



Employee Benefits Guide

PLAN YEAR
2024

July 1, 2023–June 30, 2024



Eligibility

Determine your eligibility

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You also have the option to enroll your eligible dependents in some of these plans.

Eligible Dependents may include:

Medical

- > Your legal spouse
- > Your children. For a child to be eligible, they **must** be:
 - > Less than 26 years of age
 - > The natural child, stepchild or adopted child of the subscriber.

Dental/Vision

- > Your legal spouse
- > Your children. For a child to be eligible, they **must** be:
 - > Less than 26 years of age
 - > The natural child, stepchild or adopted child of the subscriber.

Benefit Plan	Eligibility	New Hire Waiting Period
Medical / Rx	Employees working 30 hours or greater per week	First of the month following date of hire
Dental	Employees working 30 hours or greater per week	First of the month following date of hire
Vision	Employees working 30 hours or greater per week	First of the month following date of hire
LTD/STD	Employees working 30 hours or greater per week	First of the month following date of hire
Life/Vol Life	Employees working 30 hours or greater per week	First of the month following date of hire



Enrollment Dates and Benefit Changes

Enrollment Details

Open Enrollment:

Open enrollment will take place: **November of each year and benefits will go into effect on January 1st.**

Making Changes to your Benefits

The Section 125 Plan year is from January 1- December 31 each year. Your election to participate in Medical, Dental, and/or Vision, will constitute your election to participate under the **Premium Only** plan on a **pre-tax** basis. A **Section 125 Premium Expense** plan allows you to pay for your portion of the health insurance premium on a **pre-tax** basis.

Important Note: Insurance premiums are deducted **one month in advance** and plan premium adjustments (*if necessary*) take place during the 1st pay in June annually.

The deductible year is from **January 1- December 31.**

What is a Qualifying Event?

The following events qualify for a mid-year change in coverage:

- Marriage
- Divorce or legal separation
- Birth
- Adoption or Placement for Adoption
- Death of a dependent
- Ineligibility of a dependent
- Loss of coverage
- Change in your employment status or that of your spouse
- A qualified domestic relations order or similar court order
- Entitlement to Medicare or Medicaid

Employee Responsibilities:

Employees that experience a qualifying event **must notify** the administration **within 30 days** of the qualifying event.



Contributions

Medical

Plan Type	Monthly Employee Contribution
Employee Only	\$78.74
Employee and Spouse	\$200.30

Dental

Plan Type	Monthly Employee Contribution
Employee Only	\$0
Family	\$0

Visions

Plan Type	Monthly Employee Contribution
Employee Only	\$0
Family	\$0



Health Savings Account (HSA)

Eligibility

To be eligible for a **Health Savings Account (HSA)**, you must be covered under an HSA-qualified plan on the **first day of the month**. Also, you **must not be**:

- Covered by any other health plan, including a spouse's health insurance
- Covered by your own or a spouse's medical flexible spending account (FSA) or health reimbursement account (HRA)
- Enrolled in any part of Medicare, Medicaid or Tricare
- Claimed as a dependent on another person's tax return



Benefit Overview

Washington County Career Center provides all employees who meet the eligibility requirements **and** are enrolled in an HSA medical plan the option to open a Health Savings Account through Peoples Bank or Citizens Bank.

A health savings account (HSA) is a savings and investment account that can be used to **reimburse eligible medical expenses** such as: **doctor's office visits, prescriptions, vision and dental expenses.**

Unlike a generic savings account, the money is deposited **tax free** or is tax deductible if contributed after tax. Those funds remain **tax free** when used to pay or reimburse for eligible healthcare expenses.

Health Savings Accounts are employee owned and more importantly, **unused funds carry over each year** and continue to earn interest **tax-free**.

Contributions

For 2023, employees enrolled in the **medical plan** with **single** coverage will receive an employer contribution of **\$75.00 per pay**, and **family** coverage will receive an employer contribution of **\$150 per pay**.

The **maximum amount** (including employer contributions) you can deposit into your account for **2024 is \$3,850** if you have **single** coverage and **\$7,750** for **family** coverage, even if your policy's deductible is less than that. If you are **age 55 or older**, you can also make additional 'catch-up' contributions up to **\$1,000 per year**.

Tax Benefits

- Cash contributions you make to a HSA during the tax year are deductible from your federal gross income. Contributions made through payroll deduction are made **pre-tax** and not subject to Federal, State, Local or FICA taxes. Contributions made by your employer are **not** included in your gross income.
- Interest earnings are tax-deferred meaning you will **not** pay taxes on the contributions if the funds are used for qualified medical expenses.
- Withdrawals from your HSA for qualified medical expense are **free from taxation**. Withdrawals for non qualified medical expenses are subject to ordinary income tax and a **20% penalty**.



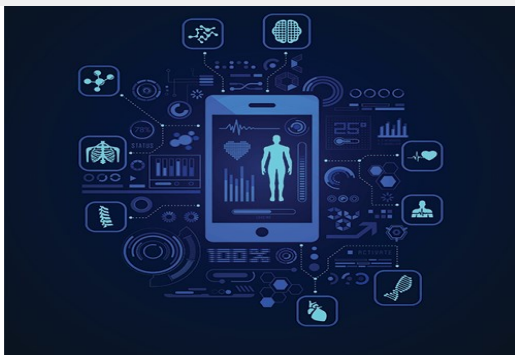


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Accessing On-demand Telehealth Services

In-network providers are available 24/7 to assist you

If you need to speak to a healthcare provider right away, you can set up an on-demand telehealth visit. You can register now to access these services when you need them.

What is an on-demand telehealth visit?

Unlike a scheduled appointment with your healthcare provider, you can access on-demand telehealth providers anytime, 24 hours a day, 7 days a week. You do not need to schedule an appointment. You can log in for a telehealth visit at your convenience and select the first available provider.

What types of services are available through on-demand telehealth visits?

