

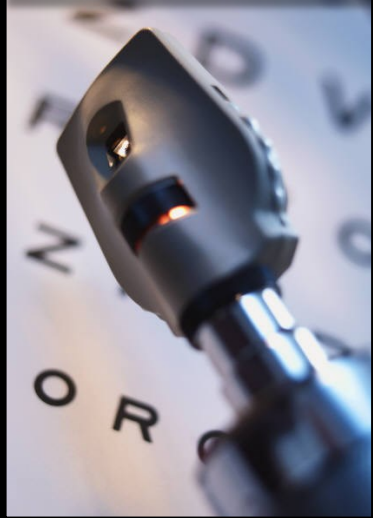
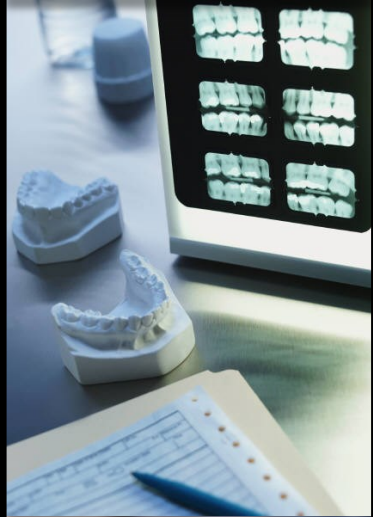
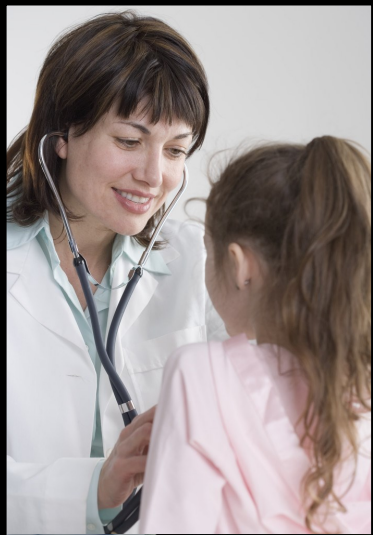


GRANVILLE

EXEMPTED VILLAGE SCHOOLS

2016 Benefits Guide

UNDERSTANDING
Your Benefits



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WELCOME TO YOUR BENEFIT ENROLLMENT!

Granville Exempted Village Schools offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

You can find more detailed information about your benefits and how to enroll at your Benefit Enrollment Portal at:

www.explainmybenefits.biz/granville

Enrollment Process!

1. All benefit eligible employees are required to complete the enrollment process whether you are electing benefits or waiving all benefits in order to confirm your choices.
2. We have moved to an online enrollment process. This new technology, **EMB Enroll**, will enable a more efficient process to communicate and administer the benefits to our insurance carriers. Employees will self-enroll online and the system will guide you through the benefit offerings.
3. Please be prepared to complete your enrollment with all your demographic and dependent information. You will be verifying all this information that will be in the system so it is accurate when sent to all the insurance carriers.

When can I Enroll?

New hire initial enrollment and open enrollment allows for employees of the District to enroll or make changes in any of the plans without a qualifying event.

Please reference each specific Plan Document to verify the Dependent Eligibility rules.

Elections made now will remain until the next open enrollment period unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within **31 days**.

Comprehensive healthcare 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.

The PPO plan allows you to select where you receive your medical services; however, if you use in-network providers, your out-of-pocket costs will be less.

