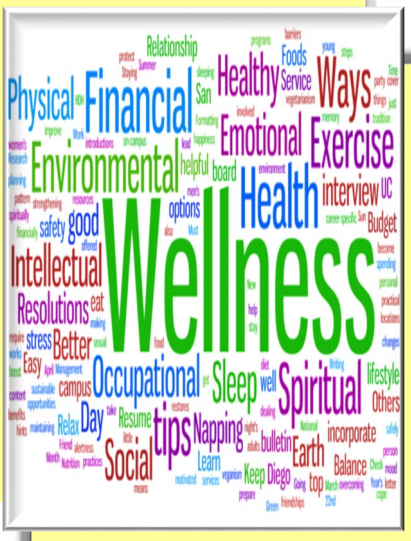
Benefit Guide

Your Health



Your Decision

2016 Plan Year

Akron Public Schools™

Benefit Guide Content

Welcome To Akron Public Schools

Dear Colleague:

As an eligible member of the Akron Public Schools staff, you are eligible for a wide range of valuable benefits. In recognition of the diverse needs of its employees, Akron Public Schools offers a variety of employee benefit programs that allow you to select programs best suited to your personal situation. This booklet provides an overview of the following Benefit Plans:

- Medical, Dental and Vision Plans
- Group Term Life Insurance Benefits
- Flexible Voluntary Benefit Programs

You are encouraged to review and become familiar with the information contained in this booklet, as **you must enroll within 30 days of becoming eligible for benefits**. If you do not enroll within your initial eligibility period, you will be automatically enrolled in a default option for medical benefits. Once enrolled, changes to elections cannot be made unless you have a qualifying life event change or it is an approved Open Enrollment period.

Additional information or a benefit consultation appointment can be obtained by contacting a member of the Benefits Office:

Cynthia Robinson	crobinso@akron.k12.oh.us	330-761-2937
Michelle Tucker	mtucker2@akron.k12.oh.us	330-761-2938
Judy Neusser	jneusser@akron.k12.oh.us	330-761-2935

Once again, we encourage you to ask questions and have access to all of the information that you may need to make informed choices regarding your benefits.

Sincerely,

Judy Neusser
Benefits Manager-Human Resources

INITIAL ENROLLMENT FOR YOUR BENEFITS

You have **30 days** from the date of hire or first date of benefit eligibility to enroll in your benefits. Generally, the choices that you make during your initial eligibility period or during an approved open enrollment period are effective for a full calendar year. The elections that you make cannot be changed unless you have a qualifying "life event" change in status.

What Are Qualifying Events and Status Changes?

Events that may qualify for a mid-year change in benefits enrollment include:

- Change in legal marital status (including the marriage, divorce or death of a spouse)
- Change in the number of dependents (including birth, adoption, placement for adoption, or death of a dependent)
- Change in the eligibility status of a dependent
- Change in the employment status, work site, or work schedule of an employee, spouse, or dependent that results in gaining or losing eligibility for coverage
- Significant increase in contributions or a significant reduction in coverage under your or your spouse's health care plan
- Change to comply with a Qualified Medical Child Support Order
- Entitlement to Medicare or Medicaid (**applies only *to the eligible person)***

If You Don't Enroll

If you're a new hire and you don't enroll in your benefits, you will automatically be enrolled in the APS provided benefits (i.e. group term life insurance) and the default option for medical coverage. This option provides coverage for the employee only. Depending on the plan, you may not receive any elected or optional coverage. You must wait until the next annual enrollment period to enroll for optional benefits that will be effective the following January 1. See "Notice of Special Enrollment Rights" on page 22 for more information about declining health care coverage offered to eligible employees.

Dependents

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You may also elect coverage for your dependents in some circumstances. Eligible dependents may include the following:

- Your spouse provided he or she qualifies as a legal "spouse". Legally separated or former spouses are not eligible dependents.
- Your children up to the last day of the month in which they turn 26. For the APS group health plan, the term "children" means (1) your natural child, (2) your legally adopted child or child placed with you for adoption, (3) your stepchild, (4) a child for which a court has granted you legal custody.
- Your unmarried disabled child age 26 or older who is unable to earn a living due to a physical or mental handicap and who either (1) was covered as a dependent under the APS benefit plan prior to reaching age 26 or (2) if you were not eligible to participate in the APS benefit plan before the child reached age 26, was disabled before reaching age 26 and remained continually disabled thereafter.
- Your natural or adopted children for whom you are required by a Qualified Medical Child Support Order (QMCSO) to provide health insurance coverage up to the end date of the coverage period as stipulated by the QMCSO or age 26, whichever comes first.