On-demand telehealth visits can be used to seek medical advice and treatment for common medical conditions, such as cold or flu, allergies, infections, minor injuries, skin conditions, and other issues. Once you are connected for your virtual visit, the on-demand provider will review your health history, answer your questions and at their discretion diagnose, treat and even prescribe medication.

Which providers are in-network for on-demand telehealth visits?

Medical Mutual is contracted with three on-demand telehealth providers, [Cleveland Clinic Express Care Online](#), [Firelands Virtual Care](#) and [Premier Health Virtual Care](#). You can access these services by visiting the provider's website and following the instructions to create an account. Please note that you may need to download an app in order to access on-demand telehealth services.

Do I need to set up an account in advance for on-demand telehealth visits?

It can be beneficial to set up an account before you are in a situation where you require services. That way, if you are in need of immediate medical advice, you have fewer steps to take before you can speak with a provider.

What information do I need to set up an account?

Requirements to set up an account may vary by provider, so please follow the instructions on the provider's website or app. You may need to provide some basic information such as your name, email address and date of birth. You will also need to provide your ID number, so you should have your ID card handy when you set up your account. Please note that you will need to provide your Medical Mutual ID number, which may be located on the back of your ID card if you live outside the state of Ohio. You should also plan to have some form of payment available to cover applicable out-of-pocket costs (deductible, coinsurance or co-pays).

How will the on-demand visit be covered?

The contracted provider (Cleveland Clinic Express Care Online, Firelands Virtual Care or Premier Health Virtual Care) will submit a claim to Medical Mutual for processing through your plan's medical benefits.

If you have questions or need assistance, call Customer Care at the number on your ID card.

Life happens— don't miss out!

JOIN WEIGHTWATCHERS
FOR AS LOW AS

\$11.81 per month
on select plans—
50% Off the retail price!*

What are you waiting for?

SIGN UP
BY 7/31 AND GET A

**\$25
credit**

to spend in the WW Shop,
plus free shipping!**

"My biggest non-scale victory is
just being able to live my life the
way I want to."

—WW MEMBER MIKE J.,
LOST 36 POUNDS*

*People on the WeightWatchers program
can expect to lose 1 to 2 pounds per week.

All Medical Mutual members get an exclusive discount of 50% off the retail price of WeightWatchers membership. *Learn more at www.WW.com/mmomembers

Already a WeightWatchers member?

Sync your current account, or call [WeightWatchers](tel:866-204-2885) customer service at **866-204-2885**.

***Savings** reflect WW's Core membership for your organization's employees. Monthly payment required in advance. You'll be automatically charged each month in accordance with company pricing until you cancel. Pricing will adjust to the standard monthly rate when your employment with your organization terminates or the agreement between your employer and WW terminates.

****\$25 shop credit + shipping on us offer terms:** You must purchase a WW membership plan between 6/1/23 and 7/31/23 to get a \$25 WW Shop Credit that can be used at the WW Shop at www.WW.com/shop. You will receive the credit via email within 5 to 7 days of signup. Available only where membership plans are offered through your employer or health plan, and in participating areas only. One per member. Credit must be redeemed by 8/31/23. Some products may be excluded. Free shipping is applicable on standard ground shipping to a single continental U.S. delivery address only. Offer not available to current members. Non-transferable. Offer is subject to change without notice.

REWARDS

Get on the path to better health with Better You, Better Ohio!™ and earn a

\$75 reward card
Get started today



Earn your \$75 reward card in three easy steps:

- 1** Go to Go.ActiveHealth.com/BetterYouBetterOhio. See if you're eligible and enroll.
- 2** After you enroll and register, log in to your health website. Then complete the online health assessment.
- 3** Follow the instructions on your health website to get a biometric screening.



Ready to get your reward?

After you complete the health assessment and biometric screening, log in to your health website and click on Rewards. Follow the steps to request your reward card.

Want to earn more rewards?

Get up to an additional \$100 for coaching and physical activity tracking. Follow the steps in your health website.

Don't miss out. Better You, Better Ohio! is a free program for eligible workers in Ohio.

Scan the QR code, call **855-206-1306** or email AHMBYBOInquiries@activehealth.com



Your individual health information is private and confidential. We don't share it with your employer. And, we don't share it with the Ohio Bureau of Workers' Compensation.

Services are provided by ActiveHealth Management, Inc. Our programs, care team and care managers do not diagnose or treat members. We assist you in getting the care you need, and our program is not a substitute for the medical treatment and/or instructions provided by your health care providers.

Better You, Better Ohio! is brought to you by the Ohio Bureau of Workers' Compensation and ActiveHealth Management.



Medical Benefit Summary HDHP

Administered by: Medical Mutual of Ohio

Medical Benefits	In-Network	Out-of-Network
Deductible		
Single	\$3,500	\$7,000
Family	\$7,000	\$14,000
Coinsurance	0%	30%
Out-of-Pocket Maximum		
Single	\$3,500	\$11,000
Family	\$7,000	\$22,000
Physician Office Visit		
Primary Care	Deductible then covered at 100%	Deductible then 30% Coinsurance
Specialist	Deductible then covered at 100%	Deductible then 30% Coinsurance
Preventative	No Charge	Deductible then 30% Coinsurance
Laboratory & X-Ray	Deductible then covered at 100%	Deductible then 30% Coinsurance
Hospital Services		
Inpatient Hospitals	Deductible then covered at 100%	Deductible then 30% Coinsurance
Outpatient Hospital	Deductible then covered at 100%	Deductible then 30% Coinsurance
Emergency Services		
Urgent Care	Deductible then covered at 100%	Deductible then 30% Coinsurance
Emergency Room	Deductible then covered at 100%	Deductible then covered at 100%
Emergency Ambulance Services	Deductible then covered at 100%	Deductible then 30% Coinsurance
Non-Emergency Ambulance (Ground)	Deductible then covered at 100%	Deductible then 30% Coinsurance
Non-Emergency Ambulance (Air)	Deductible then covered at 100%	Deductible then 30% Coinsurance
Mental Health/Substance Abuse		
Inpatient Mental Health	Benefits paid based on corresponding medical benefit	Benefits paid based on corresponding medical benefit
Outpatient Mental Health		
Other Services		
DME & Prosthetics	Deductible then covered at 100%	Deductible then 30% Coinsurance
Physical Therapy	Deductible then covered at 100%	Deductible then 30% Coinsurance
Occupational Therapy	Deductible then covered at 100%	Deductible then 30% Coinsurance
Speech Therapy	Deductible then covered at 100%	Deductible then 30% Coinsurance
Home Health Care	Deductible then covered at 100%	Deductible then 30% Coinsurance
Skilled Nursing Care	Deductible then covered at 100%	Deductible then 30% Coinsurance
Hospice Service	Deductible then covered at 100%	Deductible then 30% Coinsurance
Spinal Manipulation	Deductible then covered at 100%	Deductible then 30% Coinsurance

