

It Pays to Think Ahead.

2016 Benefit Summary



Benefits Overview

Granville Exempted Village Schools is proud to offer a comprehensive benefits package to eligible employees. The complete benefit package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

The cost of Medical, Dental and Vision benefits vary by your employment classification. Please refer to Page 13 for more details. Basic Life & AD&D is paid by Granville Exempted Village Schools for all employees.

In addition, there are voluntary benefits (voluntary Life and Accidental Death & Dismemberment, Short-Term Disability & Long-Term Disability) with reasonable group rates that you can purchase through Granville Exempted Village Schools' payroll deductions.

IMPORTANT

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefit Plans Offered

- Medical
- Dental
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Flexible Spending Accounts (FSA)
- Vision
- Voluntary Life and AD&D
- Voluntary Short-Term Disability (STD)
- Voluntary Long-Term Disability (LTD)
- Voluntary Accident Insurance
- Voluntary Cancer Plan
- Voluntary Identity Theft Protection
- Voluntary Universal Life with LTC

Eligibility

Effective date of coverage varies by line of coverage. Please check with your HR Department.





Please reference each specific plan document to verify the Dependent Eligibility rules.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. When you experience a qualifying event, you must contact HR within 30 days of the event date.



Eligibility

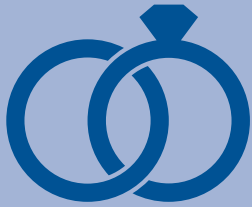
Eligibility Rules for you and your dependents are listed below. For more information, please refer to your Certificate of Coverage, Plan Description, or the additional information included in this guide.

	YOU	YOUR DEPENDENTS
 Medical Insurance	Your benefits begin on your Date of Hire unless you waive coverage.	Your dependent children are eligible to the end of the month they turn age 26. They may continue to age 28 if they are unmarried; your natural child, step child or adopted child of you or your spouse; a resident of Ohio or a Full Time Student attending an accredited institution of higher learning; is not eligible for coverage under their employers health plan; and not eligible for coverage under Medicare or Medicaid.
 Dental Insurance	Your benefits begin on your Date of Hire unless you waive coverage.	Your dependent children are eligible to the end of the year they turn age 19 or if unmarried, to the end of the calendar year in which they turn 25 if a Full Time Student and eligible to be claims as an IRS dependent.
 Vision Insurance	1st of the month following date of hire, unless date of hire is the 1st of the month, then coverage is effective date of hire.	Your dependent children are eligible to the end of the month they turn age 19 or if a Full Time Student the end of the month they turn age 25.
 Flexible Spending Account	<p>You may participate in this plan once you satisfy the eligibility conditions for the Group Medical plan and have consented to pre-tax payroll deductions of an amount of your choosing.</p> <p>For additional information on Flexible Spending Accounts, please refer to the information in this booklet or the Summary Plan Description</p>	A Dependent Care account allows you to put aside pre-tax dollars to pay for child care for children age 12 and younger, or other dependents who are unable to care for themselves. Check with your Tax Advisor for contribution rules if you are divorced or if your spouse also contributes to a Dependent Care account.

Benefits that are payroll deducted under a pretax 125 Plan cannot be changed or cancelled throughout the benefit plan year without certain Life Events, such as marriage, birth, divorce.

Life Events

Qualified Events are listed below. **You have 31 days from the date of the event to notify HR and make coverage changes** to add or remove dependents from coverage.

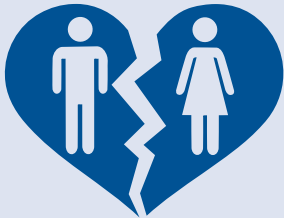


Notify Human Resources within 31 days of getting married. You may enroll your spouse and dependent children within 31 days from the date of marriage. Also, don't forget to review your Life Insurance needs as well. You also have 31 days to make changes to your Life Insurance policies or enroll a spouse or child(ren) in Dependent Life Insurance.



Baby on Board

Notify Human Resources within 31 days of a birth or adoption. Coverage for your new bundle of joy will be effective the date of birth or the date of adoption. If you are given guardianship over a dependent child, also notify HR within 31 days and coverage will begin the date of guardianship.



Notify Human Resources within 31 days after a divorce. You have 31 days to cancel coverage for your spouse and benefits will cancel as of the date of the divorce. Your spouse may have the right to Port or Convert Voluntary Life Insurance if enrolled and will need to contact the Life Insurance carrier for information on how to apply and rates.

YIKES! Loss of Coverage

If you need to enroll a dependent spouse (or children) because they have had a reduction in hours or otherwise lost benefits eligibility at their place of employment, you have 31 days from the date of the event to enroll them as a dependent on your plan.