Adult dependent children (those age 19-25) who are full-time students are eligible for medical, prescription, dental and vision coverage. Adult dependent children (those over age 19) that do not meet full-time student status, are eligible for medical and prescription benefits only.

Please Note: to obtain health and prescription benefit coverage for a newborn child, you must enroll that child within 31 days of birth, even if you have other children covered on the APS benefit plan.

If you choose to cover dependents, you will need to provide Social Security Numbers, birth dates and other information. You also may be asked to provide the Benefit Office with documentation such as: birth certificates, marriage licenses, tax returns, etc. in order to validate dependent eligibility.

It is your responsibility to maintain your dependent information and keep it current. It is also your responsibility to IMMEDIATELY report any changes with student status so that proper eligibility files can be maintained.

Exclusions

Any person not described as eligible in a category listed above is not a dependent for purposes of the plan. Grandchildren, your parents, and your other relatives or extended family members are not eligible for coverage.

Spousal Coordination of Benefits

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The Spousal Coordination of Benefits provision applies **to medical and prescription coverage only**. Spousal Coordination does not apply to dental and vision coverage. If an employee elects Single coverage for medical and prescription benefits, he/she may still elect to cover his/her spouse under the dental and vision benefit plans as there are no employee premium costs associated with the dental and vision benefit plans.

The Spousal Coordination of Benefits provision will apply to an individual who meets all of the following criteria:

- Spouse is covered under the APS group health benefit plan.
- Spouse is offered health benefits through his/her employer (or as a retiree).
- Spouse is required to pay LESS than 15% of the monthly employee premium share for group health coverage.

If your spouse meets **all** of the criteria listed above, then the Spousal Coordination of Benefits provision will apply to your situation. ***This does NOT mean that your spouse cannot be covered under the APS benefit plan.*** If the Spousal Coordination of Benefits applies to your situation, your spouse will need to elect coverage through his/her employer plan, and that coverage will become the primary medical coverage for your spouse. Your spouse may stay as a covered spouse on the APS plan, however, the APS plan will become the secondary payer of benefits. If this provision applies to your situation, you will be asked to complete an additional Coordination of Benefits form and return it to the Benefits Office. Spousal Coordination provisions do NOT apply to any dependent children enrolled in the group health plan.

Please visit the Benefit Information Website to begin the enrollment process.

www.explainmybenefits.biz/akron

Enrollment Process

You will need to have dates of birth and social security information for each individual you are enrolling for health, dental and vision benefits.

1. Access the on-line enrollment center at: **www.explainmybenefits.biz/akron.**
2. Click the green "ENROLL" button (right side of page).
3. Enter requested information (your social security number and birth year).
4. Complete your enrollment, provide requested information and make benefit selections.

- You should record the Confirmation Number that you receive once your enrollment has processed. If you do not receive a Confirmation Number, then your enrollment is not complete. You have the option to print out confirmation of your benefit information, however, please be advised that personal information—social security numbers, dates of birth, etc., are listed on this form.

- It usually takes 2-4 weeks for the insurance carriers to process new enrollments and distribute your identification cards to you. You will only receive identification cards for health benefits (Aultcare, Medical Mutual, SummaCare) and prescription benefits (Express Scripts). All identification cards will be mailed to the address the you provided through the enrollment process.

REMEMBER—YOU HAVE 30 DAYS FROM YOUR DATE OF ELIGIBILITLY TO ENROLL.

Next Steps (Applies to New Enrollments Only)

1. Complete the Enrollment Packet (PDF version available on the Enrollment Center main page—www.explainmybenefits.biz/akron) and RETURN completed paperwork to the Benefits Office.

   THE FOLLOWING FORMS WILL NEED SUBMITTED TO THE BENEFITS OFFICE

   - Group Health Benefit Information Form
   - Benefit Election Form
   - Spousal Coordination of Benefits (if applicable)
   - Cafeteria Plan Revocation Form
   - COBRA Continuing Coverage Information Waiver
   - Ohio Insurance Exchange Information

2. Provide documentation for student status, birth certificates, marriage license, etc.

   ALL DOCUMENTATION WILL NEED SUBMITTED TO THE BENEFITS OFFICE.

   TO COVER YOUR SPOUSE:

   - A copy of your marriage certificate AND
   - One form of documentation establishing current marital status such as a copy of the front page of the most recent jointly filed federal income tax return, a joint household bill, joint bank/credit account, or joint mortgage or lease.

   TO COVER YOUR CHILD:

   - A copy of the child's birth certificate, naming you and your spouse as the child's parent, or appropriate court order/adoption decree naming you or your spouse the child's legal guardian AND
   - A copy of the front page of the most recently filed federal tax return confirming this child(ren) as a dependent(s).