Prescription Drug Coverage Summary

Administered by: Medical Mutual of Ohio

Retail Pharmacy		In-Network	Out-of-Network
Generic- Tier 1	(30-day Supply)	Deductible then Covered at 100%	No Coverage
Preferred- Tier 2	(30-day Supply)	Deductible then Covered at 100%	No Coverage
Non-Preferred- Tier 3	(30-day Supply)	Deductible then Covered at 100%	No Coverage
Specialty- Tier 4	(30-day Supply)	Deductible then Covered at 100%	No Coverage
Home Delivery		In-Network	Out-of-Network
Generic- Tier 1	(90-day Supply)	Deductible then Covered at 100%	No Coverage
Preferred- Tier 2	(90-day Supply)	Deductible then Covered at 100%	No Coverage
Non-Preferred- Tier 3	(90-day Supply)	Deductible then Covered at 100%	No Coverage
Specialty- Tier 4	(30-day Supply)	Applicable Drug Tier Copay Applies	No Coverage



PRESCRIPTION



Therapy and Rehabilitation Limits	Annual Max
Home Health Care	90 visit annual max
Rehabilitation Services (Physical Therapy)	20 visit annual max
Habilitation Services (Occupational Therapy)	20 visit annual max
Speech Therapy	20 visit annual max
Skilled Nursing Care	90 visit annual max



Dental Benefit Summary

Administered by: Delta Dental

Dental Benefits	Delta Dental- PPO Dentist		Delta Dental- Premier Dentist	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Per Calendar Year			
Single	\$25	\$25	\$25	\$25
Family	\$75	\$75	\$75	\$75
Deductible is Waived for Preventive Services				
Services				
Preventive Care	0%	0%	0%	0%
Basic Care	20%	20%	30%	30%
Major & Restorative Care	40%	40%	50%	50%
Orthodontia	50%	50%	50%	50%
Benefit Maximums				
Calendar Year Maximum	\$1,500		\$1,500	
Orthodontia Maximum <i>(per person/per lifetime)</i>	\$1,500		\$1,500	

Covered Services & Frequency	
Diagnostic & Preventive Services	
Oral Exams (Every 6 months)	Space Maintainers (once per lifetime up to age 19)
Cleanings (Every 6 months)	Fluoride Treatment (Every 12 months up to age 19)
Bitewing X-rays (Every 6 months)	Topical Sealants (Every 36 months up to age 14)
Emergency Palliative Treatment (Every 24 months)	
Basic Services	
Full Mouth X-rays (Every 36 months)	Laboratory Test
Fillings (Amalgam, Anterior, Posterior, etc.)	Endodontics Services/Root Canal Therapy
Repairs (Dentures, Bridgework, Crowns, etc.)	Periodontal Services
Major Services	
Oral Surgery (Simple and Complex Extractions)	General Anesthesia (Surgical Procedures)
Crowns (Resin, Metal and Porcelain)	Bridge(s) Installation (Fixed and Removeable)
Inlays, Onlays, Veneers	Dentures (Full and Partial)
**THIS LIST DOES NOT INCLUDE ALL COVERED DENTAL SERVICES. PLEASE REFER TO THE CERTIFICATE OF COVERAGE FOR A FULL LIST.	



Vision Benefit Summary

Administered by: VSP

Vision Benefits	In-Network	Out-Of-Network
Exams		
Comprehensive Exam	\$20 Copay	\$50 Allowance
Contact Lens Exams (<i>fitting & evaluation</i>)	Up to \$60 Copay	No Coverage
Lenses		
Single Lens	\$20 Copay	\$50 Allowance
Lined Bifocals	\$20 Copay	\$75 Allowance
Lined Trifocals	\$20 Copay	\$100 Allowance
Lenticular	\$20 Copay	\$125 Allowance
Frames		
	\$70 Allowance after \$20 Copay	\$50 Allowance after \$25 Copay
Contact Lens		
Conventional	\$130 Allowance	\$100 Allowance
Planned Replacement and Disposable	\$130 Allowance	\$100 Allowance
Medically Necessary	\$45 Copay	\$150 Allowance after \$45 Copay
Service Frequencies		
Exams	Once Every 24 Months	
Lens (<i>Glasses or Contacts</i>)	Once Every 24 Months	
Frames	Once Every 24 Months	
Network Discounts (<i>Cosmetic extras, Glasses, and Contact Lens Professional Services</i>)	Limitless within 12 Months of Exam	
Lens Enhancements		
Lens enhancements are covered after a copay, saving members an average of 20-25% ; members should refer to VSP for pricing on additional lens enhancements.		
Additional Pairs of Glasses		
20% off additional pairs of prescription glasses from a network provider within 12 months of the last covered eye exam.		