Benefits that are payroll deducted under a pretax 125 Plan cannot be changed or cancelled throughout the benefit plan year without certain Life Events, such as marriage, birth, divorce.

Medical Benefits

Administered by Medical Mutual of Ohio

Customer Service Phone Number: 800.525.5957

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Granville Exempted Village Schools.

Granville Exempted Village Schools offers you a medical plan administered by Medical Mutual of Ohio's PPO SuperMed Plus Plan.

- With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	In-Network PPO	Out-of-Network PPO
Annual Deductible	\$250 single/\$500 family	\$500 family/\$1,000 family
Annual Coinsurance Limit (does not include deductible)	\$1,500 per person/\$3,000 family	\$3,000 ¹ per person/\$6,000 ¹ family
Coinsurance	10%	30%
Maximum Out-of-Pocket (includes deductible)	\$1,750 single/\$3,500 family	\$3,500 ¹ single/\$7,000 ¹ family
PHYSICIAN/OFFICE SERVICES		
Office Visits (medically necessary) Physician's Office Specialists Office	\$20 copay \$30 copay	30%
Wellness Care (routine physical exams, labs, x-rays, medical testing services, immunizations, well child care, mammograms, Pap and endoscopic procedures)	No Cost Share	30%
Routine Hearing & Vision exams (age 21 and over)	\$20 copay	
PRESCRIPTION DRUGS		
Retail — (30-day supply) Generic Formulary Non-Formulary	\$10 copay \$25 copay \$40 copay	25% plus any applicable copays
Mail Order — (90-day supply) Generic Formulary Non-Formulary	\$20 copay \$50 copay \$80 copay	Not covered
HOSPITAL SERVICES		
Emergency Room ² Not Subject to Deductible	\$150 copay/visit	
Non-Emergency Use of ER Not Subject to Deductible	\$150 copayment, then 10%	\$150 copayment, then 30%
Non-Emergency Physician Charges	10%	30%
Urgent Care Visits	\$50 copay/visit	

	In-Network PPO	Out-of-Network PPO
Inpatient Services— Facility & Physicians/Surgeon fee	10%	30%
Outpatient Services (medically necessary) i.e., Endoscopic procedures	10%	30%
Surgical services in Physician's Office	\$20 copay	30%
Surgical Services— all other places of service	10%	30%
Diabetic Education and Training	\$20 copay	30%
Cardiac Rehabilitation (60 days) ³	\$30 copay	30%
Chiropractic Visits (12 visits) ³	\$30 copay	30%
Occupational/Physical Therapy (60 visits combined) ³	\$30 copay	30%
Speech Therapy (20 visits) ³	\$30 copay	30%
Ambulance Service	10%	
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES		
Inpatient/Outpatient Services	Any applicable deductible, coinsurance limit or copayment corresponds to the type of service received and is payable on the same basis as any other illness	
OTHER SERVICES		
Prenatal & Postnatal Care (Includes delivery and all inpatient services)	10%	30%
Home Health Care	10%	30% (30 days per benefit period)
Skilled Nursing Care	10%	30%
Durable Medical Equipment	10%	30%
Hospice Services	10%	
Vision Services eye exam (Child)	No Cost Share	30%

Benefits are based on calendar year.

¹ Additional balance-billing amounts may apply (if any)

² Copay waived if admitted

³ Maximum visits per benefit period



Dental Benefits

Administered by Delta Dental

Customer Service Phone Number: 800.524.0149

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Granville Exempted Village Schools dental benefit plan.

	PPO Dentist	Premier Dentist	Non-Participating
Annual Deductible	\$25/\$75	\$25/\$75	\$25/\$75
Annual Benefit Maximum	\$2,000	\$2,000	\$2,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%	100%
Basic Dental Services (emergency palliative treatment, extractions, fillings, root canal therapy, oral surgery, periodontal, crowns, relines & repairs)	80%	80%	80%
Major Dental Services (bridges, dentures, implants)	80%	80%	80%
Orthodontia Services (braces) Dependent children to age 19 or 25 if a full-time student	60%	60%	60%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000

Go to www.deltadentaloh.com to locate a network PPO provider.

Please note that your out-of-pocket costs may be more if you choose to go to an out-of-network provider. Please refer to your Delta Dental Benefit Summary and Certificate booklet for limitations and exclusions.