	Medical Mutual of Ohio	
	In Network	Out of Network
Deductible		
<i>Individual</i>	\$250	\$500
<i>Family</i>	\$500	\$1,000
<i>Coinsurance</i>	90%	70%
<i>Individual Coinsurance Limit (per person)</i>	\$1,500	\$3,000
<i>Family Coinsurance Limit</i>	\$3,000	\$6,000
Out of Pocket Maximum		
<i>Individual (Includes Deductible)</i>	\$1,750	\$3,500*
<i>Family (Includes Deductible)</i>	\$3,500	\$7,000*
Doctor's Office		
Office Visit (PCP/ Specialist)	\$20 / \$30 copay	70% after deductible
Preventive Care Services (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	\$0 copay	70% after deductible
Hospital Services		
Emergency Room (copay waived if admitted)	\$150 copay	\$150 copay
Urgent Care Center Services	\$50 copay	\$50 copay
Inpatient	90% after deductible	70% after deductible
Outpatient Surgery	\$20 copay - Physician Office 90% after deductible - Other facility	70% after deductible
Other Services		
Chiropractic (12 visits per benefit period)	\$30 copay	70% after deductible
Physical Therapy (60 visits per benefit period)	\$30 copay - Professional 90% after deductible - Institutional	70% after deductible
Vision Exam (age 21 and over)	\$20 copay	70% after deductible
Prescriptions		
Retail - Generic/Formulary/Non-Formulary	\$10 / \$25 / \$40	\$10 / \$25 / \$40
All Injectables, except insulin	25% coinsurance up to a max of \$150 per Rx	25% coinsurance up to a max of \$150 per Rx
Mail Order (90 days)	\$20 / \$50 / \$80 / 25% to \$150 Max	Not Covered

***Balance billing may apply**



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 **Accident through Trustmark and Cancer and Universal Life through Transamerica.**

TRUSTMARK ACCIDENT

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

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

Money is paid directly to you for (please see brochure for a complete list of benefits):

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

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	Employee & Spouse	Employee & Children*	Family*
\$9.53	\$14.54	\$17.68	\$22.69

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

TRANSAMERICA CANCER PLAN

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 & 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	Employee & Spouse	Employee & Children*	Family*
\$12.28	\$22.21	\$14.03	\$22.21

TRANSAMERICA UNIVERSAL LIFE WITH LONG TERM CARE

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 health care 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.

Special Underwriting for Initial Offering Guaranteed Issue

Up to \$100,000 employee / up to \$15,000 spouse / \$25,000 children

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week.

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.

Plan	Delta Dental PPO		
	PPO Dentist	Premier Dentist	Non-Participating Dentist
Calendar Year Deductible Individual / Family*	\$25 / \$75		
Annual Maximum	\$2,000		
Preventative Services Exams, Cleanings, X-Rays, etc.	Plan pays 100% Deductible is waived.		
	Deductible Applies		
Basic Services Fillings, Oral Surgery, Root Canals, etc.	80% Covered	80% Covered	80% Covered
Major Services Crowns, Bridges Dentures, etc.	80% Covered	80% Covered	80% Covered
Orthodontics			
Lifetime Annual Maximum	\$1,000		
(to age 19 or to age 25 if full-time student) Deductible does not apply to	60% Covered		

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.



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

Description	Basic/Low Option		Premier/High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Comprehensive Eye Exam <i>Once every 12 months</i>	\$10 co-pay	Up to \$45 reimbursement	\$10 copay	Up to \$45 reimbursement
Prescription Glasses <i>Once every 12 months</i>	\$25 copay		\$25 copay	
Frames <i>Once every 12 months</i>	\$150 Allowance	Up to \$70	\$150 Allowance	Up to \$70
Eyeglass Lenses	<i>Once every 12 months</i>		<i>Once every 12 months</i>	
Single Vision, Lined Bifocal & Trifocal	Included	Up to \$30 / \$50 / \$65	Included	Up to \$30 / \$50 / \$65
Polycarbonate lenses for dependent children	Included	N/A	Included	N/A
Standard Progressive	\$55	Up to \$50	Included	Up to \$50
Premium Progressive	\$95 - \$105	Up to \$50	Included	Up to \$50
Custom Progressive	\$150 - \$175	Up to \$50	Included	Up to \$50
Anti-Reflective Coating	Discount Applies	N/A	Included	N/A
Scratch Resistant Coating	Discount Applies	N/A	Included	N/A
Other Lens Options	20 - 25% Off	N/A	20 - 25% Off	N/A
Contact Lenses (in lieu of glasses)	<i>Once every 12 months</i>		<i>Once every 12 months</i>	
Conventional (Elective) Contact lens exam	\$150 allowance Up to \$60	Up to \$105	\$150 Allowance Up to \$60	Up to \$105





Mutual of Omaha

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. 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 Term Life

You also have the opportunity to purchase voluntary coverage for yourself, spouse (up to a max of \$20,000) and dependents (up to a max of \$10,000). Please note that dependent children include unmarried adopted, natural or stepchildren age 15 days to age 26.