EYE EXAMINATION



Disclaimer-

This employee benefits guide presents an overview of your current benefits, but is not a contract. ***This guide does not include all plan rules and details and is not considered a summary plan description or a certificate of coverage.*** The terms of your benefits are governed by legal plan documents including insurance contracts. ***If there are any differences between the benefit descriptions in this guide and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts are the final authority.***



Basic Term Life and Accidental Death & Dismemberment (AD&D) Benefits

Benefit Amount	
Basic Term Life and AD&D	Your employer provides \$50,000 Basic Term Life coverage for all full-time employee . Your Accidental Death and Dismemberment (AD&D) coverage is equal to 1 times of your life benefit .
Reduction Schedule	
	Life Insurance and AD&D Benefit are both reduced by 35% at age 65 , and to 50% the amount immediately prior to age 65 , and at age 70 for active employees. ALL BENEFITS TERMINATE AT RETIREMENT.
Additional Features	
Portability	Allows you to take your coverage on employee and dependent coverage with you if you terminate employment. (<i>Age and other restrictions may apply including evidence of insurability</i>).
Conversion	Allows you to continue your basic term and dependent coverage after your group plan has terminated. (<i>Restrictions may apply; refer to your certificate of benefits</i>).
Waiver of Premiums	Premium will not need to be paid if you are totally disabled and you have notified the carrier within 9 months of the disability . (<i>For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met</i>).



**Don't forget you may update your policies beneficiary at any time.
Please make sure your all your beneficiaries information is up to date!**



Voluntary Life and Accidental Death & Dismemberment (AD&D) Benefits

Benefit Amount	
Employee Voluntary Life	You may elect an amount in increments of \$1,000 with a minimum of \$10,000 up to a maximum of \$300,000 (<i>Guarantee Issue: \$200,000</i>)
Spousal Voluntary Life	You may elect one of the following benefit options: \$5,000, \$10,000, or \$20,000 (<i>Guaranteed Issue: None</i>)
Child(ren) Voluntary Life	You may elect one of the following benefit options: \$10,000 (<i>Guaranteed Issue: None</i>)
Reduction Schedule	
	Life Insurance and AD&D Benefit are both reduced by 35% at age 65 , and to 50% the amount immediately prior to age 65 , and at age 70 for active employees. ALL BENEFITS TERMINATE AT RETIREMENT.
Additional Features	
Portability	Allows you to take your coverage with you if you terminate employments. (<i>Age and other restrictions may apply including evidence of insurability</i>)
Conversion	Allows you to continue your coverage after group plan has terminated. (<i>Restrictions may apply, refer to your certificate of benefits</i>)
Waiver of Premium	Premium will not need to be paid if you are totally disabled. (<i>For employees disabled prior to age 60 with premiums waived until age 65, if conditions are met</i>)
Accelerated Life Benefit	A lump sum benefit is paid to you if you are diagnosed with a terminal condition , as defined by the plan.

Employee Semi-Monthly Premium

Amounts/Age	0—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70+
\$10,000	\$0.30	\$0.30	\$0.40	\$0.60	\$0.90	\$1.55	\$2.55	\$3.40	\$5.15	\$12.00
\$20,000	\$0.60	\$0.60	\$0.80	\$1.20	\$1.80	\$3.10	\$5.10	\$6.80	\$10.30	\$24.00
\$30,000	\$0.90	\$0.90	\$1.20	\$1.80	\$2.70	\$4.65	\$7.65	\$10.20	\$15.45	\$36.00
\$40,000	\$1.20	\$1.20	\$1.60	\$2.40	\$3.60	\$6.20	\$10.20	\$13.60	\$20.60	\$48.00
\$50,000	\$1.50	\$1.50	\$2.00	\$3.00	\$4.50	\$7.75	\$12.75	\$17.00	\$25.75	\$60.00
\$60,000	\$1.80	\$1.80	\$2.40	\$3.60	\$5.40	\$9.30	\$15.30	\$20.40	\$30.90	\$72.00
\$70,000	\$2.10	\$2.10	\$2.80	\$4.20	\$6.30	\$10.85	\$17.85	\$23.80	\$36.05	\$84.00
\$80,000	\$2.40	\$2.40	\$3.20	\$4.80	\$7.20	\$12.40	\$20.40	\$27.20	\$41.20	\$96.00
\$90,000	\$2.70	\$2.70	\$3.60	\$5.40	\$8.10	\$13.95	\$22.95	\$30.60	\$46.35	\$108.00
\$100,000	\$3.00	\$3.00	\$4.00	\$6.00	\$9.00	\$15.50	\$25.50	\$34.00	\$51.50	\$120.00
\$110,000	\$3.30	\$3.30	\$4.40	\$6.60	\$9.90	\$17.05	\$28.05	\$37.40	\$56.65	\$132.00
\$120,000	\$3.60	\$3.60	\$4.80	\$7.20	\$10.80	\$18.60	\$30.60	\$40.80	\$61.80	\$144.00
\$130,000	\$3.90	\$3.90	\$5.20	\$7.80	\$11.70	\$20.15	\$33.15	\$44.20	\$66.95	\$156.00
\$140,000	\$4.20	\$4.20	\$5.60	\$8.40	\$12.60	\$21.70	\$35.70	\$47.60	\$72.10	\$168.00
\$150,000	\$4.50	\$4.50	\$6.00	\$9.00	\$13.50	\$23.25	\$38.25	\$51.00	\$77.25	\$180.00
\$200,000	\$6.00	\$6.00	\$8.00	\$12.00	\$18.00	\$31.00	\$51.00	\$68.00	\$103.00	\$240.00
\$250,000	\$7.50	\$7.50	\$10.00	\$15.00	\$22.50	\$38.75	\$63.75	\$85.00	\$128.75	\$300.00
\$300,000	\$9.00	\$9.00	\$12.00	\$18.00	\$27.00	\$46.50	\$76.50	\$102.00	\$154.50	\$360.00