   TO COVER YOUR STUDENT AGE 19-26/OR ADULT DEPENDENT AGE 19-26:

   - A copy of the child's birth certificate which includes the names of the parents or appropriate court order/adoption decree naming you and your spouse as the child's legal guardian (children under age 18) AND
   - Applies to full-time students only: A copy of the current college or university enrollment verification statement that confirms the dependent's status as a full time student (schedules and report cards cannot be accepted as verification).

   TO COVER YOUR DISABLED DEPENDENT:

   - You must contact the Benefits Office at 330-761-2936. There is additional paperwork that we will need filled out by a doctor confirming his/her disability status.

If you are unable to locate copies of documents, please contact the Office of Vital Statistics in the state/county in which the birth or marriage occurred. Any charges for obtaining the required documents will be your responsibility.

Medical/RX Benefits At A Glance

MEDICAL PPO PROVIDER PLANS

Plans	Aultcare		Medical Mutual of Ohio		SummaCare Health	
	In Network	Non Network	In Network	Non Network	In Network	Non Network
	Calendar Year Deductible					
Individual	$300	$600	$300	$600	$300	$600
Family	$600	$1,200	$600	$1,200	$600	$1,200
Co-Insurance	90%	75%	90%	75%	90%	75%
	Out-Of-Pocket Maximum					
Individual	$1,000	$2,000	$1,000	$2,000	$1,000	$2,000
Family	$2,000	$4,000	$2,000	$4,000	$2,000	$4,000
	Preventative Care Services					
Preventative Services in accordance with State and Federal law [1]	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance
Routine Physical Exam (age 21 and older X 1 per year) [2]	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance
Well Child Care Services-birth to age 21-31 visits life time max	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance
Well Child Care Immunizations birth to age 21	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance
Well Child Clinical Laboratory Tests-birth to age 21	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance
Routine X-Rays birth to age 21	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance	Covered 100%	Deductible + 75% Co-Insurance

Medical/RX Benefits At A Glance

	Aultcare		Medical Mutual		SummaCare	
Physician/Office Services						
Office Visit (Illness/Injury) 2	$25 copay, 90% co-insurance	Deductible + 75% Co-Insurance	$25 copay, 90% co-insurance	Deductible + 75% Co-Insurance	$25 copay, 90% co-insurance	Deductible + 75% Co-Insurance
Specialist Office Visit 2	$25 copay, 90% co-insurance	Deductible + 75% Co-Insurance	$25 copay, 90% co-insurance	Deductible + 75% Co-Insurance	$25 copay, 90% co-insurance	Deductible + 75% Co-Insurance
Urgent Care Office Visit 2	$50 copay, 90% co-insurance	Deductible + 75% Co-Insurance	$50 copay, 90% co-insurance	Deductible + 75% Co-Insurance	$50 copay, 90% co-insurance	Deductible + 75% Co-Insurance
Immunizations	100% after deductible	Deductible + 75% Co-Insurance	100% after deductible	Deductible + 75% Co-Insurance	100% after deductible	Deductible + 75% Co-Insurance
Hospital Services						
In-Patient Services	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% Co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% Co-Insurance	Deductible + 75% Co-Insurance
Out-Patient Services	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% Co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% Co-Insurance	Deductible + 75% Co-Insurance
Physical Therapy & Occupational Therapy-Facility and Professional--60 visit total per benefit period	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance
Chiropractic Therapy-Professional Only 12 visits per benefit period	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance
Speech Therapy-Facility and Professiona-20 visits total per benefit period	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance
Skilled Nursing Facility- 180 day max per benefit period	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance
Hospice Services	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance
Durable Medical Equipment	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance
Home Healthcare-180 visit max per benefit period	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance	Deductible + 90% co-Insurance	Deductible + 75% Co-Insurance
Emergency Room 3	$50 copay+ 90% co-insurance	Deductible + 75% Co-Insurance	$50/co-pay	Deductible + 75% Co-Insurance	$50/co-pay	Deductible + 75% Co-Insurance

Medical/RX Benefits At A Glance

Mental Health And Substance Abuse-Federal Mental Health Parity	Aultcare	Medical Mutual	SummaCare
Inpatient Mental Health and Substance Abuse Services	Benefits Paid on Corresponding Medical Benefits	Benefits Paid on Corresponding Medical Benefits	Benefits Paid on Corresponding Medical Benefits
Out Patient Mental Health and Substance Abuse Services	Benefits Paid on Corresponding Medical Benefits	Benefits Paid on Corresponding Medical Benefits	Benefits Paid on Corresponding Medical Benefits
Retail Program-30 Day Supply	$10 Generic/$30 Brand Name	$10 Generic/$30 Brand Name	$10 Generic/$30 Brand Name
Mail Order Program-90 Day Supply	$10 Generic/$30 Brand Name	$10 Generic/$30 Brand Name	$10 Generic/$30 Brand Name
Out Of Pocket Maximum	$5,000 out-of-pocket max	$5,000 out-of-pocket max	$5,000 out-of-pocket max
Monthly Employee Premiums *(**Discounts available for Wellness Program Participants)*			
Individual	$50/month	$50/month	$50/month
Family	$100/month	$100/month	$100/month

Deductible expenses incurred for services by a non-network provider will also apply to the network deductible out-of-pocket limits. Deductible expenses incurred for services by a network provider will also apply to the non-network deductible and coinsurance out-to-pocket limits.

