

# Understanding Your Benefits



# 2016

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## WELCOME TO ENROLLMENT FOR YOUR 2016 BENEFITS!

Whitehall City 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/whitehall](http://www.explainmybenefits.biz/whitehall)

### 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 annual open enrollment allows for employees of the District to enroll or make changes in any of the plans without a qualifying event.

In order to make changes outside of your enrollment period, there would need to be a qualifying event such as the birth of a child, change in marital status, death, or loss of coverage due to no fault of your own. An enrollment application must be submitted to the insurance carrier via the Treasurer's office within **thirty-one (31) days** of the qualifying event in order for coverage to be effective.

Medical Mutual of Ohio is the medical provider this year for Whitehall City schools.

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 Whitehall City 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
<b>Deductible</b>		
<i>Individual</i>	\$250	\$500
<i>Family*</i>	\$500	\$1,000
<i>Coinsurance</i>	10%	30%
<b>Out of Pocket Maximum after Deductible</b>		
<i>Individual</i>	\$850	Unlimited
<i>Family</i>	\$1,700	Unlimited
<b>Doctor's Office</b>		
Office Visit	\$25 copay	30% after deductible
Preventive Care Services (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No Charge	50% after deductible, does not apply to out-of-pocket limit
<b>Hospital Services</b>		
Emergency Room	\$90 copay	\$90 copay
Urgent Care Center Services	\$60 copay	30% after deductible
Inpatient	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Ambulance Service	20% after deductible	20% after deductible
<b>Other Services</b>		
Maternity Services	10% after deductible	30% after deductible
Diagnostic Lab/X-ray	10% after deductible	30% after deductible
Diagnostic (MRI, CT Scans, Nuclear Medicine)	10% after deductible	30% after deductible
<b>Prescriptions</b>		
Retail (30 day supply)	\$15 / \$25 / \$35	N/A
Diabetic Supplies & Growth Hormones	20% of Allowed Amount	N/A
Direct Mail (90 day supply)	\$30 / \$60 / \$90	N/A

*\*Dependent children **up to age 26** regardless of financial dependence, student status, residence or marital status. Dependents are automatically dropped from health insurance coverage at the end of the month in which the dependent turns 26.*





## 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 are **Accident Insurance, Critical Illness/Cancer** and **Universal Life with Long Term Care Insurance** from Trustmark.

## Trustmark 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



Semi-Monthly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$9.53	\$14.54	\$17.66	\$22.69

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

## 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:

**\$15,000 employee / \$7,500 spouse / \$1,500 children**

 ***If you previously waived this benefit, you must answer a few health questions and be approved for coverage.***

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.

#### Examples of health screenings:

- Low dose mammography
- Stress test
- Serum Cholesterol
- Bone Marrow
- Pap Smear
- Colonoscopy
- Prostate specific antigen
- Chest X-ray

**Also included is a Double Benefit that provides a second cash payment in the event a covered person is diagnosed with a different condition or critical illness. Pays an additional 100% of the original benefit.**

#### Rates

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



## 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. Whitehall City Schools offers a variety of programs to meet your life insurance needs.

Whitehall City 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 through **Prudential Life Insurance**.

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## 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 \$16 per week or \$200,000**

 ***If you previously waived this benefit, you must answer a few health questions and be approved for coverage.***

### Rates

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



## Voluntary Supplemental Term Life

You also have the opportunity to purchase supplemental coverage for yourself, spouse and dependent children. Please note that dependent children include unmarried adopted, natural or stepchildren birth to age 19 (25 if full-time student).

You may elect Voluntary Life Insurance in increments of **\$10,000** to a maximum of **\$500,000**, not to exceed 7x covered annual salary.

### Guaranteed Issue Amount for New Hires ONLY

**\$200,000 employee (not to exceed 7x annual salary) / \$20,000 spouse / \$10,000 children**

### COSTS FOR VOLUNTARY SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Age Band	Employee Life Monthly Rate per \$1,000	Age Band	Employee Life Monthly Rate per \$1,000
<30	\$0.09	50 - 54	\$0.43
30 - 34	\$0.10	55 - 59	\$0.81
35 - 39	\$0.12	60 - 64	\$1.04
40 - 44	\$0.17	65 - 69	\$1.72
45 - 49	\$0.26	70+	\$4.57

\*\*Reduces by 35% at age 70 and 50% at age 75

Option	Spouse Life Monthly Rates	Option	Child Life Monthly Rates
Spouse: \$5,000	\$2.81	Child: \$2,500	\$0.86
Spouse: \$10,000	\$5.63	Child: \$5,000	\$1.72
Spouse: \$20,000	\$11.24	Child: \$10,000	\$3.44

\*\*Live Birth to 6 months are covered for \$1,000 on all options

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

$$\begin{array}{rcccl}
 \underline{.12} & \times & \underline{50} & = & \underline{\$6.00} \\
 \text{Monthly rate} & & \text{\# of units/} & & \text{monthly} \\
 \text{per \$1,000} & & \text{\$1,000} & & 
 \end{array}$$



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 Whitehall City Schools dental benefit plan.