Dependent Semi-Monthly Premium Options

Dependent Type	Option 1	Option 2	Option 3	Option 4
Spouse	\$5,000	\$10,000	\$15,000	\$20,000
Dependent Child(ren) - live birth to age 26	\$2,500	\$5,000	\$7,500	\$10,000
Dependent Group Premiums (Semi-Monthly)	\$1.00	\$2.00	\$3.00	\$4.00

Voluntary Short-Term Disability

Administered by: Sun Life Financial



Voluntary Short-Term Disability (Optional Employee Paid Benefit)

Benefit Details	
Benefit Design	If you become disabled, there is an elimination period before benefits are payable. Your benefit will begin: → On the 14th day of your Disability injury and/or illness
Weekly Benefit	Your benefit is equivalent to 60% of your pre-tax weekly income; not to exceed the plans maximum weekly benefit amount, less other income sources
Benefit Duration	Short Term Disability benefits are available for up to 11 weeks
Eligibility	First day of the month following your hire date
Maximum Weekly Benefit	\$1,000
Additional Features	
Definition of Disability	Disability and disabled means that because of an injury or illness, a significant change in your mental and functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job. You can be totally or partially disabled during the elimination period.
Partial Disability	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. These benefits will supplement your income reduction until the end of the allowed benefit duration period, or you are able to return back to full-time work, whichever occurs first
Waiver of Premium	The premium for your Short-Term Disability Coverage is waived while you are receiving benefits.
Pre-Existing Conditions	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition, and during the 12 months prior to coverage, will be excluded.

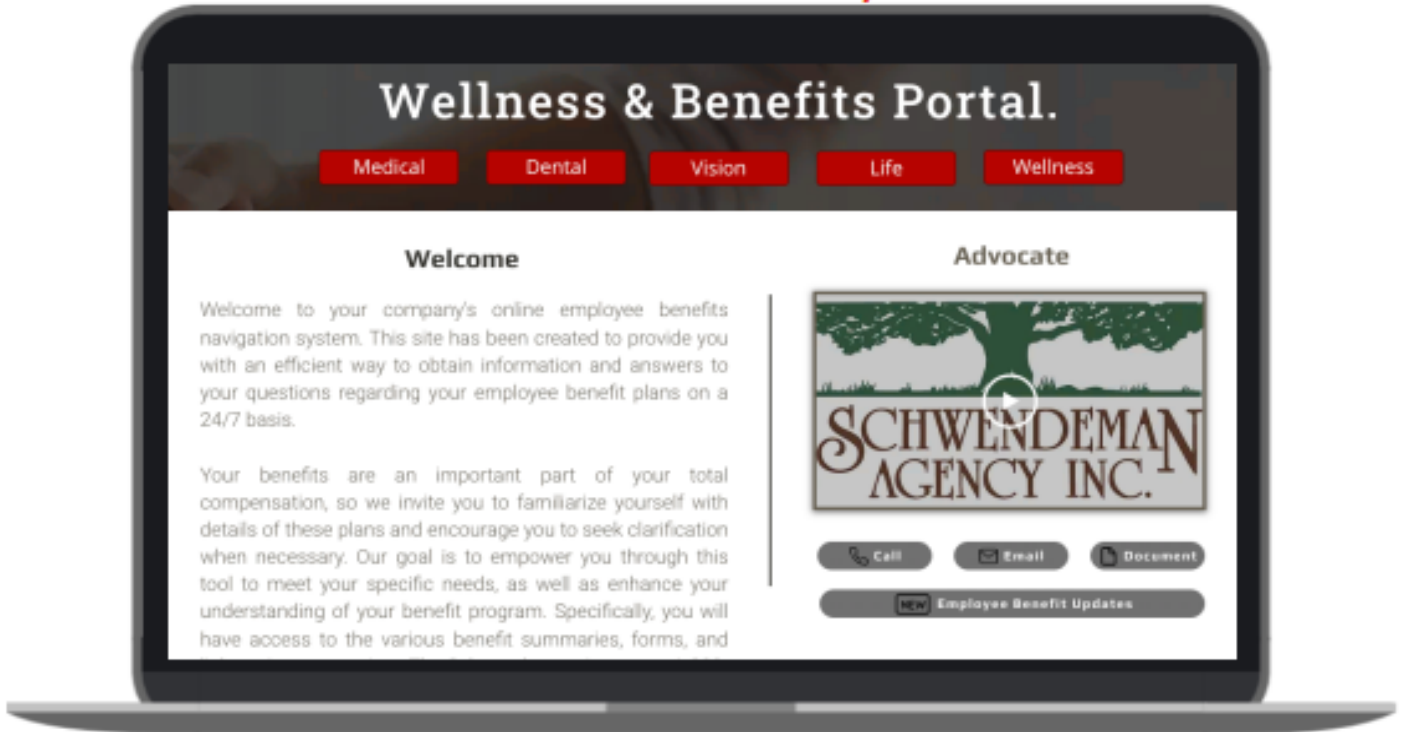


Long-Term Disability Benefits (Employer Provided)

Benefit Details	
Benefit Design	If you become disabled, there is an elimination period before benefits are payable. → 90 days of the end of the Employee's Short-Term Disability Maximum Benefit Period, whichever is greater
Weekly Benefit	Your benefit is equivalent to 60% of your pre-tax weekly income , not to exceed the plan's maximum weekly benefit amount, less other income sources
Benefit Duration	Long Term Disability are available for up to 60 months
Eligibility	Frist day of the month following your date of hire
Minimum Monthly Benefit	\$100 or 10% of the Gross Monthly Benefit, whichever is less
Maximum Monthly Benefit	\$5,000
Additional Features	
Definition of Disability	Disability and disabled means that because of an injury or illness, a significant change in your mental and functional abilities has occurred, for which you are prevented rom performing at least one of the material duties of your regular job. You can be totally or partially disabled during the elimination period
Partial Disability	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. These benefits will supplement you income reduction until the end of the allowed benefit duration period, or you are able to return back to full-time work, whichever occurs first
Waiver of Premium	The premium for your Long-Term Disability Coverage is waived while you are receiving benefits
Pre-Existing Conditions	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition, and during the 12 months prior to coverage, will be excluded.