1 Preventative services include evidence-based services that have a rating of "A" or "B" in the United States Preventative Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.
2 The Office Visit Co=Pay applies to the cost of the office visit only.
3 Co-Pay waived if admitted for inpatient treatment. The Co-Pay applies to Room Charges only. All other charges are subject to the deductible.

Employee Wellness Program

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Being healthy and feeling great helps us do our jobs better and live happier, more productive lives outside of work. To encourage good health, APS has worked with the Health Benefits Advisory Committee (HBAC) to develop a Wellness Program for all benefit-eligible employees. This program offers you the opportunity to participate in the *KNOW YOUR NUMBERS*, a screening program that will give you important insights about your health and potential risks. The *KNOW YOUR NUMBERS* program combines a Health Risk Assessment (HRA) questionnaire along with biometric screening (simple blood test). CHC WELLNESS is the company that will provide the wellness program services for APS employees.

When you know your numbers and where you stand, you and your healthcare provider can set goals and discuss lifestyle changes to help you stay healthy or become even healthier. In just TWO simple steps, you can be on your way to a healthier YOU! ***IN ADDITION, YOU WILL QUALIFY FOR THE WELLNESS PROGRAM PREMIUM DISCOUNT PROGRAM***. *This means that you will receive a discount of $15/month (single coverage) or $25/month (family coverage) just for your participation in the Wellness Program.*

- The Health Risk Assessment can be done online and takes less than 10 minutes to complete. This is the cornerstone of the wellness program and will highlight important areas for you to concentrate on your wellness efforts.
- The biometric screening (simple blood test) is the second step in the process and is designed to build awareness and to help identify early warning signs of a variety of potentially serious medical conditions.

This program is completely voluntary and is offered to all benefit eligible employees. **Typically, the program is offered to eligible employees during the Annual Open Enrollment period in the Fall(premium discounts will become effective 01/01).**

Please know that all of the **results of the assessment and screening are confidential** CHC Wellness will NEVER share any individual results with insurance carriers or with anyone at Akron Public Schools.

Trustmark Voluntary Benefits

Trustmark Voluntary Benefit Solutions

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership – Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- ***Cash benefits are paid directly to you, not to a hospital or to a doctor***
- ***Benefits are paid regardless of any other coverage you may have***
- Level premiums—Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills

The Voluntary Benefits offered through Trustmark are an **Accident Plan, Critical Illness/Cancer Plan, Short Term Disability and Universal Life with Long Term Care.**

ACCIDENT PLAN

A plan that helps pay for the unexpected expenses that result from an accident

- **On and off the job coverage** = 24 hours per day, 7 days a week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Room Visits - $200
- Hospitalization - $2,000 admission benefit, $400 per day benefit
- Fractures - up to $10,000
- Dislocations - up to $8,000
- Health Screening Benefit - $100 per insured per year
- See brochure for a complete list of benefits

BI-WEEKLY PAYROLL DEDUCTIONS

Emp.	Emp. & Spouse	Emp. & Children*	Family*
$8.80	**$13.42**	**$16.30**	**$20.94**

**Dependents up to age 26 can be covered regardless of student status.*

Trustmark Voluntary Benefit Solutions

CRITICAL ILLNESS/CANCER PLAN

Critical Illness/Cancer is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.

Special Underwriting at Initial Offering Guaranteed Issue:

$10,000 employee / $5,000 spouse / $1,000 children

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

Invasive Cancer, Heart Attack, Stroke, Renal (Kidney Failure), Blindness, ALS (Lou Gehrig's Disease), Major Organ Transplant, Paralysis of Two or More Limbs, Coronary Artery Bypass Surgery (25% benefit), Carcinoma In Situ (25% benefit)

A Health Screening Benefit is included in your Critical Illness/Cancer Policy and Trustmark pays up to $100 for each insured. Each covered person will get one immunization or one screening test per calendar year(60 day waiting period for this benefit).