You may elect Voluntary Life Insurance in increments of **\$1,000** to a maximum of **\$300,000**, not to exceed 10x base salary.

One Time Guaranteed Issue Amount (At initial offering only)
10x base salary up to \$150,000 - employee / \$20,000 spouse / \$10,000 Child(ren)

COSTS FOR VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Age Band	Employee & Spouse Life Monthly Rate per \$1,000	Age Band	Employee & Spouse Life Monthly Rate per \$1,000	All Children Rate per \$1,000
Under 24	\$0.052	55 - 59	\$0.354	\$0.309
25 - 29	\$0.060	60 - 64	\$0.536	
30 - 34	\$0.076	65 - 69	\$1.021	
35 - 39	\$0.084	70 - 74	\$1.649*	
40 - 44	\$0.092	75 - 79	\$1.648*	
45 - 49	\$0.131	80 - 100	\$1.646*	
50 - 54	\$0.195			

*Spouse coverage terminates at age 70

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

$$\begin{array}{rcccl}
 \underline{.084} & & \times & \underline{50} & = & \underline{\$4.20} \\
 \text{Monthly rate per } \$1,000 & & & \text{\# of units}/\$1,000 & & \text{monthly}
 \end{array}$$



Short Term Disability

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 coverage begins after missing the specific elimination period below due to a medically certified reason. Benefit are payable up to the specific benefit duration period below.

Elimination Period for sickness, accident or pregnancy: 14 days

Maximum Benefit Period: 13 weeks

Weekly Benefit: 60% of your weekly earnings to a maximum of \$1,250

Pre-Existing Condition: Anything you received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicine prescribed or taken in the 3 months prior to your insurance effective date will not be covered for the first 12 months of the policy.

Attained Age	Monthly Rate Per \$10 of Weekly Benefit	Attained Age	Monthly Rate Per \$10 of Weekly Benefit
< 24	\$0.578	50 - 54	\$0.458
25 - 29	\$0.565	55 - 59	\$0.516
30 - 34	\$0.550	60 - 64	\$0.709
35 - 39	\$0.490	65 - 69	\$0.763
40 - 44	\$0.370	70 - 99	\$0.942
45 - 49	\$0.390		

Premium Calculation Example: 40 Year Old Employee with a \$50,000 annual salary

Step 1:	(Annual Salary) \$50,000 / 52 = \$961.54 Weekly Salary
Step 2:	(Weekly Salary) \$961.54 x 60% = \$576.92 Weekly Benefit
Step 3:	(Weekly Benefit) \$576.92 / 10 = 57.69 # Units
Step 4:	(# Units) 57.96 x \$0.370 (Rate) = \$21.35 Premium Per Month
Step 5:	(Monthly Premium) \$21.35 x 12 = \$256.20 (Annual Premium) / 24 = \$10.68 Payroll Deduction



Long Term Disability

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 coverage begins after missing the specified elimination period below due to a medically certified reason. Benefits are payable up to the specified benefit duration period below. LTD pays up to a maximum of \$5,000.

There are two benefit periods options available to you

Elimination Period for sickness, accident or pregnancy: 90 Days

Maximum Benefit Period: 5 Years

Elimination Period for sickness, accident or pregnancy: 90 Days

Maximum Benefit Period: SS Retirement Age

Monthly Benefit: 60% of your monthly earnings to a maximum of \$5,000

Pre-Existing Condition: Anything you received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicine prescribed or taken in the 12 months prior to your insurance effective date will not be covered for the first 12 months of the policy.