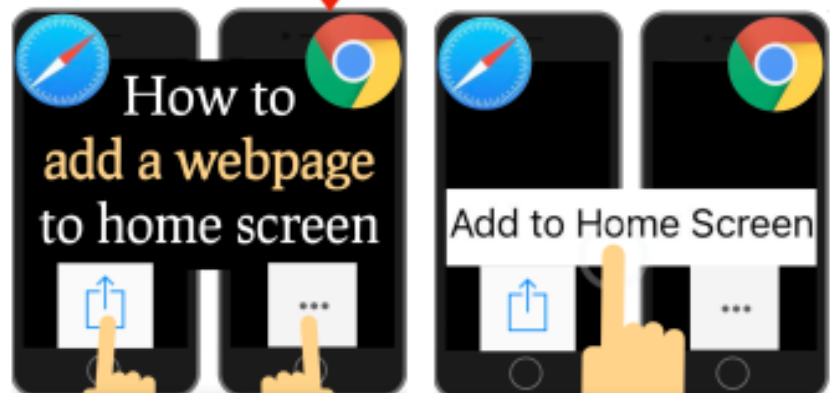
thecareercenter.net/benefits



Easy access to information on:

- Benefits → **Benefits** (Dental, Health, Life, Vision)
- Benefits → Medical → **Telemedicine**
- Benefits → Life → **Employee Assistance Programs**
- Benefits → Wellness → **Better You, Better Ohio** (earn up to \$225)

Save the site to your smartphone



Need Help?
Email:
d.swartz@schwendeman.com



Insurance Election Form
January 1, 2024 through December 31, 2024

Name _____

Address _____

Please place an **X** for the plan you intend to participate, or indicate that you opt not to carry any insurance, and return to Angie by **November 13, 2023**

Health Insurance Election

Effective **January 1, 2024** I elect to participate in the following health insurance plan:

High Deductible Health Plan (HDHP)

Single _____

Family _____

_____ I **decline** to participate in the health insurance for this policy period.

Note: Unless Washington County Career Center is notified by **December 31, 2023** all employee contributions will be pre-taxed under Section 125 for the period noted above.

*** Per agreement negotiated with WCCCTEA, plan year changes take effect January 1st. Insurance renewal rates go into effect July 1st of each year and are subject to change.*

Vision Insurance Election

Single _____ Family _____

_____ I **decline** to participate in the vision insurance for this policy period.

Dental Insurance Election

Single _____ Family _____

_____ I **decline** to participate in the dental insurance for this policy period.

I understand that my election will be effective **January 1, 2024** and that I cannot make a change in plan designs until the next enrollment period, which is **January 1, 2025** (unless you have a qualifying event).

Signature (required)

Date

Important Notice from Ohio School Benefits Cooperative About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ohio School Benefits Cooperative and the prescription drug coverage available since January 1, 2006 for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. Since January 1, 2006, Medicare prescription drug coverage has been available to everyone with Medicare.
2. Medical Mutual has determined that the prescription drug coverage offered by Ohio School Benefits Cooperative is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.
3. **Read this notice carefully – it explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll.**

You may have heard about Medicare’s prescription drug coverage, and wondered how it would affect you. Medical Mutual has determined that your prescription drug coverage with Ohio School Benefits Cooperative is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.

Since January 1, 2006, prescription drug coverage has been available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for higher monthly premiums.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

People with Medicare can enroll in a Medicare prescription drug plan from **October 15, 2023 through December 7, 2023**. However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later. Each subsequent year, you will again have the opportunity to enroll in a Medicare prescription drug plan between **October 15th and December 7th**.

If you do decide to enroll in a Medicare prescription drug plan and drop your Ohio School Benefits Cooperative prescription drug coverage. Be aware that you may not be able to get this coverage back.

If you drop your coverage with Ohio School Benefits Cooperative and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

You should also know that if you drop or lose your coverage with Ohio School Benefits Cooperative and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. **If after December 7, 2020 you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month after December 7, 2020 that you did not have that coverage.** For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. **You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until next October to enroll.**

For more information about this notice or your current prescription drug coverage...

Contact the person listed below or your school district's benefits office for further information. **NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.**

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is available 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 prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see 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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after December 7, 2020, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: September 23, 2020
Name of Entity/Sender: Ohio School Benefits Cooperative
Contact--Position/Office: Scott Pittman, Treasurer
Address: 205 N. Seventh Street, Zanesville, Ohio 43701
Phone Number: (740) 452-4518