Examples of health screenings:

Low Dose Mammography
Pap Smear (women over 18)
Serum Cholesterol Screening
Prostate Specific Antigen (PSA)
Stress Test
Colonoscopy
Bone Marrow
Chest X-Ray

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Rates will be calculated during the enrollment process if you elect to participate in this benefit plan.

SHORT TERM DISABILITY

Trustmark's Short Term Disability is designed to provide income to you and your family when you cannot work due to an illness or injury.

Special Underwriting at Initial Offering
Guaranteed Issue:
Up to $3,000 monthly benefit

- Pays a maximum of 60% of salary up to $3,000 per month with the flexibility to elect a lower percentage of salary for a lower premium
- 14 day elimination (waiting) period, 6 month benefit period
- Pregnancy covered as any other illness
- Premium stays the same as long as you own the policy. The premium does not increase with age

Rates

Rates are determined by the amount of coverage that you elect. During the on-line enrollment process, rates and different plan designs are provided.

Trustmark Universal Life with Long Term Care

Universal Life with Long Term Care includes both a death benefit and a living benefit.

- Trustmark Universal Life with Long Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- The Universal Life with Long Term Care is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care never reduces and is 4% of the original death benefit per month for up to 25 months.
- **If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.**
- Coverage available for spouse and children as well.

Special Underwriting for Initial Offereing
Guaranteed Issue (Employee Only)
The lesser of the face amount purchased by $20 per week or $200,000

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Rates are determined by the amount of coverage that you elect. During the on-line enrollment process, rates and different plan designs are provided.

Term Life Insurance

Basic Term Life and Accidental Death & Dismemberment

The amount of life insurance that is right for you depends on a variety of factors, including your age, family status, personal savings, financial commitments, etc. Akron Public Schools offers a variety of programs to meet your life insurance needs. The Group Term Life Insurance and Supplemental Life Insurance Plans are offered to you through the Ohio Schools Council program administered by American United Life.

Akron Public Schools provides a basic life and accidental death and dismemberment (AD&D) insurance coverage to all benefit eligible employees at no cost to the employee. Please see the chart below for the amount of coverage for your job classification and bargaining unit.

All Full-time certificated and non-certificated employees working 25 hours or more per week	1.25 times your annual salary to a maximum of $300,000
All Full-time maintenance, operations and transportation employees, all CN employees	1.25 times your annual salary to a maximum of $300,000
All tutors working 20-24 hours per week	$25,000

Voluntary Supplemental Life

You also have the opportunity to purchase supplemental coverage for yourself, your spouse and/or your children. Please note that dependent children include unmarried adopted, natural or stepchildren up to age 26.

Employee	You may elect life insurance in increments of **$1,000** to a maximum of **$300,000**, (not to exceed 5 times your annual salary) **<u>One Time Guaranteed Issue Amount for New Hire Employees only</u>** **$150,000** (Not to exceed 5x annual salary)

If you elect Voluntary Life Insurance for yourself, you also have the opportunity to elect coverage for your spouse and/or children.

Spouse and Eligible Dependents	You may elect life insurance in increments of **$5,000** not to exceed 1 times the employee's elected amount up to a maximum of **$50,000 (spouse/$2**. Please note in order for your spouse/dependents to qualify for supplemental benefits, you will need to elect, at a minimum, the same amount of coverage that you request for your spouse/dependents. **<u>One Time Guaranteed Issue Amount for New Hire Employees only</u>**

COSTS FOR VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Age Band	*Employee & Spouse Life Monthly Rate per $1,000
<30	$.06
30—34	$.06
35—39	$.08
40—44	$.12
45—49	$.18
50—54	$.31
55—59	$.51
60—64	$.68
65—69	$1.03
70—74	$2.40
75+	$2.40

*Rates are based on Employee Age for Employee coverage

Example: A 36 year old female, Sally, wants to purchase $50,000 of term life insurance.

.08	x	50	=	$4.00
Monthly rate per $1,000		# of units/$1,000		monthly

FAMILY LIFE INSURANCE (SPOUSE/ELIGIBLE DEPENDENTS)

Coverage Tier	Monthly Rate	Available Coverage
Spouse & Child(ren) ***maximum amount = $50,000(spouse) and $25,000(each child)	$2.00	$5,000 spouse / $2,500 each child
	$4.00	$10,000 spouse/$5,000 each child
	$6.00	$15,000 spouse/$7,500 each child
	$8.00	$20,000 spouse/$10,000 each child
	$10.00	$25,000 spouse/$12,500 each child
	$12.00	$30,000 spouse/$15,000 each child
	$14.00	$35,000 spouse/$17,500 each child
	$12.00	$40,000 spouse/$20,000 each child

Dental

Akron Public Schools provides Dental Insurance benefits through Delta Dental. Locate a dentist within the Delta Dental network at ***www.deltadentaloh.com.***