Vision Benefits

Administered by VSP

Customer Service Phone Number: 800.877.7195

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your Coverage From a VSP Choice Network Doctor:

	BASIC PLAN		PREMIER PLAN	
	In-Network (VSP Provider)	Out-of-Network	In-Network (VSP Provider)	Out-of-Network
Well Vision Eye Exam — once every 12 months	\$10 copay	up to \$45	\$10 copay	up to \$45
Prescription Glasses	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Frame — once every 12 months	\$150 allowance; then 20% savings	up to \$70	\$150 allowance; then 20% savings	up to \$70
Lenses — once every 12 months	Included in cost of prescription glasses	See below lens options for cost	Included in cost of prescription glasses	See below lens options for cost
Polycarbonate lenses for children	Included in cost of prescription glasses	N/A	Included in cost of prescription glasses	N/A
Single Vision Lenses	Included in cost of prescription glasses	up to \$30	Included in cost of prescription glasses	up to \$30
Lined Bifocal Lenses	Included in cost of prescription glasses	up to \$50	Included in cost of prescription glasses	up to \$50
Lined Trifocal Lenses	Included in cost of prescription glasses	up to \$65	Included in cost of prescription glasses	up to \$65
Lens Upgrades Standard Progressive Premium Progressive Custom Progressive	\$55 \$95 – \$105 \$150 – \$175	up to \$50	\$0	up to \$50
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames.	\$150 allowance	up to \$105	\$150 allowance	up to \$105
Contact lens exam fitting and evaluation	up to \$60	N/A	up to \$60	N/A

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.

*Additional lens options available at a 20–25% discount by going to a VSP Network Provider.



Flexible Spending Accounts

Administered by Discovery Benefits

Customer Service Phone Number: 866.451.3399

Discovery Benefits is the Administrator of two individual Flexible Spending Accounts: one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit—\$2,550

Dependent Care Spending Limit—\$5,000

Here's How an FSA Works

- You decide the annual spending amount that you want to contribute to either or both Accounts based on your expected healthcare and/or dependent childcare/elder care expenses.
- Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
- You can pay with the Healthcare FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
- You are reimbursed from your FSA so, you actually pay your expenses with tax-free dollars.
- Healthcare FSA has \$500 carryover of unused funds to next year.
- You are eligible to participate once you satisfy the eligibility conditions for the group medical plan and have consented to pre-tax payroll deductions.

Dependent Care Account: Reimburses dependent day care expenses for children up to age 13 and elder dependents who live in your home, or a spouse/dependent that is physically or mentally challenged can be claimed as a tax exemption.

To see a list of eligible medical expenses and additional information about using your FSA debit card, please visit www.discoverybenefits.com.



Basic Group Life and Accidental Death & Dismemberment

Insured by American United Life Insurance Company

Phone Number: 800.553.5318

Basic Life Insurance

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. Granville Exempted Village Schools offers a variety of programs to meet your life insurance needs. Granville Exempted Village 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 based on your contract.

Voluntary Life and AD&D Insurance

*Insured by Mutual of Omaha and/or
American United Life Insurance Company*

Phone Number: 800.775.8805

Phone Number: 800.553.5318

You may purchase additional coverage for yourself, spouse (up to a maximum of \$20,000) and dependents (up to a maximum of \$10,000). Please note that dependent children include unmarried, adopted, natural or stepchildren age 14 days to age 26.

As the employee, you may elect Voluntary Life Insurance in increments of **\$1,000** to a maximum of **\$300,000**, not to exceed 10x your base salary. (Please note any amount over \$150,000 at initial offering will require Evidence of Insurability.)

Voluntary Short-Term Disability Insurance (STD)

Insured by Mutual of Omaha

Phone Number: 800.877.5176

As an employee of Granville Exempted Village Schools with fewer than 80 days of banked sick leave, you are able to enroll in Short-Term Disability (STD) coverage. STD coverage supplements your lost wages should you be unable to work due to an illness, injury or pregnancy. STD benefits begin after missing the specific elimination period (14 days) due to a medically certified reason.

STD pays 60% of your weekly earnings up to \$1,250 for a maximum benefit period of 13 weeks.

Voluntary Long-Term Disability Insurance (LTD)

Insured by Mutual of Omaha

Phone Number: 800.877.5176

As an employee of Granville Exempted Village Schools, you are able to enroll in Long-Term Disability (LTD) coverage. LTD coverage supplements your lost wages should you be unable to work due to an illness or injury. LTD benefits begin after missing the specified elimination period (90 days) due to a medically certified reason. LTD pays 60% of your monthly earnings to a maximum of \$5,000.

Two Long-Term Disability plans are offered:

- a. Benefits payable for five (5) years
- b. Benefits payable to your Social Security Normal Retirement Age

Benefit duration is determined by your age at disability. Please see your plan Administrator if you have questions.

Additional Voluntary Benefits

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 and Transamerica are **Trustmark Accident coverage and Transamerica Universal Life Insurance**.

Trustmark Accident

Phone Number: 800.918.8877

Accident Insurance helps pay for unexpected expenses that result from an accident.

- On- and off-the-job coverage (24/7)
- Sports-related injuries covered also

Money is paid directly to you. For more examples, please see the Accident Brochure for a complete list of benefits.