OHIO DEFERRED COMPENSATION

EMPLOYEES DEFERRED COMPENSATION PROGRAM

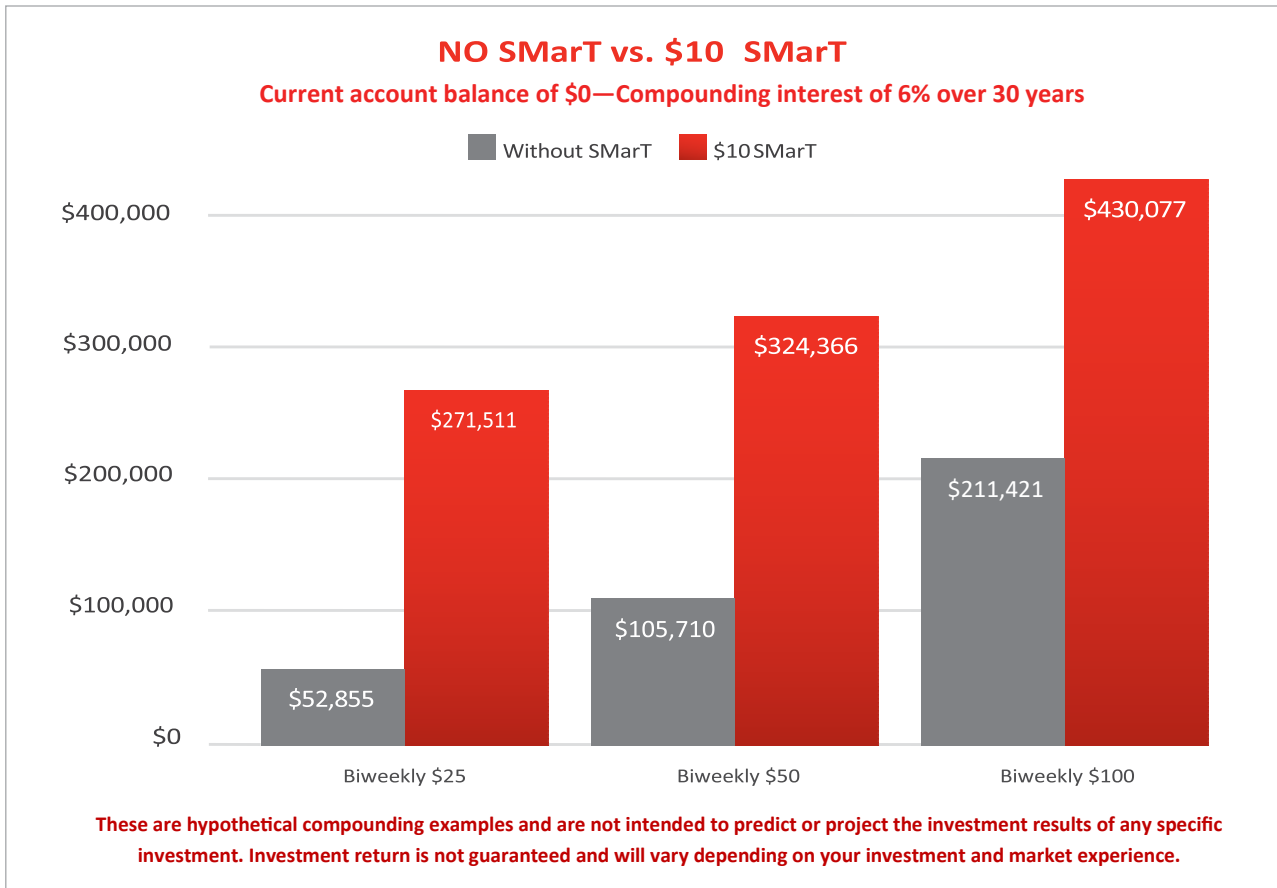
Ohio Deferred Compensation

EZ Enrollment Form

Investing for Retirement Is Smart. Now is the time to **GET STARTED.**

Your pension and your Ohio Deferred Compensation account are here to provide you with retirement income when you stop working. Simply enroll, choose how much you want to save from each paycheck, and then let your money go to work for you.

- A program designed to help you supplement your pension. Pensions are not designed to replace 100% of your pre-retirement income.
- It's easy, tax deferred and flexible. Contributions are payroll deducted prior to federal and state tax withholding, and the contributions can be changed throughout the year.
- Your money is available when you separate from your employer.
There is NO penalty for withdrawals prior to age 59½.

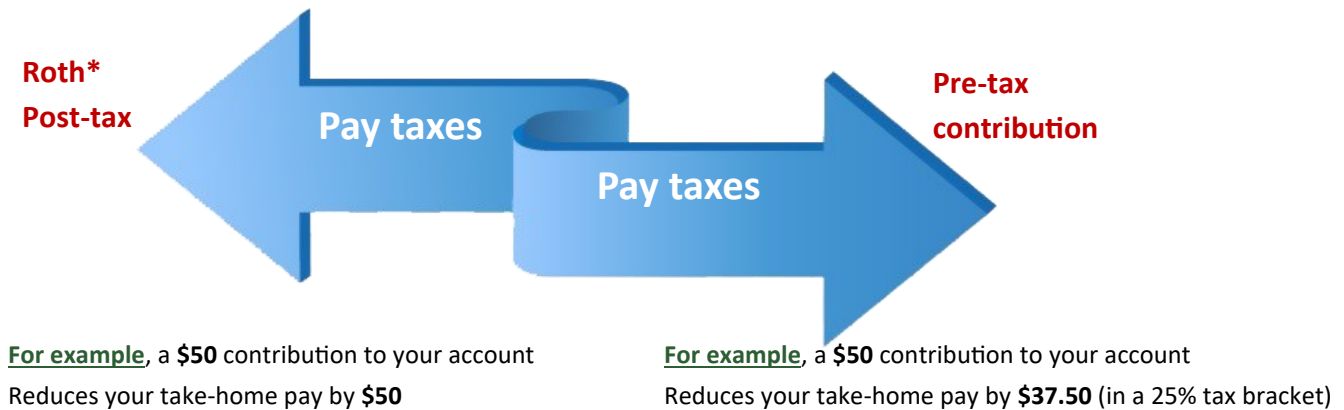


Enroll at www.Ohio457.org
OR complete the reverse side

What is a deferred compensation plan?

- 457(b) plan—*similar* to a 401(k)
- *Automatic* contributions for hassle-free investing
- Can change at any time
- **Pre-tax** contributions or **Roth post-tax** contributions
- Opportunities for **tax-deferred** growth
- Money accessible **after** you leave your employer

Choosing between a Roth Post-Tax or Pre-Tax Contribution plan?



**Earnings are not taxable in the year distributed assuming all contributions have been held in the Roth account for 5 years after the first Roth contribution was made and the distribution is made after age 59½ (and separation from public service for a Roth 457(b)); or for death or disability.*

Assets rolled over from a qualified plan or individual retirement account may be subject to a 10% penalty tax if withdrawn prior to age 59½.

What are the distribution rules for pre-tax 457(b) contributions?