Plan	Delta Dental PPO	
	In-Network PPO or Premier Dentist	Non-Participating Dentist*
<b>Calendar Year Deductible</b> Individual / Family*	\$25 per person to a maximum of \$50 per family	
<b>Annual Maximum</b>	<b>\$1,500</b>	
<b>Preventative Services</b> Exams, Cleanings, X-Rays, etc.	Plan pays 100% Deductible is waived	
	<b>Deductible Applies</b>	
<b>Basic Services</b> Fillings, Oral Surgery, Root Canals, etc.	80% Covered	80% Covered
<b>Major Services</b> Crowns, Bridges, Implants, Dentures, etc.	60% Covered	60% Covered
<b>Orthodontics</b>		
<b>Lifetime Maximum</b>	<b>\$1,500</b>	
No age limit on Orthodontic. Deductible does not apply to Orthodontic services.	60 % Covered	

\* When you receive services from a Non-participating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-participating Dentist Fee that will be paid for these services. The Non-participating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

Go to [www.deltadentaloh.com](http://www.deltadentaloh.com) to locate a network PPO provider.

\*Dependents ages up to age 26.



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	In-Network	Out-of-Network	
<b>Comprehensive Eye Exam</b>	<i>Once Every 12 Months</i>		
	\$0 co-pay	Up to \$30 reimbursement	
<b>Eyeglass Lenses</b>	<i>Once Every 12 Months</i>		
	Single Vision, Lined Bifocal and Trifocal	\$0 co-pay	Up to \$25 - \$60 reimbursement
	Standard Progressive	\$0 co-pay	Up to \$60 reimbursement
	Premium Progressive	\$0 co-pay, 80% of charge less \$120 allowance	Up to \$60 reimbursement
	Lenticular	\$0 co-pay	Up to \$60 reimbursement
<b>Eyeglass Frames</b>	<i>Once Every 12 Months</i>		
	\$150 allowance 20% off amount over allowance	Up to \$75 reimbursement	
<b>Contact Lenses (in lieu of glasses)</b>	<i>Once Every 12 Months</i>		
	Conventional (Elective)	\$150 allowance, 15% off over \$150	Up to \$120 reimbursement
	Disposable (Elective)	\$150 allowance, balance over \$150	Up to \$120 reimbursement
Contact lens exam	Up to \$40 (Standard) 10% off Retail (Premium)	N/A N/A	
<b>Laser Vision Correction (LASIK)</b>	15% off retail, 5% off promotional	N/A	

Go to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) to locate a network provider.



*Dependents up to age 26.*



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	Employee & Spouse	Employee & Children*	Family*
	\$4.25	\$8.50	\$7.44	\$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.*

FSA's 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: \$2,500 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



Vendor	Phone Number	Website
<b>Medical</b> Medical Mutual of Ohio	800-523-8558	www.medmutual.com
<b>Dental</b> Delta Dental	800-524-0149	www.deltadentaloh.com
<b>Vision</b> EyeMed Vision Care	866-939-3633	www.eyemedvisioncare.com
<b>Voluntary Benefits</b> Trustmark Voluntary Benefits	800-918-8877	www.trustmarksolutions.com
<b>Life Insurance</b> Prudential	800-524-0542	www.prudential.com
<b>Identity Theft Protection</b> LifeLock	800-543-3562	www.lifelock.com
<b>Flexible Spending Accounts</b> WageWorks	877-924-3967	www.wageworks.com
<b>District Insurance Brokers</b> Arthur J. Gallagher & Company	614-761-2901 800-435-1552	www.ajg.com
<b>Trustmark Claim Help</b> Explain My Benefits	888-734-6937, Option 2	service@explainmybenefits.biz



**Benefit Guide Description**

*Please Note: This guide provides information regarding the Whitehall City 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.*