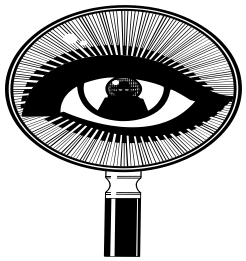
Plan	Delta Dental Enhanced	
Group # 0300-2128	**In Network**	**Out of Network***
Calendar Year Deductible Individual / Family*	$25 / $50	
Annual Maximum	**$2,000**	**$2,000**
Preventative Services Exams, Cleanings, X-Rays, etc.	Plan pays 100% Deductible is waived.	
	Deductible Applies	
Basic Services Fillings, Simple extractions, Root Canals, etc.	80% Covered	80% Covered
Major Services Periodontics, Dentures, Bridges, etc.	70% Covered	70% Covered
Orthodontics		
Lifetime Annual Maximum	**$2,000**	**$2,000**
Deductible does not apply to Orthodontic services.	50% Covered	50% Covered

** When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.*

*Dependents can be covered up to age 19; age 25 if a full-time student.

**Some job positions are not eligible for Dental and Vision benefits. Please check your applicable Collective Bargaining Agreement for specific details.

Vision



85% of all you experience is through your eyes

Akron Public Schools provides vision benefits through VSP. You may locate a provider at **www.vsp.com**.

Description	Enhanced Plan
Comprehensive Eye Exam *Once every 12 months*	$5 co-pay
Eyeglass Lenses (standard plastic)	*Once every 12 months*
Single	$15 co-pay
Bifocal	$15 co-pay
Trifocal	$15 co-pay
Eyeglass Frames	*Once every 12 months*
	Once every 12 months $0 Co-pay, $120 allowance 20% off balance over $120
Contact Lenses (in lieu of glasses)	*Once every 12 months*
Conventional (Elective) includes cost of contacts and exam	$0 Co-pay, $105 allowance
Laser Vision Correction (LASIK)	Discounts available

*Dependents can be covered up to age 19; age 25 if a full-time student.

**Some job positions are not eligible for Dental and Vision benefits. Please check your applicable Collective Bargaining Agreement for specific details.

MONTHLY EMPLOYEE PREMIUMS

Coverage Levels	AultCare PPO	Medical Mutual of Ohio PPO	SummaCare Health PPO
Employee Only	$50.00	$50.00	$50.00
Employee & Family	$100.00	$100.00	$100.00

- PREMIUMS AS LISTED DO NOT INCLUDE WELLNESS DISCOUNT AMOUNTS

Insurance Opt-Out

Employees may elect to "opt-out" of the group health benefits (medical, prescriptions, dental and vision). If an employee elects this option, he/she is eligible for an annual lump sum payment according to the schedule as listed below. An Employee must validate that he/she has other coverage available to him/her prior to approval of an "opt-out" request. Please note that if your spouse is employed by Akron Public Schools and he/she is on the benefit plan, the amount of the lump sum payment is reduced. Typically, elections to opt-out of coverage are made only during an approved Open Enrollment period unless a "life event" occurs. Payments for the Opt Out Plan are made after January 1st for the prior year of the Opt Out election. Payments will be pro-rated based upon enrollment dates, etc.

Bargaining Unit	Amount
AACP	$2,500 $1,000 (if spouse is on the APS plan)
778	$2,500 $1,000 (if spouse is on the APS plan)
MOT	$1,500 $600 (if spouse is on the APS plan)
689	$2,500 $1,000 (if spouse is on the APS plan)
MOT-CHILD NUTRITION	$1,500 $600 (if spouse is on the APS plan)
AEA	$2,500 $1,000 (if spouse is on the APS plan)
ADMINISTRATIVE/NON-BARGAINING UNIT	$2,500 $1,000 (if spouse is on the APS plan)

LifeLock Identity Theft Protection

LifeLock
#1 In Identity Theft Protection

Identity theft in the United States is a major problem that continues to be on the rise. Professional protection and assistance have become important tools in fighting the identity theft epidemic.

Thieves today can get a hold of your personal information from trash cans, dumpsters, stolen mail, and even shoulder surfing. Once thieves have your information, it's a simple matter to open new fraudulent accounts and make purchases in your name.

When you enroll in LifeLock, you can be confident knowing that they are available 24 hours a day, 7 days a week, and committed 100% to helping protect your information as if it were their own.

LifeLock offers Proactive Protection:

- LifeLock Identity Alert System
- eRecon
- TrueAddress
- WalletLock
- Reduction in Pre-Approved Credit Card offers
- Free Annual Credit Reports
- 24-Hour Customer Service

$1 Million Total Service Guarantee

LifeLock's proactive approach works to help stop identity theft before it happens. As a LifeLock member, if you become a victim of identity theft because of a failure in their service, they will help fix it at their expense, up to $1,000,000.