- **Must** be separated from your employer or qualify for unforeseeable emergency as defined by the Internal Revenue Code
- **No age limit or waiting period required**
- Distributions **taxed** as ordinary income

What are the distribution rules for Roth post-tax 457(b) contributions?

- Must be separated from your employer or qualify for unforeseeable emergency as defined by the Internal Revenue Code
- **Qualified** distributions are tax-free
- To be **qualified**, all contributions **must** be held in the Roth account for **5 years after the first Roth contribution** was made **AND** the distribution **must** be made **after age 59½** or for death or disability.
- Earnings on **non-qualified** distributions will be **taxed** as ordinary income

What types of accounts can you combine?

Transfer other 457 dollars or rollover dollars:

- Qualified 401(k) retirement plan
- Qualified 403(b) retirement plan
- Traditional IRAs, SEPs, or SIMPLE accounts
- PLOP (*Partial Lump Option Plan*)
- DROP (*Deferred Retirement Option Program*)

How you can enroll:

Please complete EZ Enrollment Form on the next page or use one of the following options:

877-644-6457

www.Ohio457.org

457 East Town Street, Suite 457
Columbus, Ohio 43215

Enroll at Ohio457.org or complete this form.



Personal information (please print)

Last name First name M.I.

Address

City State Zip

Email

Work phone Personal phone

Birth date (mm/dd/yyyy) Male Female

Employer name

Department Pay days per year

Pension system: OPERS STRS SERS OP&F HPRS
 CINCY OTHER

Social Security number (required)

I acknowledge I have read the terms and conditions.

Signature Date (mm/dd/yyyy)

Make your choice

I would like to invest in my future by enrolling in the Ohio Deferred Compensation saving plan today and begin contributing per pay period:

\$50 \$100 Other: \$ _____

A pre-tax deduction will be invested in a LifePath Portfolio closest to the year I turn 65. My payroll deductions will begin on the next pay period following 30 days from the date my form is received by Ohio DC.

You will be enrolled in the SMarT plan to automatically increase your contributions each January by \$10 per pay or \$_____per pay. Check the box to decline the benefits of the SMarT plan

You will be enrolled in eDelivery and receive email communications. If you prefer to receive mailed paper communications, please check the box

TURN IN TODAY!

Fax: 614-222-9457

Mail: Ohio Deferred Compensation
257 East Town Street, Suite 457
Columbus, Ohio 43215-4626

TERMS AND CONDITIONS

Upon enrolling, you will be mailed a Welcome Kit that includes the Cancellation Form, Beneficiary Form, Memorandum of Understanding, and Plan Document with more detailed information on the terms and conditions outlined below:

- Your account balance will be held by Ohio Deferred Compensation in trust on behalf of your employer for the exclusive benefit of you or your beneficiaries.
- You can cancel your participation before your forms are processed by calling 877-644-6457 within seven days of the date signed on this form.
- Based on market fluctuations, the rate of return on your account could be either positive or negative. This could result in your account balance being worth less than your contributions.
- Investments have underlying expenses or management fees that will reduce the investment results. Information on these expenses can be found in the fund profiles or the respective prospectus. Call 877-644-6457 to receive the fund profile or prospectus.
- Before investing, carefully consider the fund's investment objectives, risks, charges, and expenses. The fund prospectus or profile contains this and other important information. Read the prospectus or profile carefully before investing.
- At any time, you may change the amount you contribute or the allocation of future investment options.
- The Internal Revenue Service imposes rules that limit the times you can make changes or receive withdrawals from the Program.

- You may withdraw funds from the Program only upon:
 - Ending your employment (including termination, retirement, or death)
 - An Unforeseeable Emergency (as defined by Section 457 of the IRC)
 - Small Balance Distribution (see Plan Document for eligibility)
- An Unforeseeable Emergency is defined by the IRS as a severe financial hardship. Please see the Program Plan Document for specific details. Purchasing a home, credit card debt, and sending your child to college are not qualifying events.
- Withdrawals may begin after ending your employment and the Program's receipt of your employer's verification that employment ended, final contribution, and the Withdrawal Election form.
- Distributions must satisfy certain minimum requirements after reaching the age required by the IRS.
- The funds in your account may be eligible for rollover to another eligible retirement plan upon ending your employment.
- Your participation in Ohio DC is for long-term retirement savings. You should maintain separate, available emergency funds to cover day-to-day, unanticipated, financial shortages.

Neither Nationwide nor plan representatives may offer investment, legal or tax advice. Please contact your investment, legal or tax advisor for such services. Investing involves market risk, including possible loss of principal.

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NRM-17111OH-OH.3 (08/20)



Healthcare Advocacy Services

ADVOCATES

Schwendeman Agency's Healthcare Advocates help our clients and their employees navigate the healthcare system while saving them both time and money. Our focus is to help members resolve their healthcare and benefits-related issues and to provide information and support to improve their healthcare experience.

Our Healthcare Advocates will provide assistance with:

- > Locating in-network physicians, specialists and facilities beyond use of insurance carrier directory
- > Utilizing cost-estimator tools to help save money on healthcare expenses, including prescriptions
- > Understanding plan benefits and answering benefit eligibility questions
- > Reviewing and explaining medical bills and explanations of benefits (EOBs)
- > Resolving billing errors
- > Appealing denied claims

Employees will be able to contact the Healthcare Advocates during normal business hours

(8:00 a.m. to 5:00 p.m. Monday – Friday) via phone or email.



Employee Benefits Guide

This employee benefits guide presents an overview of your current benefits, but is not a contract. This guide does not include all plan rules and details and is not considered a summary plan description or a certificate of coverage. The terms of your benefits are governed by legal plan documents including insurance contracts. If there are any differences between the benefit describes in this guide and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts and the final authority. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.



Washington Career
Center
21740 State Route 676
Marietta, OH 45750
(740)373-2766

Brought To You By:

