits-Eligible Employees

- Full-time employees
- Part-time classified employees working at least 20 hours per week
- Part-time (0.5) certificated employees
- Latchkey teachers
- Tutors scheduled for a minimum of 15 hours per week
- ACA eligible employees
(not normally eligible, but worked an average of 30 hours per week over the course of 12 months)
- Building and Long-term Substitutes after working 61 days

Benefits-Ineligible Employees

- Temporary employees
- Part-time employees working less than 20 hours per week
- Summer school employees
- Part-time hourly teachers (*i.e. LLI, Read 180, Home Instruction*)
- Daily Substitutes

Find More Benefits Info

Benefits Guide:

Go to ccsoh.us/domain/177 to find an electronic version of this Benefits Guide and important information on both Core and Voluntary Benefits, Qualifying Life Events, New Hire Enrollment instructions, announcements, deadlines, and more.

Open Enrollment Instruction Guide:

Choose ccsoh.us/domain/177 to find step-by-step instructions on how to complete Open Enrollment.

Contact the Benefits Team:

Email us or call to speak to someone directly about your benefit questions or concerns. The Benefits Team will be glad to assist!

Email: Benefitquestions@columbus.k12.oh.us

Phone: 614-365-6475



New Hire & Mid Year Changes

Enrollment Event	Time Frame to Enroll	When Benefits Begin
New Hire* Transfer into a benefits-eligible position Return from an unpaid leave of absence and benefits lapsed	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 QLE
Open Enrollment	2026 Open Enrollment Oct 6 - Oct 24, 2025	January 1, 2026

***How to Enroll in New Hire Benefits:**

iBTR Benefit Counselors are available to assist with your new hire benefits.

Visit <https://columbuscityschools.newhireenrollment.net/> or call the Resource Center at 614-401-5172 to schedule your new hire appointment!

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?

Terminations/Resignations:

Benefits will end on the last day of the month of your effective separation date. **IMPORTANT NOTE: FSA coverage ends on your termination date. If you would like to continue FSA coverage further, then you must elect to do so through COBRA.**

Retirement:

Employees who are retiring at the end of the school year: School employees (i.e. Custodians, Teachers, Bus Drivers, etc.) benefits end on 9/30/2026. Non-school based employees (i.e. HR, Administrators, Accounting, IT, etc.) benefits end on contribution paid-through date (no contract that coincides with school year). **IMPORTANT NOTE: FSA coverage ends on your termination date. If you would like to continue FSA coverage further, then you must elect to do so through COBRA.**

Over-Age Dependent Coverage:

Medical, Dental, and Vision benefits end at the end of the month of your dependent's 26th birthday.

Voluntary Benefits:

Call iBTR at 614-401-5172 to continue any Voluntary Benefits.

2026 Open Enrollment

IMPORTANT!

**You Must Enroll Between
October 6-24, 2025**

- You must complete Open Enrollment in order to have Core benefits (medical, dental, vision, FSA/HSA, and life) for 2026! Even if you are out sick, on vacation, or on a paid leave of absence, you still must complete Open Enrollment by October 24, 2025.
- All Employees hired before November 3, 2025, must complete Open Enrollment. Even if you were a new hire within the last 12 months. All employees are required to sign up for Core benefits each year.
- Dependent names and social security numbers must match their social security cards exactly. Reference dependent social security cards for accuracy. Addresses and birth dates must also be correct.
- If you want a Flexible Spending Account or if you want to contribute to an HSA in 2026, you must complete the enrollment process. You cannot choose "No Changes." FSA and HSA elections will not roll over from year to year.

Need Employee Self Service Help?
Call the Help Desk at 614-365-8425

Enrollment Checklist:

REVIEW

Review this Benefits Guide thoroughly to understand your plan options. Refer to the 2026 Instruction Guides on how to enroll.

GATHER

Gather Social Security cards for all dependents. Names and Social Security numbers must match the card EXACTLY. Any new dependents must be verified. See page 9 for more information.

LOG IN



CORE BENEFITS: medical, dental, vision, FSA/HSA, life. Log in to Employee Self Service (ESS) at columbus.munisselfservice.com

- Make your elections.
- Add any eligible dependents you wish to cover.
- Make sure to designate beneficiaries for life insurance policies. (*Dependents age 18+ recommended.*).



VOLUNTARY BENEFITS: Accident, Critical Illness, Short- Term Disability, etc. Log in to columbuscityschools.bswift.com

- Username: First letter of first name followed by last name.
- Password: Last four digits of SSN at initial login & changed by you.
- Review/Enroll in your Voluntary Benefits.

SCHEDULE

If you need additional assistance, schedule an appointment with an iBTR Enrollment Counselor by visiting columbuscityschools.annualenrollment.net or by calling 614-401-5172 between 9a-7p EST.

- The iBTR Benefit Counselor can help you complete your entire Open Enrollment OR just add/update/change/terminate your Voluntary Benefits.

CHECK

Check your 2026 contributions on the following paychecks. Do they reflect your new elections?

- 21 Pays: December 5, 2025
- 26 Pays: December 19, 2025

Benefits & 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 of maintaining 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 Core and Voluntary 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.

Workers' Compensation Leave of Absence

If you choose to continue benefits while on an approved unpaid 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. This MUST HAPPEN within the first 30 days of your return-to-work date to request reinstatement of your benefits. The Benefits Team will set up Employee Self Service so you can re-enroll.

If you need to request a leave of absence, contact Broadspire at www.myleavetech.com or 888-578-8561.



Verifying Dependents

If you are enrolling any new dependents in our Core Benefits, you will be required to provide eligibility documents to BMI, the third party dependent verification administrator for Columbus City Schools.



Eligible Dependents

Spouses and children are considered eligible for coverage under the CCS benefits plans. Dependent children are eligible for medical, dental and vision coverage to age 26, and coverage will end at the end of the month of their 26th 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 documentation. Participation in the verification program is mandatory, and any unverified dependents will be removed from the plan. The program ensures that CCS is able to offer employee 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 Social Security 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 disabled status verified by dependent's physician (for medical benefits only)



United Healthcare 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



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

Get caring 1-on-1 support

VIRTUAL THERAPY



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

Access specialty care more quickly

VIRTUAL SPECIALTY CARE

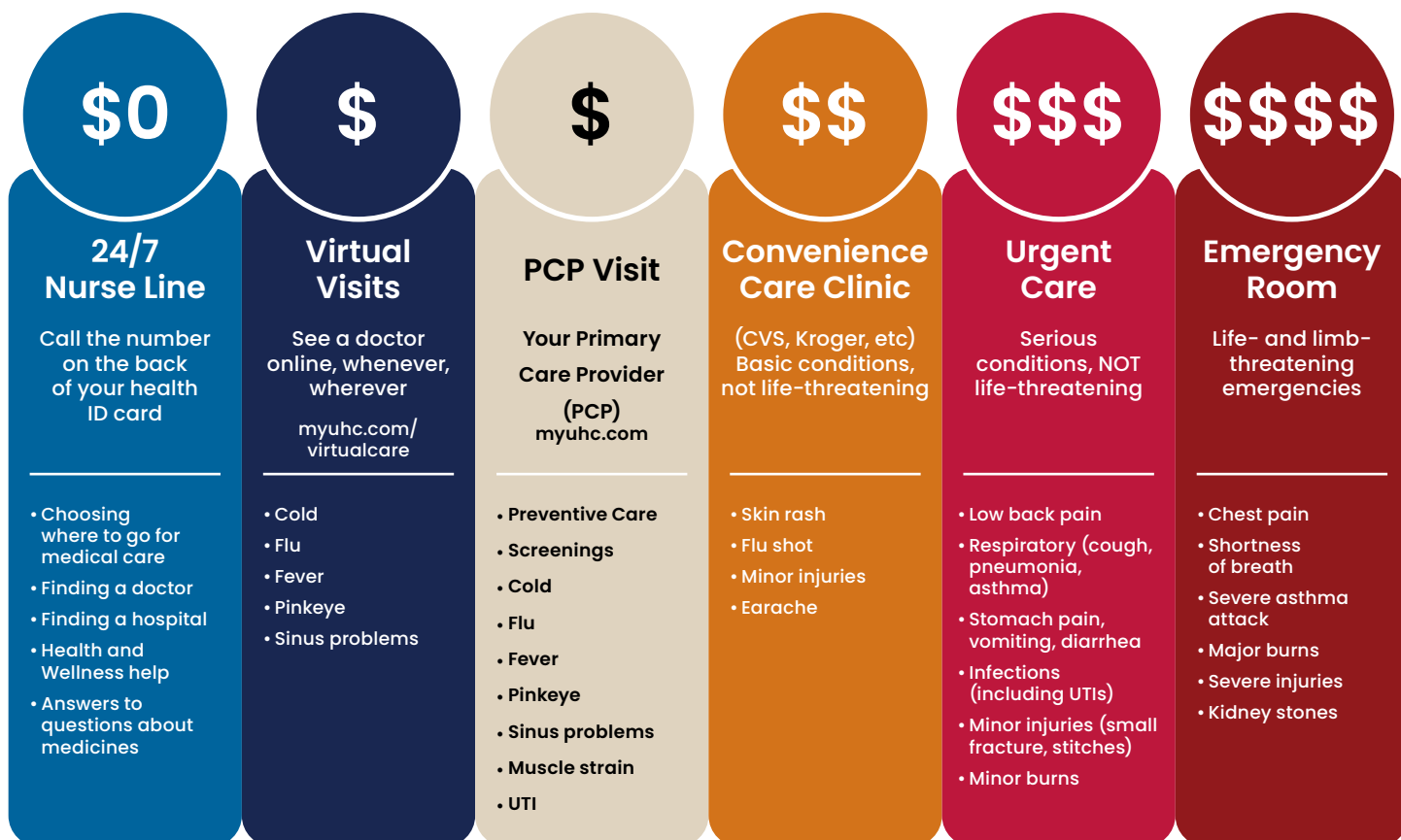
GET THE **MOST** OUT OF YOUR BENEFITS

Your personalized website, 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.

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.



Learn more at uhc.com/quickcare

*Examples of conditions listed are not inclusive of all care



Health Care Glossary:

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, this is the percentage of covered expenses that you must pay.

Out-of-Pocket Maximums (OOP): 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 remainder of the year. Your monthly premiums are not included in the OOP.

Core Benefits - Medical



Columbus City Schools is proud to offer medical coverage through UnitedHealthcare (UHC). There are four continuing medical plan options.

1. Select Basic Plan

This plan is available to Classified staff only and 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.

4. High-Deductible Health Plan

This plan is available to Classified staff only and offers lower rates to employees hired after May 31, 2009, who will be adding family members to their plan. This plan is different from the others in that there are no co-pays or co-insurance. Employees cover all qualified medical and Rx expenses (except for preventive) until the deductible/out-of-pocket max is reached. After the deductible is reached, the plan pays for 100% of eligible expenses.

The Summary of Benefits Coverage is available on the web at: ccsoh.us/domain/177. A paper copy is also available, free of charge, by sending an email to Benefitquestions@columbus.k12.oh.us.

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

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 to get started.

How An HDHP Works

Single Coverage

Qualified in-network
Medical and Rx expenses



100% of
qualified medical
and Rx expenses are
paid by the employee
until the **\$1,700**
deductible is met

Preventive care and selected
preventive medications are
covered 100% before
deductible is met.

*Pre-tax employee
contributions to an
HSA can be used to
pay for these expenses*



Once the deductible is
met through qualified
expenses incurred by
any covered family
members, then
qualified medical
expenses (including
Rx) are covered 100%
by insurance

Employee + 1 or Family Coverage

Qualified in-network
Medical and Rx expenses



100% of
qualified medical
and Rx expenses are
paid by the employee
until the **\$3,400**
deductible is met

Preventive care and selected
preventive medications are
covered 100% before
deductible is met.

*Pre-tax employee
contributions to an
HSA can be used to
pay for these expenses*



Once the deductible is
met through qualified
expenses incurred by
any covered family
members, then
qualified medical
expenses (including
Rx) are covered 100%
by insurance

Medical FSA vs. HSA

Comparison: HSA for Classified Staff who elect the HDHP

Frequently Asked Questions	Flexible Spending Account	Health Savings Account
What is it?	It's an account to help you pay for covered health care services and eligible medical expenses.	It's a personal bank account to help you save and pay for covered health care services and qualified medical expenses.
What benefit plans allow for this?	Certificated Select & Choice Classified Select Basic, Select & Choice	Classified High Deductible Health Plan
How do I put money into the account?	Your employer will take out pre-tax contributions from your paycheck and put it into the account.	You can make deposits like you do with other personal bank accounts. You can contribute pre-tax contributions from your paycheck.
Is there a limit on how much I can put into it?	The CCS Individual limit on the FSA is \$3,300 annually regardless of which plan or coverage level the employee elects.	The IRS single limit is \$4,400. The family limit is \$8,750. (Employee must be on a family HDHP plan, and the spouse cannot carry another HSA.)
What happens to the money if I leave CCS?	Any contributions that haven't been used upon termination are forfeited.	You own the account, and it follows you.
When is the money available to spend?	The entire elected amount is available to spend on the first day of the plan year.	After 1/1/26, as you contribute.
What will happen if I don't spend the entire elected amount during the plan year?	Up to \$660 dollars of last year's FSA contributions will be rolled over into the next year.	Any unspent money left in your account can stay there and earn interest.
Can I spend it on things other than healthcare?	No, you cannot spend it on anything other than qualified medical expenses.	No, as long as you are under the age of 65. If you use it for services other than qualified medical expenses, you could pay a 20% penalty tax. If you are over the age of 65, you can use it for pretty much anything.

Core Benefits- HSA

Health Savings Account

-ONLY AVAILABLE TO CLASSIFIED STAFF WHO ELECT THE HDHP-

Why should I choose a Health Savings Account (HSA)?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for qualified healthcare expenses if you are enrolled in a High Deductible Health Plan (HDHP). You can also use an HSA as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.

The IRS sets the maximum dollar amount you can elect and contribute to a Health Savings Account (HSA). The 2026 annual contribution limit: Single coverage - \$4,400 Family coverage - \$8,750.

You must re-enroll in your HSA every year. Previous elections do not carry over.

Please note: If you're 55 years of age or older, you are eligible to make an annual catch-up contribution, which lets you contribute an additional \$1,000 on top of the above annual contribution limits. To determine your contribution, we recommend setting a goal on what you plan to use your HSA for. Keep in mind that you're not locked in to that decision and can change your contribution amount at any time.



It's yours

Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



Flexibility

Save for a rainy day. Invest for your future retirement or spend your funds on qualified expenses, penalty free.



Easy to use

Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping all receipts in case of an IRS audit. Important Note: You can only spend funds that you have already contributed. You do not have advance funding as with an FSA.



Smart savings

The HSA's unique, triple-tax savings means that the money you contribute, earnings from investments, and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.



Investment options

You can invest your HSA funds in an interest-bearing account or in our standard mutual fund lineup. Savvy investors may opt for a Health Savings Brokerage Account powered by Charles Schwab, giving you access to more than 8,500 mutual funds, stocks and bonds.

What does it cover?

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

View our searchable list of eligible expenses at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

You must be enrolled in a High Deductible Health Plan (HDHP) in order to enroll in the HSA.

You're not eligible for an HSA if:

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical Flexible Spending Account (FSA) or select Health Reimbursement Arrangements (HRAs).
- You or your spouse are contributing to a medical FSA.
- Refer to the example on page 16 when determining how much to contribute.

Core Benefits- FSA

Increased Medical FSA

FLEXIBLE SPENDING



As part of the wide range of benefits choices, Columbus City Schools offers Flexible Spending Accounts (FSAs). FSAs give you the opportunity to set aside money on a pre-tax basis for medical and childcare expenses. You cannot elect a medical FSA if you are enrolled in the High Deductible Health Plan.

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/. Also take advantage of your dollars at FSASore.com.
- **Minimum Annual Contribution: \$260**
Maximum Annual Contribution: \$3,300
- 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 – NOT medical care expenses.** 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!

If you contribute to a Medical FSA in 2026, you can carry over up to \$660 to 2027.

If you have questions about how this policy works, reach out to the Benefits Team for more explanation.

The Dependent Care FSA will continue to offer a grace period on 2026 contributions.

You have until March 15, 2027, to incur childcare expenses. These claims must be submitted to WEX no later than April 30, 2027.

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

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

Please note that FSA & HSA plans are regulated by the IRS. If you have any tax concerns or questions, please contact your tax advisor.

Core Benefits-Rx

New Program: Mandatory Maintenance Choice

PHARMACY (Rx)



Columbus City Schools partners with CVS Caremark to manage our Prescription Drug Plans. If you elect medical coverage with CCS, you will automatically be enrolled in prescription drug coverage. You will have a prescription card that needs presented to your pharmacy. Participating network pharmacies include:



- Costco (Maintenance Choice)
- CVS (Maintenance Choice)
- Kroger (Maintenance Choice)
- Giant Eagle
- Discount Drug Mart
- Meijer
- Sam's Club
- Walgreens
- Walmart
- 185 Local Independent Pharmacies

Mandatory Maintenance Choice Program – New for 1/1/26

Beginning 1/1/26, you will need to fill the medications you take regularly –for things like diabetes, high blood pressure, asthma, etc.– in 90-day supplies at a select participating pharmacy or through mail order. (You can still fill the prescriptions you take for a limited time – such as antibiotics – at any participating pharmacy in the network.



You can fill your 90-day supplies of maintenance medications at Costco, CVS, or Kroger. You do not need to be a member at Costco in order to fill prescriptions. If you would like the prescriptions to be mailed to your home, you can call the number on the back of your prescription card, go to caremark.com, or ask for assistance to change to mail order at your pharmacy. More information on this program will be coming to you from CVS Caremark.

Information at your fingertips

Stay on track and look for savings using CVS digital tools. Request refills, get email and text alerts about your prescriptions, and check medication costs—all on your own time. Do it all at Caremark.com and the CVS Caremark mobile app.



Download the
Mobile App



Customer Service
833-268-1270



Learn More at
www.caremark.com



Core Benefits-Dental

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 out of your dental benefits, search www.deltadentaloh.com for a dentist that participates in the **Delta Dental PPO or Delta Dental Premier Network**. This will ensure hassle-free claim submission and protect you from unexpected balance billing from the dentist. You will likely save the most money when you visit a Delta Dental PPO Dentist.

Balance billing is when the nonparticipating dentist charges more than the insurance company allows. The dentist may pass on the additional costs to you.

To find a network participating dentist: Visit www.deltadentaloh.com or call 1-800-524-0149.

NOTE: Eligibility for dependents covered under the CCS dental plan ends at the end of the month in which the dependent turns 26.

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

Delta Dental PPO/Premier Dentist	Base Plan	Out of Network – Subject to Balance Billing
Plan Deductible	\$0	\$0
Annual Calendar Maximum Benefit	\$1,500 per person	\$1,500 per person
Orthodontic Lifetime Maximum Benefit no age restrictions	\$1,500 per person	\$1,500 per person
Diagnostic & Preventative		
Diagnostic and Preventive Services exams, cleanings, fluoride, and space maintainers	100%	100%
Emergency Palliative Treatment to temporarily relieve pain	100%	100%
Radiographs X-rays	100%	100%
Sealants & Brush Biopsies	100%	100%
Basic Service		
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 Miscellaneous 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

VISION BENEFITS

Columbus City Schools partners 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.

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

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

	Base Plan	Buy-Up Plan	Out-Of-Network (Applies to both plans)
Routine Eye Exam	\$10 (applies to exam and lenses materials) Once every 24 months	\$10 co-pay Once every 12 months	Up to \$50 Follows frequency of in-network benefit
Frames	\$105 + 20% off any balance	\$150 + 20% off any balance	Up to \$70 Follows frequency of in-network benefit
Single Vision Lenses	Covered in full after \$10 copay Once every 24 months	Covered in full after \$25 copay Once every 12 months	Up to \$50 Follows frequency of in-network benefit
Bifocal Lenses	Covered in full after \$10 copay Once every 24 months	Covered in full after \$25 copay Once every 12 months	Up to \$75 Follows frequency of in-network benefit
Trifocal Lenses	Covered in full after \$10 copay Once every 24 months	Covered in full after \$25 copay Once every 12 months	Up to \$100 Follows frequency of in-network benefit
Lens Enhancements	\$14-\$70 copay depending on enhancement Once every 24 months	\$14-\$70 copay depending on enhancement Once every 12 months	Not Available
Contact Lenses (In lieu of eyeglasses)	\$105 Once every 24 months	\$150 Once every 12 months	Up to \$105 Follows frequency of in-network benefit
Progressive Lenses	Standard: \$0 copay Premium: \$80 - \$90 copay Custom: \$120 - \$160 copay	Standard: \$0 copay Premium: \$50 copay Custom: \$50 copay	Not Available

Core Benefits-Life Insurance



DISTRICT PAID

GROUP TERM LIFE INSURANCE

Planning for your family's financial well-being can make you feel more confident about your future. 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, and you may also purchase additional coverage for yourself 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 regarding Whole Life Insurance (page 37).

Available Services

Unum has two valuable additional services to help you and your loved ones make informed decisions during challenging times.

These resources can assist with end-of-life planning, financial decisions, and navigating insurance needs with guidance from experienced professionals. Travel assistance may also be available.

Your Coverage

- **Basic Term Life Insurance** – term life insurance paid for in full by the District and based on eligible employee type.
- **Supplemental Term Life Insurance** – if eligible, you may elect to purchase additional term life insurance coverage for yourself in amounts based on eligible employee type.

Basic Life Plan Benefits	
Benefits Eligible Employee Type	Coverage Amount
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 Term Life Insurance

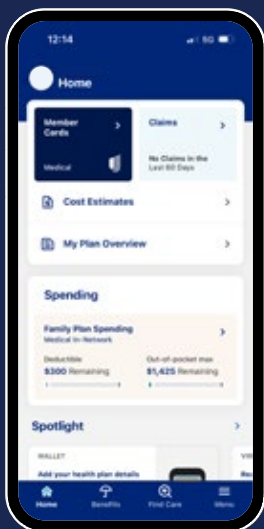
If you are an Executive, Certificated employee, Administrator, or Classified employee, you may purchase Supplemental Term Life Insurance equal to your Basic Term Life Insurance amount. Whether you are enrolling as a new employee or during Open Enrollment, no medical information is required. You pay for your Supplemental Term Life Insurance coverage with post-tax dollars through convenient payroll deductions. Please note that Tutors and Latchkey Teachers are not eligible to elect Supplemental Term Life Insurance.

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. Underwritten by Unum Life Insurance Company of America, Portland, ME Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

The District paid Basic Life Insurance and the Supplemental Life Insurance with Unum is coverage on yourself.

If you would like to cover your spouse or dependent child(ren), please see the Whole Life information on page 37.

Go Mobile or Use the Website



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. You can also go to www.myuhc.com.

Find care

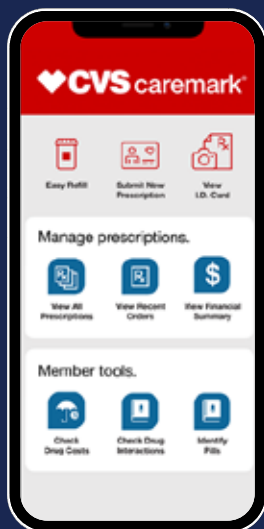
- Find network care options for doctors, clinics and hospitals in your area.
- Talk to a doctor by video 24/7, or see reviews and ratings for doctors.

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 to answer questions about claims and benefits.

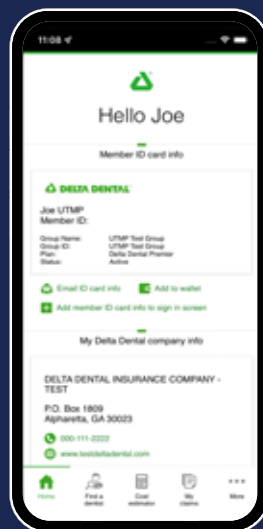


CVS Caremark

A simple and easy way to manage your prescriptions. Use the app or go to www.caremark.com.

You can:

- Order refills for you or your family.
- Locate a network pharmacy.
- Price a medication
- Access ID card.

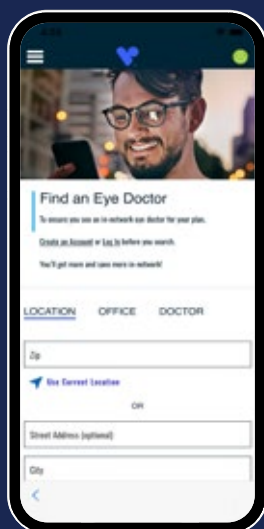


Delta Dental of Ohio

Use the app or go to www.deltadentaloh.com to get the most of your dental benefits anytime, anywhere.

You can:

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

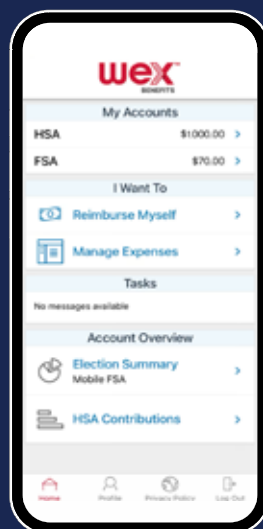


VSP

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

You can:

- Find a doctor.
- Check your coverage.
- Access your vision card.
- Shop the latest eye wear.



WEX FSA/HSA

Enjoy real-time access to all your benefits accounts with the mobile app or www.wexinc.com.

You can:

- View statements.
- Scan item bar code to check eligibility.
- Access ID card.
- Check balances and see account activity.
- Get instant notifications on claim statuses.
- Upload claim verification documents.



Real Appeal

The Real Appeal Program is available to those enrolled in a CCS Medical Plan.

Visit ColumbusCitySchools.realappeal.com or scan the QR code to sign up today!



Fitness on Demand

Get moving and motivated with hundreds of on-demand workouts, available anytime, anywhere at no additional cost.



Online Coaching

Set fitness goals and track progress with the help of a coach.



Success Kit

Start your health journey with scales, a balanced portion plate, and access to online fitness content.

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.



PHYSICAL • SPIRITUAL • INTELLECTUAL • FINANCIAL • EMOTIONAL



CAREER • CULTURAL • CREATIVE • SOCIAL • ENVIRONMENTAL

- The Ten Dimensions Of Wellness -



Your Dedicated Nurse

Grace Crawford, MHA, BSN, RN
614-867-6567
gcrawford1@columbus.k12.oh.us



**HEALTHY BODIES
ACTIVE MINDS**
COLUMBUS CITY SCHOOLS

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

One Pass Select™

Rediscover your passion for health

With One Pass Select, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan

You and your eligible family members (18+) can get started with One Pass Select today.



Find your Fit with One Pass Select



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.



In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

\$34/Mo

Classic

12,000+ gym locations

\$69/Mo

Standard

14,000+ gym and premium locations

\$109/Mo

Premium

16,000+ gym and premium locations

\$249/Mo

Elite

19,000+ gym and premium locations

An enrollment fee may apply.

Or get started with a digital-only plan for \$10/Mo.

All tiers Classic or above include the digital tier, grocery delivery and additional benefits at no extra cost.

Enroll today:

1. Scan QR code below or visit: <https://member.uhc.com/coverage/additional/>
2. Sign in or register
3. Select the One Pass Select tile



One Pass Select is a voluntary program featuring a subscription based nationwide gym network, digital fitness and grocery delivery service. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery delivery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by Optum. Subscription costs are payable to Optum.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

HealthAdvocateSM

EMPLOYEE ASSISTANCE PROGRAM

Dealing with personal problems can be a challenge. The Health Advocate Employee Assistance Program provides **four confidential counseling sessions** to help you work through personal issues – all at no cost to you! There are many other free resources available to CCS employees. Health Advocate can get you the help you need.

Turn to Health Advocate– We can help.

1-877-240-6863 • Available 24/7 by phone.

www.HealthAdvocate.com/columbuscityschools • Registration code CCSEAPI

Confidential support for personal problems

- Four **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

Health Advocate has partnered with **Tava Health** to provide expanded access to **virtual therapy** through their network of licensed professional therapists. Through our website or app, you can conveniently locate mental health providers and self-schedule appointments online.

Scan to get
the Health
Advocate
iPhone app!



Review and choose a provider based on your specific needs from a national therapy network



Schedule your appointment at a time that is convenient for you



Your information will be kept confidential within a HIPAA-secure platform

EAP - Tava Virtual Appointments

Getting started is easy

1. Log on to the website or app HealthAdvocate.com/columbuscityschool
(You must create an account with Health Advocate. Registration code is CCSEAPI.)
2. Select "EAP: Life & Work", then click "EAP: Life & Work Home"
3. Scroll to "Connect to virtual therapy" and select "Begin here"
4. Click "Visit Tava" and complete your virtual assessment
5. Indicate your therapist preferences, and schedule an appointment

IMPORTANT NOTE: Enter your benefits information and credit card [here](#).

Your first four visits are FREE, but you will want a therapist in the CCS Network, should you continue past 4 visits. The credit card is kept on record in case of cancellation.

Classified Employees & Classified Supervisors

Medical & Pharmacy Summary

	Select Basic	Select	Choice		HDHP
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 selects a non-network physician at a lower benefit	Member selects a physician from the network
	Annual Medical Deductible – Deductible applies except for services with a copay unless otherwise noted				
Medical Deductible Individual/Family	\$300/\$900	\$300/\$900	\$150/\$300	\$900/\$2,700	In-Network: \$1,650/\$3,300 Out-of-Network: \$3,300/\$6,600
Annual Out-Of-Pocket Maximum (OOP)	Network medical copayments will accumulate to the Out-Of-Pocket Maximum along with any applicable medical deductibles and coinsurance. (See Pharmacy Out-Of-Pocket Maximum below)				
Medical OOP Individual/Family	\$750/\$1,500	\$750/\$1,500	\$750/\$1,500	\$2,250/\$4,500	In-Network: \$1,650/\$3,300 Out-of-Network: \$3,300/\$6,600
Preventive Care Services <small>(Routine preventive care services)</small>	\$0 Copay	\$0 Copay	\$0 Copay	Not Covered	\$0 before deductible
Physician Office Visits	\$20 Copay	\$15 Copay	\$15 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Specialist Office Visits	\$30 Copay	\$30 Copay	\$30 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Urgent Care Visits	\$50 Copay	\$50 Copay	\$50 Copay	Not Covered	100% until deductible met then \$0
Hospital Emergency Room	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	100% until deductible met then \$0
Inpatient Facility Services	10% Coinsurance after deductible	10% Coinsurance after deductible No PM&R limit	5% Coinsurance after deductible 60 day combined PM&R limit	30% Coinsurance after deductible 60 day PM&R limit	100% until deductible met then \$0
Outpatient Facility Services	10% Coinsurance after deductible	10% Coinsurance after deductible	5% Coinsurance after deductible	30% Coinsurance after deductible	100% until deductible met then \$0
Chiropractic Services <small>(30 visits/year)</small>	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Physical & Occupational Therapy <small>(60 visits/year combined)</small>	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Speech Therapy <small>(20 visits/year)</small>	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
DME – Medical Supplies, Equipment, & Appliances	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	100% until deductible met then \$0
Human Organ/Tissue Transplant	Plan pays 100%	Plan pays 100%	Plan pays 100%	Not Covered	100% until deductible met then \$0
Hearing Aids	\$0 Copay	\$0 Copay	\$0 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Mental Health/Substance Abuse Inpatient Services	10% Coinsurance after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	20% Coinsurance after deductible	100% until deductible met then \$0
Mental Health/Substance Abuse Outpatient Services	\$20 Copay	\$15 Copay	\$15 Copay	20% Coinsurance	100% until deductible met then \$0
Home Health Care	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible (30 visit limit/year)	100% until deductible met then \$0
Hospice Services	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	100% until deductible met then \$0
Pharmacy OOP Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	100% until deductible met then \$0 *Select generic preventive drugs offered at no cost.
Diabetic/Asthmatic Supplies	\$0 Copay	\$0 Copay	\$0 Copay	50% Coinsurance	Not Covered
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	100% until deductible met then \$0
Prescription Drugs Retail 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	100% until deductible met then \$0
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 & Supervisors

2026 Contributions Per Pay

MEDICAL

21 PAY PLAN	Select Basic	Select	Choice	HDHP
Employee Only	\$16.47	\$32.23	\$73.99	\$133.04
Employee + Child	\$32.86	\$64.27	\$147.53	\$264.75
Employee + Spouse (Grandfathered Rates)**	\$32.86	\$64.27	\$147.53	N/A
Employee + Spouse*	\$327.93	\$359.34	\$442.60	\$264.75
Employee + Children	\$48.49	\$94.84	\$217.67	\$391.15
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$48.49	\$94.84	\$217.67	N/A
Family (Employee + Spouse & Child(ren))*	\$483.84	\$530.19	\$653.02	\$391.15

26 PAY PLAN	Select Basic	Select	Choice	HDHP
Employee Only	\$13.31	\$26.04	\$59.76	\$107.46
Employee + Child	\$26.54	\$51.92	\$119.16	\$213.84
Employee + Spouse (Grandfathered Rates)**	\$26.54	\$51.92	\$119.16	N/A
Employee + Spouse*	\$264.86	\$290.24	\$357.48	\$213.84
Employee + Children	\$39.16	\$76.60	\$175.81	\$315.92
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$39.16	\$76.60	\$175.81	N/A
Family (Employee + Spouse & Child(ren))*	\$390.79	\$428.23	\$527.44	\$315.92

*OAPSE bargaining unit members or Classified Supervisors who add their spouse after April 30, 2010 will pay a higher contribution rate to include their spouse for medical 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 medical 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	\$4.43	\$3.58
Family	\$4.43	\$3.58

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$5.54	\$4.48

VISION BUY-UP

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

	21 Pay Plan	26 Pay Plan
Employee Only	\$4.13	\$3.33
Employee + 1	\$8.25	\$6.67
Employee + Family	\$13.30	\$10.74

Certificated Employees & Administrators

Medical & Pharmacy Summary

New Plan Changes

	Select	Choice	
Benefit		Network	Non-Network
Choice of Physician	Member selects a physician from the network	Member selects a physician from the network	Member can also receive care from non-network providers at a lower benefit level
Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted			
Medical Deductible Individual/Family	\$750/\$1,500	\$750/\$1,500	\$2,000/\$4,000
Annual Out-Of-Pocket Maximum (OOP)	Network medical and pharmacy copayments, deductibles and coinsurance will accumulate to the Out-Of-Pocket Maximum.		
Medical OOP Individual/Family	\$2,500/\$5,000	\$2,500/\$5,000	\$7,000/\$14,000
Preventive Care Services (Routine preventive care services)	\$0 Copay	\$0 Copay	Not Covered
Primary Care Physician Office Visits	\$20 Copay	\$20 Copay	30% Coinsurance after deductible
Specialist Office Visits	\$40 Copay	\$40 Copay	30% Coinsurance after deductible
Urgent Care Visits	\$30 Copay	\$30 Copay	Not Covered
Hospital Emergency Room	\$300 Copay (waived if admitted)	\$300 Copay (waived if admitted)	\$300 Copay (waived if admitted)
Inpatient Facility Services	10% Coinsurance after deductible No Physical Medicine & Rehabilitation (PM&R) limit	10% Coinsurance after deductible 60 day combined PM&R limit	30% Coinsurance after deductible 60 day combined PM&R limit
Outpatient Facility Services	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible
Chiropractic Services (30 visits/year)	\$40 Copay	\$30 Copay	30% Coinsurance after deductible
Physical & Occupational Therapy (60 visits/year combined)	\$40 Copay	\$30 Copay	30% Coinsurance after deductible
Speech Therapy (20 visits/year)	\$40 Copay	\$30 Copay	30% Coinsurance after deductible
DME - Medical Supplies, Equipment, & Appliances	20% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
Human Organ/Tissue Transplant	Plan pays 100%	Plan pays 100%	Not Covered
Hearing Aids	\$0 Copay	\$0 Copay	30% Coinsurance after deductible
Mental Health/Substance Abuse Inpatient Services	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible
Mental Health/Substance Abuse Outpatient Services	\$20 Copay	\$20 Copay	30% Coinsurance after deductible
Hospice Care	Plan pays 100%	Plan pays 100%	
Home Health Care	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible
Pharmacy OOP Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
Diabetic/Asthmatic Supplies	\$0 Copay	\$0 Copay	Not Covered
Prescription Drugs Retail Pharmacy (30 day supply)	\$20 Generic/\$40 Brand Preferred/ \$80 Brand Non-Preferred/ Specialty 30% (\$200 min, \$400 max)	\$20 Generic/\$40 Brand Preferred/ \$80 Brand Non-Preferred/ Specialty 30% (\$200 min, \$400 max)	50% Coinsurance
Prescription Drugs Retail Pharmacy (90 day supply)	\$40 Generic/\$80 Brand Preferred/ \$160 Brand Non-Preferred/ Specialty 30% (\$400 min, \$800 max)	\$40 Generic/\$80 Brand Preferred/ \$160 Brand Non-Preferred/ Specialty 30% (\$400 min, \$800 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.

Certificated & Administrators

2026 Contributions Per Pay

MEDICAL

21 PAY PLAN	Select	Choice
Employee Only	\$65.40	\$76.51
Employee + Child	\$130.41	\$152.55
Employee + Spouse (Grandfathered Rates)**	\$130.41	\$152.55
Employee + Spouse*	\$365.09	\$387.23
Employee + Children	\$192.41	\$225.10
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$192.41	\$225.10
Family (Employee + Spouse & Child(ren))*	\$538.67	\$571.36

26 PAY PLAN	Select	Choice
Employee Only	\$52.82	\$61.80
Employee + Child	\$105.33	\$123.22
Employee + Spouse (Grandfathered Rates)**	\$105.33	\$123.22
Employee + Spouse*	\$294.88	\$312.77
Employee + Children	\$155.41	\$181.81
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$155.41	\$181.81
Family (Employee + Spouse & Child(ren))*	\$435.08	\$461.48

*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	\$4.43	\$3.58
Family	\$4.43	\$3.58

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$5.54	\$4.48

VISION BUY-UP The Base Vision plan is paid 100% by the District.

	21 Pay Plan	26 Pay Plan
Employee Only	\$4.13	\$3.33
Employee + 1	\$8.25	\$6.67
Employee + Family	\$13.30	\$10.74

Eligible Tutors

2026 Contributions Per Pay

MEDICAL

21 PAY PLAN	Select	Choice
Tutors (15-25 scheduled hours)		
Employee Only	\$300.80	\$311.91
Employee + One (Child or Spouse)	\$599.80	\$621.94
Family (Employee + Spouse & Child(ren))	\$884.92	\$917.61
Tutors (Over 25 scheduled hours)		
Employee Only	\$171.33	\$182.43
Employee + One (Child or Spouse)	\$341.63	\$363.77
Family (Employee + Spouse & Child(ren))	\$504.03	\$536.72

26 PAY PLAN	Select	Choice
Tutors (15-25 scheduled hours)		
Employee Only	\$242.95	\$251.93
Employee + One (Child or Spouse)	\$484.45	\$502.34
Family (Employee + Spouse & Child(ren))	\$714.74	\$741.14
Tutors (Over 25 scheduled hours)		
Employee Only	\$138.38	\$147.35
Employee + One (Child or Spouse)	\$275.92	\$293.81
Family (Employee + Spouse & Child(ren))	\$407.10	\$433.50

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only (15-25 hours)	\$22.17	\$17.90
Family (15-25 hours)	\$22.17	\$17.90
Employee Only (over 25 hours)	\$12.41	\$10.03
Family (15-25 hours)	\$12.41	\$10.03

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$20,000 (District Paid)	\$0.00	\$0.00

Tutors are NOT eligible for Supplemental Life Ins.

VISION BUY-UP

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

	21 Pay Plan	26 Pay Plan
Employee Only	\$4.13	\$3.33
Employee + 1	\$8.25	\$6.67
Employee + Family	\$13.30	\$10.74

Latchkey Teachers

2026 Contributions Per Pay

MEDICAL

21 PAY PLAN	Select	Choice
Employee Only	\$171.33	\$182.43
Employee + One (Child or Spouse)	\$341.63	\$363.77
Family (Employee + Spouse & Child(ren))	\$504.03	\$536.72

26 PAY PLAN	Select	Choice
Employee Only	\$138.38	\$147.35
Employee + One (Child or Spouse)	\$275.92	\$293.81
Family (Employee + Spouse & Child(ren))	\$407.10	\$433.50

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only	\$12.41	\$10.03
Family	\$12.41	\$10.03

VISION BASE

	21 Pay Plan	26 Pay Plan
Employee Only	\$0.58	\$0.48
Employee + 1	\$1.16	\$0.94
Employee + Family	\$1.86	\$1.51

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$4.71	\$3.81
Employee + 1	\$9.41	\$7.61
Employee + Family	\$15.16	\$12.25

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

Job Share Teachers

2026 Contributions Per Pay

MEDICAL

21 PAY PLAN	Select	Choice
Job Share Percentage	50%	50%
Employee Only	\$329.63	\$341.32
Employee + Child	\$658.44	\$680.58
Employee + Spouse (Grandfathered Rates)**	\$658.44	\$680.58
Employee + Spouse*	\$775.78	\$797.92
Employee + Children	\$971.48	\$1,004.17
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$971.48	\$1,004.17
Family (Employee + Spouse & Child(ren))*	\$1,144.60	\$1,177.29

26 PAY PLAN	Select	Choice
Job Share Percentage	50%	50%
Employee Only	\$266.24	\$275.68
Employee + Child	\$531.81	\$549.70
Employee + Spouse (Grandfathered Rates)**	\$531.81	\$549.70
Employee + Spouse*	\$626.59	\$644.48
Employee + Children	\$784.66	\$811.06
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$784.66	\$811.06
Family (Employee + Spouse & Child(ren))*	\$924.49	\$950.89

*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 50%

	21 Pay Plan	26 Pay Plan
Employee Only	\$24.38	\$19.69
Family	\$24.38	\$19.69

VISION BASE 50%

	21 Pay Plan	26 Pay Plan
Employee Only	\$1.03	\$0.84
Employee + 1	\$2.08	\$1.67
Employee + Family	\$3.33	\$2.69

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$25,000	\$0.00	\$0.00
Supp Life \$25,000	\$2.77	\$2.24

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$5.16	\$4.17
Employee + 1	\$10.33	\$8.34
Employee + Family	\$16.63	\$13.43

Tuition Discounts And 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 the RN-BSN program: \$200 per credit hour



Capital City Teacher Residency Program

CCS has partnered with Capital University to offer CCS employees discounted tuition rates, along with other grants, scholarships, and student loans for the following programs:

- Capital City Teacher Residency Program Primary P-5
- Capital City Teacher Residency Program Primary (P-5) and K-12 Intervention Specialist
- Post-Baccalaureate Teacher Licensure (All areas)
- Teaching English to Speakers of Other Languages/ TESOL (Endorsement)
- Adult and Continuing Education (Social Work)



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



Grand Canyon University

The Participants in Learning, Leading, and Serving (PLLS) program by Grand Canyon University offers valuable benefits to schools, staff, and students, all at no cost. High school graduates from participating schools can receive a minimum \$2,250 scholarship per year, with additional scholarships for online Bachelor's degrees. Staff, faculty, and their spouses also get tuition discounts on GCU's degree programs. PLLS offers discounted professional development for educators, including coaching and mentoring. Schools gain access to GCU's online job board for hiring, as well as dual enrollment courses for students to fast-track their college education. Additionally, test prep workshops and marketing support are available to strengthen school programs. In essence, the PLLS program makes education more affordable while providing resources for career and professional growth for both students and staff.

Tuition Discounts And Scholarships



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 four years, giving your children the opportunity to access all of the benefits of a private university at public school prices.



University of Cincinnati Online

CCS has partnered with the University of Cincinnati to offer CCS employees discounted tuition rates, along with other grants, scholarships, and student loans for various programs. Tuition discounts are available to employees, employee spouses/domestic partners, and dependents living in the household who are under the age of 25. 100+ University of Cincinnati programs are available online including Certificate, Associate, Bachelor's, and Master's-level programs. For more information about these University of Cincinnati programs, visit <https://online.uc.edu/business-partners/programs/#main-content>.



Grow Your Own (GYO) Teacher Scholarship Program

The program offers a generous funding to recipients who agree to teach for a minimum of four years in their home district. This initiative is open to two key groups: current employees holding educational aide permits, paraprofessional licenses, or substitute licenses (including educational service center employees assigned to qualifying schools), and low-income high school seniors attending qualifying schools.

Columbus City Schools prioritizes recruiting teachers in special education, math, science, physical education, music, and art. The application periods for the scholarship will be announced via email and newsletter.

The Grow Your Own program offers a clear and directed pathway to becoming a teacher with minimal financial burden, even providing opportunities to get paid while earning a degree. If you have questions regarding the program, email growyourown@columbus.k12.oh.us.

Voluntary Benefits

Voluntary Benefits are additional insurance products available for purchase. You can pay for these benefits through convenient, after-tax payroll deductions.

If you are an eligible employee working over 20 hours per week, you may purchase many of these plans with no medical underwriting to qualify for coverage. Proof of good health may be required for late entry into the plan. Tutors are not eligible for Voluntary Benefits.

Voluntary Benefits for all employees - even Bus Driver Trainees - begin on the first day of the month following 30 days of service.

How to Enroll

For 2026 Open Enrollment, see page 6-7.

Employees can access the bswift site (columbuscityschools.bswift.com) to self-enroll in Voluntary Benefits or schedule an appointment with an iBTR Enrollment Counselor who can assist in completing the enrollment process. You must do this within 30 days of your hire/eligibility date.

Schedule an appointment by visiting:
<https://columbuscityschools.newhireenrollment.net>
or by calling 614-401-5172.

Disability Insurance

Disability insurance is designed to help provide financial support by replacing a portion of your income if you are unable to work due to a covered non-work-related illness or injury.

Short-Term Disability (STD)

For many households, even a short interruption in income can create financial strain. Unum Group STD weekly benefits begin after 14 days of disability due to a covered non-work-related illness or injury. You may select a weekly benefit amount up to \$1,400, not to exceed 60% of your income, for up to 26 weeks. This plan is offered on a guaranteed-issue basis, meaning no medical underwriting is required to qualify for coverage. Proof of good health may be required for late enrollees into this plan. (*See note on page 36.)

Long-Term Disability (LTD)

Long-Term Disability coverage typically begins, where Short-Term Disability coverage leaves off, providing benefits for covered illnesses or injuries that have longer recovery periods. Long-Term Disability provides income protection after 180 days of a continuous disability. You are eligible to receive 60% of your pay up to \$10,000 per month.

STD & LTD Plan Costs

You pay for the STD & LTD plans through convenient payroll deductions. For cost information, log in to the bswift site (columbuscityschools.bswift.com) or discuss costs with your iBTR Benefit Counselor when you enroll.

Accident Insurance

Accident Insurance provides a lump-sum benefit for covered injuries and medical services resulting from an accident that occurs on or off the job. The benefit amount varies based on the type of injury and care received. This employee-paid coverage gives you the flexibility to use the benefit as needed.

Plan Features

- Guaranteed Issue – no medical underwriting to qualify 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. In Ohio, ported coverage will terminate if the employer policy terminates.

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.

- Hospital admission
- Treatment for burns
- Care for concussions
- Support for fractures
- Assistance with lacerations
- Recovery care services
- Accidental Death & Dismemberment Coverage

Be Well Benefit with Accident Coverage

Employees and covered dependents may receive a \$100 benefit each year for completing a qualifying health screening test, per insured.

Voluntary Benefits

Critical Illness (CI) Insurance

Critical Illness Insurance provides a lump-sum benefit if you are diagnosed with a covered illness or condition after your coverage begins. This benefit is designed to offer financial support during a challenging time and can be used however you choose – whether it is to help with out-of-pocket costs like deductibles, childcare, home healthcare, or everyday living expenses.

Plan Features

- **Guaranteed Issue** – No medical underwriting to qualify 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. In Ohio, ported coverage will terminate if the employer policy terminates.

Covered Illnesses

If you are diagnosed with an illness that is covered by your Critical Illness Insurance, you can receive a lump sum benefit payment. Critical Illness Insurance pays a benefit for a range of illnesses, such as heart attack, stroke, cancer, major organ failure, and more. Benefits are paid at 100% of the Maximum Critical Illness Benefit amount unless otherwise stated.

Maximum CI Benefits

- **For employees:** You can choose a coverage amount starting at \$5,000, up to \$30,000, in \$5,000 increments.
- **For your spouse:** You also have the option to apply for coverage for your spouse. If enrolled, they will receive 50% of the benefit amount you choose for yourself.
- **For your children:** If you decide to enroll, your children will automatically be covered at 50% of your selected benefit amount.

Multiple Claims

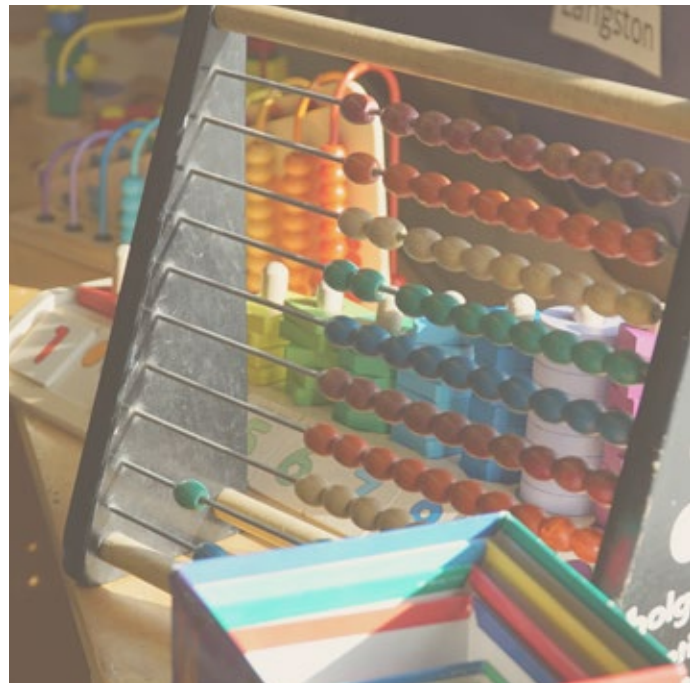
The Critical Illness benefit is paid once per covered condition. If you're diagnosed with a different, unrelated condition—or if diagnoses are more than 180 days apart—you may be eligible for another benefit. If you're diagnosed with multiple conditions at once, the benefit will be based on the one with the highest payout percentage.