- Initial Doctor's Office Visit: \$100
- Hospitalization: \$2,000 admission, \$400 per day
- Fractures: up to \$10,000
- Dislocations: up to \$8,000

A Health Screening Benefit is included in your Accident Policy, and Trustmark pays \$100 for each insured. Each covered person will get one immunization or one screening test per calendar year. Contact Service at explainmybenefits.biz to obtain a claim form.

Examples of Health Screenings Include

- Low-dose Mammogram
- Pap Smear
- Prostate Specific Antigen (PSA)
- Serum Cholesterol
- Fasting blood glucose test
- Stress Test on a bicycle or treadmill

SEMI-MONTHLY PAYROLL DEDUCTIONS	
Employee	\$9.53
Employee & Spouse	\$14.54
Employee & Children*	\$17.68
Family*	\$22.69

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

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, Granville Exempted Village Schools offers voluntary benefits, which you can purchase at group rates.

Transamerica Cancer Plan

Phone Number: 888.763.7474

The Cancer Plan will pay benefits to you if you are diagnosed with cancer. This plan pays you directly. Some benefits pay by the day or treatment, while others reimburse you for expenses you incur. Either way, it can be a source of financial support just when you and your family need it most!

Just a Few Examples of Benefits Included in the Plan

- Initial Diagnosis—\$3,000
- Hospital Confinement—\$200 per day
- Surgery—up to \$3,000 (Inpatient), up to \$4,500 (Outpatient)
- Radiation and Chemotherapy—\$10,000 per 12 month period
- Bone Marrow and/or Stem Cell—\$10,000 per 12 months period

An Annual Cancer Screening Benefit is included in your policy, and Transamerica pays \$100 for each insured. Each covered person will get one cancer screening test per calendar year.

Examples of Cancer Screenings

- Mammogram
- Pap Smear
- Prostate-Specific Antigen Test (PSA)
- Chest X-ray
- Bone Marrow Testing

SEMI-MONTHLY PAYROLL DEDUCTIONS	
Employee	\$12.28
Employee & Spouse	\$22.21
Employee & Children*	\$14.03
Family*	\$22.21

Transamerica Universal Life With Long-Term Care

Phone Number: 888.763.7474

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

- Universal Life with Long-Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime.
- The Universal Life with Long-Term Care is priced to remain the same cost to you until age 100.
- The Living Benefit, Long-Term Care is 4% of the death benefit per month for up to 25 months if confined in a nursing or assisted living facility or 2% of the death benefit per month for up to 50 months if receiving home healthcare or day care.
- Monthly premiums are waived while using the Long-Term Care benefits.
- If you use the Long-Term Care benefit, your death benefit amount does reduce .
- Coverage available for spouse and children as well.

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates.

LifeLock Identity Theft Protection

Phone Number: 800.543.3562

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
- 24-Hour Customer Service
- **Offered through payroll deduction at a 15% discount off retail rates**

\$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.

SEMI-MONTHLY PAYROLL DEDUCTIONS	
Employee	\$4.25
Employee & Spouse	\$8.50
Employee & Children*	\$7.44
Family*	\$11.69

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



Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, your benefits office or Arthur J. Gallagher & Co.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Medical Mutual of Ohio	800.525.5957	www.medmutual.com
Dental	Delta Dental of Ohio	800.524.0149	www.deltadentaloh.com
FSA	Discovery Benefits	866.451.3399	discoverybenefits.com
Vision	Vision Service Plan (VSP)	800.877.7195	www.vsp.com
Basic & Voluntary Life	American United Life	800.553.5318	employeebenefits.aul.com
Life and Disability	Mutual of Omaha	800.775.8805 Life 800.877.5176 Disability	mutualofomaha.com
Accident Insurance	Trustmark	800.918.8877	trustmarsolutions.com
Cancer	TransAmerica	888.763.7474	transamericaemployeebenefits.com
Universal Life/LTC	TransAmerica	888.763.7474	transamericaemployeebenefits.com
Identity Theft	LifeLock	800.543.3562	lifelock.com
District Insurance Brokers	Arthur J. Gallagher & Co.	614.761.2901 800.435.1552	ajg.com/dublin

Employee Monthly Contributions for Core Benefits Effective January 1, 2016

BENEFIT PLAN	SINGLE	FAMILY
MEDICAL		
Cert	\$44.68	\$180.50
Class	N/A	N/A
DENTAL		
Cert	N/A	N/A
Class	N/A	N/A
VISION—BASIC		
Cert	N/A	N/A
Class	N/A	N/A
VISION—BUY-UP		
Cert	\$2.99	\$6.77
Class	\$2.99	\$6.77
BASIC LIFE	100% employer paid	



This benefit summary prepared by