BI-WEEKLY PAYROLL DEDUCTIONS

Discount of 20%-30% off retail

Employee Only	$3.92
Employee & Spouse	$7.85
*Employee & *Children	$6.87
*Family	$10.79

*Employee & Children and Family Tiers: You may enroll up to 8 children with 4 of those children between the ages of 18 and 26.

Employee Assistance Program

Employees who are eligible for health insurance benefits are automatically eligible for Employee Assistance Program (EAP) benefits. EAP benefits provide a professional and confidential service to help you and/or your dependents* resolve personal issues and problems before they affect your health, relationships, and job performance.

This program is administered by an independent provider of EAP and related counseling services are designed to help you to resolve personal concerns such as:

- Marital issues
- Financial Issues
- Child or elder issues
- Balancing work and family responsibilities
- Stress management
- Family/relationship concerns
- Anxiety/depression
- Alcohol/substance abuse issues

Tri-County EAP Contact Information

1-877-762-7908 Toll Free

www.tricountyeap.org

Tri-County EAP is the organization that provides personal and confidential counseling, referral and follow-up services.

Your confidential conversations with an EAP counselor are paid under the APS plan. Sometimes additional counseling or specialized treatment can require payment if submitted under the medical health plan. The EAP counselor can help to determine if extended services are covered under the health benefits and approximately what the costs may be to you.

***Dependents are defined as:**

- **Wife or husband of APS employees, unless legally separated**
- **Dependent child who has not reached his/her 26th birthday**
- **Be the child of the employee as defined under the summary plan document**

Benefit Eligibility/Change Information

When does coverage begin?

The effective date of your coverage as a new employee is determined by your job classification, bargaining unit if appropriate, and compliance with the Affordable Care Act. Depending on your job classification, you are either eligible on your first day of employment or after a 45-day waiting period. If you are unsure about your effective date, the Benefits Office can assist you.

What if I don't enroll when initially eligible or at open enrollment?

If you are eligible for group medical, prescription, dental and vision benefits, and you do not complete your enrollment timely, you will be enrolled in the default option (Single Coverage/SummaCare). In addition, you will also waive any rights to any offer of guaranteed issue under the voluntary benefit programs. Under most circumstances, if you choose not to enroll in the benefit program, you must wait until the next annual enrollment period to enroll in group benefits and voluntary benefit programs unless you experience a qualifying event, such as; ***change in marital status, number of dependents, eligibility status of a dependent, employment status of a spouse or dependent, compliance with state-qualified domestic relations order, significant change in the health coverage offered through your spouse's employer***. You have 31 days after the event to change your benefit elections. Please note that the effective date of enrollment following an open enrollment period is usually January 1st. There are a limited number of exceptions to this provision that are discussed in the "Notice of Special Enrollment Rights" Section below.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and eligible dependents in the Akron Public Schools benefit plan, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent is eligible, but not enrolled, for coverage under the APS medical benefit plan, you are eligible to enroll for coverage if you meet either of the following conditions and you request enrollment with the APS medical plan no later than 60 days after the date of the event if:

- You or your dependent loses eligibility for Medicaid or CHIP coverage; or
- You or your dependent becomes eligible for premium assistance, with respect to coverage under the APS health care plan, due to coverage with Medicaid or a state child health care plan.

When can I change my benefit elections?

The choices you make during the annual open enrollment period are generally effective for a full calendar year. Certain qualifying events, such as getting married or having a child, allow you to make changes to some benefits. The rules for making changes to your benefits are determined by the federal government for tax-advantaged employer plans. Depending on the event you may:

- Enroll for coverage, if you previously declined coverage;
- Drop coverage;
- Add eligible dependents or drop previously covered dependents; and/or
- Change level of coverage (Single-Family, Family-Single)

The changes you make must be consistent with your change in eligibility status. You have 31 days after the event to change your benefit elections. It is YOUR responsibility to contact the Benefits Office no later than 31 days following the event to change your benefits.

Notice Concerning Women's Health and Cancer Rights

The APS health plans provide legally required benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

Genetic Information Nondiscrimination Act

The Genetic Information Nondiscrimination Act (GINA) became effective as of January 1, 2010. GINA prohibits using genetic information to discriminate with respect to health benefits. Employer-sponsored group health plans and insurers are prohibited from:

- Restricting enrollment or adjusting premiums based on genetic information and;
- Requiring or requesting genetic information or genetic testing prior to, or in connection with, enrollment.

The APS benefit plans have been in compliance with GINA; this notice is intended for informational purposes only.

Notice Concerning Benefits for Childbirth and Newborns

Group health plans and insurance issuers 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 then 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 insurance issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

Summary of Benefits and Coverage Notice

The required summary of benefits and coverage (SBC) notice is available on the EMB website. It is a standardized document that highlights key provisions, limitations and exceptions for the Akron Public Schools' medical plans.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives you and your dependents the right to temporarily continue health care coverage for a period of time if your Akron Public Schools coverage ends due to a qualifying event.

You will receive an initial COBRA notice when you are first enrolled in the Akron Public Schools medical benefit plan. If you leave employment with Akron Public Schools, or experience a COBRA qualifying event, you will receive more detailed notices regarding your COBRA rights.

Medicare Part D

Important Notice from Akron Board of Education About Your Prescription Drug Coverage & 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 Akron Board of Education 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.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. 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.
2. Akron Board of Education has determined that the prescription drug coverage offered by the Akron Board of Education 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 15 through December 7.

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 do decide to join a Medicare Drug Plan and drop your current Akron Board of Education coverage, be aware that you and your dependents may not be able to get this coverage back.

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 coverage with Akron Board of Education and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a 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 person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare Drug Plan, and if this coverage through Akron Board of Education changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

Date	Name of Entity/Sender	Contact--Person/Office	Address	Phone Number
8/31/2015	Akron Board of Education	Judith Neusser - Benefits Manager	70 N. Broadway, Akron, OH 44308	330-761-2935

Insurance Marketplace Notification

IMPORTANT INFORMATION: NOTICE OF HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

The Affordable Care Act provides the opportunity for individuals to purchase health insurance coverage through the State or Federal "Marketplace Exchanges". As an employer intending to continue to offer health insurance coverage to eligible employees, Akron Public Schools is required to provide you with the information regarding the Marketplace Exchanges. On the following pages, the official notification as required by the Department of Labor have been provided for your review. The provisions of the Affordable care Act require distribution of this notification and it is for informational purposes only. There is nothing that you need to do, unless you are interested in Marketplace coverage. Currently, the Akron Public Schools' benefit plan intends to provide better coverage at a lower employee cost than what is available on the Marketplace plans. The Akron Public Schools' plan meets the government standards for providing minimum, affordable coverage; therefore, if you elect to purchase insurance through the Marketplace, you may not receive a contribution from Akron Public Schools' for such coverage. In addition, if you elect to waive coverage through Akron Public Schools', you will not qualify to enroll for benefits until the next approved open enrollment period, or if you experience a qualifying status change.

For more information, please go to www.HealthCare.gov to review the plans available to Ohio residents. If you have additional questions regarding Marketplace health insurance coverage, please contact the Help Center at 1-800-318-2596

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one–stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost–sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution –as well as your employee contribution to employer–offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after–tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact JUDY NEUSSER, BENEFITS MANAGER 330-761-2935 jneusser@akron.k12.oh.us.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer–sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
AKRON PUBLIC SCHOOLS	34-6000033
5. Employer address	**6. Employer phone number**
70 NORTH BROADWAY	330-761-1661

7. City	8. State	9. ZIP code
AKRON	OHIO	44308

10. Who can we contact about employee health coverage at this job?	
BENEFIT OFFICE 330-761-2937	
11. Phone number (if different from above)	**12. Email address**

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☑ Some employees. Eligible employees are:
    PER UNION COLLECTIVE BARGAINING AGREEMENTS AND/OR AFFORDABLE CARE ACT
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:
    PER UNIO COLLECTIVE BARGAINING AGREEMENTS AND/OR AFFORDABLE CARE ACT
  - ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Important Contacts

Aultcare	800-344-8858 www.aultcare.com
SummaCare	800-753-8429 www.summacare.com
Medical Mutual of Ohio	800-525-5957 www.medmutual.com
Prescription - Express Scripts	877-554-4177 www.express-scripts.com
Trustmark Voluntary Benefits	800-918-8877 www.trustmarksolutions.com
American United Life* Basic & Supplemental Life	800-553-5318
Delta Dental of Ohio	800-524-0149 www.deltadentaloh.com
Vision Service Plan (VSP)	800-877-7195 www.vsp.com
LifeLock	www.lifelock.com
Employee Assistance - Tri-County EAP	877-762-7908 www.tricountyeap.org
Explain My Benefits *Trustmark Benefits claims help*	888-734-6937 www.explainmybenefits.biz

***Benefits part of a collective purchasing group sponsored by Ohio Schools Council (OSC).**

Benefit Guide Description

Please Note: This guide provides information regarding the APS benefit program. More detailed information is available from the plan documents and administrative contacts. The plans and policies stated in this information are not a contract or a promise of benefits of any kind, and therefore, should not be interpreted as such.