Attained Age	Monthly Rate Per \$100 of Monthly Covered Payroll (5 Year Benefit Period)
< 24	\$0.05
25 - 29	\$0.09
30 - 34	\$0.13
35 - 39	\$0.22
40 - 44	\$0.28
45 - 49	\$0.36
50 - 54	\$0.52
55 - 59	\$0.67
60 - 64	\$1.39
65 - 69	\$1.68
70 - 99	\$2.16

Attained Age	Monthly Rate Per \$100 of Monthly Covered Payroll (SS Retirement Age Benefit Period)
< 19	\$0.11
20 - 24	\$0.12
25 - 29	\$0.16
30 - 34	\$0.25
35 - 39	\$0.30
40 - 44	\$0.35
45 - 49	\$0.48
50 - 54	\$0.67
55 - 59	\$0.77
60 - 64	\$0.81
65 - 69	\$0.85
70 - 99	\$0.89

Example for 5 Year Benefit Period: 40 Year Old Employee with a \$45,000 annual salary	
Step 1:	(Annual Salary) \$45,000 / 12 = \$3,750 Covered Monthly Payroll
Step 2:	(Covered Monthly Payroll) \$3750 / 100 = 37.5 # Units
Step 3:	(# Units) 37.5 x .28 (Rate) = \$10.50 Premium Per Month
Step 4:	(Monthly Premium) \$10.50 x 12 = \$126 (Annual Premium) / 24 = \$5.25 Payroll Deduction



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 Only	\$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.

FSAs help to fill coverage gaps between health plans and out-of-pocket expenses. An FSA allows you to pay for certain health and dependent care expenses with pre-tax dollars. You won't pay taxes on the funds you put into your FSA because they're deducted before taxes are calculated.

Health FSA

This pays for out-of-pocket medical expenses incurred during the year.

Maximum Contribution: \$2,550 annually

Qualified medical expenses include:

- Co-pays / Deductibles
- Prescriptions
- Dental Work
- Vision Exams
- Eyeglasses
- Lasik
- Chiropractic Care
- Contact Lens & Supplies



Note: Over-the-Counter (OTC) Medications

Over-the-counter medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under your FSA. This affects OTC medications only; all other medical supplies (band-aids, first-aid supplies, etc.) will still be eligible for reimbursement. Further guidance is expected from the IRS, and an updated list will be provided as soon as it becomes available.

Dependent Care FSA

This covers daycare expenses for children up to the age of 13, and for elder dependents (like aging parents) that live in your home. It also covers a spouse or dependent that is physically or mentally challenged for whom you claim an exemption.

Maximum Contribution: \$5,000 annually

Qualified dependent care expenses include:

- Babysitters
- Daycare Centers
- Elder Care
- Day Camps
- Preschool
- After-school Care



Medical Mutual of Ohio	800-523-8558 www.medmutual.com
Delta Dental	800-524-0149 www.deltadentaloh.com
Vision Service Plan (VSP)	800-877-7195 www.vsp.com
Trustmark Voluntary Benefits (Accident)	800-918-8877 www.trustmarksolutions.com
Transamerica (Cancer & Universal Life)	888-763-7474 www.transamericaemployeebenefits.com
Mutual of Omaha (Life and Disability)	800-775-8805 - Life 800-877-5176 - Disability www.mutualofomaha.com
LifeLock	www.lifelock.com
Discovery Benefits (Flexible Spending Account)	866-451-3399 www.discoverybenefits.com
Arthur J. Gallagher & Company District Insurance Brokers	614-761-2901 800-435-1552 www.ajg.com
Explain My Benefits <i>Trustmark and Transamerica Benefits claims help</i>	888-734-6937, Option 2 service@explainmybenefits.biz
FMLA or Short Term Disability Claims	877-365-2666 www.fmlasource.com



Benefit Guide Description

Please Note: This guide provides information regarding the Granville Exempted Village Schools 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.