Critical Illness Recurring Condition Benefit: If a covered condition returns, and the new diagnosis is at least 30 days after the previous one, you may receive another benefit – equal to 100% of the original payout for that condition.

Be Well Benefit with CI Coverage

Employees and covered dependents may receive a \$100 benefit each year for completing a qualifying health screening test, per insured.

**Note: The Accident, Critical Illness, and Hospital Insurance are a supplement to health insurance. They are not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying Accident Insurance, Critical Illness Insurance, and Hospital Insurance. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. Accident, Critical Illness, and Hospital Insurance are underwritten by Unum Insurance Company, Portland ME. Whole Life Insurance is underwritten by Provident Life and Accident Insurance Company, Chattanooga, TN. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.*



Voluntary Benefits

Hospital Insurance

With ever increasing medical costs in the U.S., it's easy to see why having hospital insurance coverage makes good financial sense. Even with health coverage, a hospital stay can lead to unexpected expenses. Unum Hospital Insurance provides a lump-sum payment directly to you if you're admitted due to a covered accident or illness. You can use this benefit however you need-so you can focus on recovery, not the financial stress.

Plan Features

- Guaranteed Issue – No medical underwriting required for coverage.
- 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. In Ohio the ported coverage will terminate if the employer policy terminates.

Plan Benefits with Hospital Insurance Coverage

The following list is a summary of the benefits provided by Hospital Insurance.

You may be required to seek care for your injury within a set amount of time.

- Hospital Admission (2x per year) – \$1,000
- Additional Hospital Benefit due to Childbirth – \$100
- Daily Stay (per day up to 30 days) – \$100
- Daily Stay – Hospital ICU (per day up to 15 days) – \$100

Be Well Benefit with Hospital Insurance

Employees and covered dependents may receive a \$50 benefit each year for completing a qualifying health screening test, per insured.

*See note on page 36.

Whole Life Insurance

Unum offered Group Whole Life insurance is designed to provide coverage that lasts a lifetime. It offers protection that stays with you-whether you change jobs or retire-along with fixed premiums and the opportunity to build cash value over time. The policy also includes living benefits that can help with end-of-life expenses, long-term care, or other needs during a serious illness.

You can elect coverage for yourself, your spouse, or your children-up to the non-medical maximum-with no medical exams required. Coverage amounts are available up to \$150,000 for yourself and up to \$30,000 for your spouse. A Child Term Life Rider is also available for children up to age 26.

Highlights of Whole Life Insurance

- Guaranteed Issue – No medical underwriting required for coverage.
- Accumulates cash value over time with a guaranteed interest rate.
- Accelerated Death Benefit with Terminal Illness and Long-Term Care Rider included.
- Payroll Deductions – Premiums are paid through convenient payroll deductions.

How to Enroll in Whole Life and what is the cost?

For cost, log in to the bswift site (columbuscityschools.bswift.com) or discuss costs with your iBTR Benefit Counselor when you enroll.

*See note on page 36.

Identity Theft

Norton LifeLock benefit plan empowers you to help protect your digital life – including comprehensive features for your identity, security, and privacy.

Identity theft protection, and a whole lot more!

- Device Security protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.
- Identity Alerts with Credit Monitoring alerts you if there is fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage, and data breaches.
- Social Media Monitoring notifies you of any suspicious links, account takeover attempts, or inappropriate content.
- Norton™ Secure VPN Our Virtual Private Network (VPN) helps protect your Online Privacy so your sensitive information, browsing history, online activities, and webcam are more secure.
- Million Dollar Protection™ Package to reimburse stolen funds, personal expenses, and provide coverage for lawyers and experts up to \$1 million each.

Voluntary Benefits

Group Term to Age 100 Life Insurance Allstate

This plan is no longer available for new enrollees.

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 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.

If you currently have a Group Term Life Insurance policy, you may continue to keep it, however, if you decide to waive this benefit in the future, you will not be able to re-enroll.

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.

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



Pet insurance from Nationwide® can help lower the financial barriers that pet families face when it comes to getting care for their furry, feathered, and scaly friends. The customizable pet insurance gives pet families the freedom to choose the right veterinary coverage for their pet.

- Reimbursement for eligible veterinary expenses
- Coverage available for accident, illness, hereditary & congenital, and wellness
- Unlimited 24/7 pet telehealth support with Nationwide VetHelpline®
- Effortless, low-cost pet prescriptions with Nationwide PetRxExpress®
- Savings on veterinary care at Petco Veterinary Services clinics
- Multi-pet discounts available
- Use any veterinarian, anywhere

To get a quote, visit: <http://www.petinsurance.com/columbuscityschools26>
or call: 877-738-7874



IMPORTANT NOTICES

SBC Availability

AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: ccsoh.us/domain/177. A paper copy is also available, free of charge, by sending an email to BenefitQuestions@columbus.k12.oh.us.

Model General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage

through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."



IMPORTANT NOTICES *Continued*

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to CCS Benefits at BenefitQuestions@columbus.k12.oh.us.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended. Contact WEX, Inc. at 1-866-451-3399 for specific information regarding COBRA extensions.

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan

is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

IMPORTANT NOTICES *Continued*

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Columbus City Schools, 3700 South High Street, Columbus, OH 43207. Phone: 614-365-6475
For questions specifically regarding COBRA, contact WEX, Inc., at 1-866-451-3399.

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 dependents (including your spouse) because of other 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 other 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
COLUMBUS CITY SCHOOLS
3700 South High Street Columbus, OH 43207
614-365-6475
BenefitQuestions@columbus.k12.oh.us

Important Notice from Columbus City Schools about your Prescription Drug Coverage and Medicare for Plan Year 2026

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. 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 not be affected. Your Columbus City Schools coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does. You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan. If you do decide to join a Medicare drug plan and voluntarily drop your current

Columbus City Schools coverage, be aware that you and your dependents can re-enroll during the annual Open Enrollment period or if you experience a qualifying life event.

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 CVS Caremark at 833-268-1270 with any questions regarding your current prescription drug coverage.

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

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

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

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

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov Fax: 916-440-5676
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: Phone: 678-564-1162, Press 2 https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>

NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025 or for more information on special enrollment rights, contact either:

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

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

HIPAA Privacy Notice

This notice (updated 9/29/2013) 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 below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR RIGHTS

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

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

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

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

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

- Marketing purposes
- Sale of your information

HIPAA Privacy Notice *Continued*

OUR USE AND DISCLOSURES

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

Help manage the health care treatment you receive

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

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

Run our organization

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

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

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

EXAMPLE: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

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

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

Respond to lawsuits and legal actions

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

Our Responsibilities

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

Comply with the law

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

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

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

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

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

Respond to lawsuits and legal actions

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

Our Responsibilities

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

For more information visit:

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

Changes to the Terms of this Notice

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

Benefits Guide

Open Enrollment Period

October 6-24, 2025

