



# Employee Benefits Guide

**PLAN YEAR**

July 1, 2024 – June 30, 2025



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## **Employee Benefits Guide Introduction**

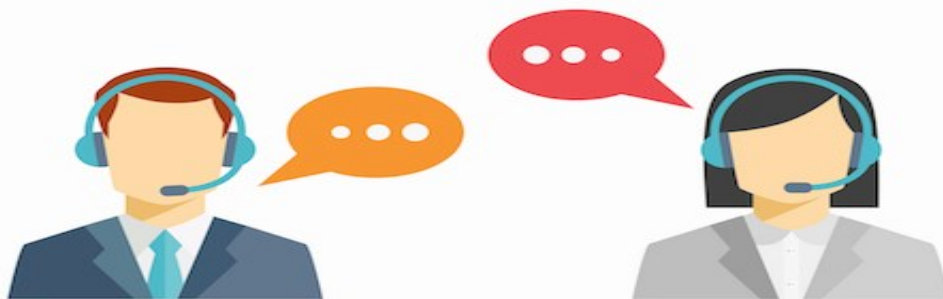
Welcome to your Employee Benefits Guide!

## **Employee Benefits Guide Overview**

This guide provides a general overview of your benefit choices to help you select the right coverage for your needs. This guide is not a contract. It is not to be considered as a summary plan document, or certificates of coverage for any benefits. If there are discrepancies between this guide and the certificates of coverage, the certificates of coverage will take precedent.

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## **Advocacy Team**

Washington County Career Center employees have access to the Schwendeman Agency, Inc. Advocacy Team to provide help with questions involving claims, coverage, enrollment and all other concerns regarding their employee benefits. Our advocacy team is made up of trained professionals who understand your benefits plan and are highly dedicated to providing solutions to your problems.

*Simple, reliable, and free:*

*800-837-6793 (toll-free)*

*Monday - Friday 8:00am - 5:00pm EST*

*[help@schwendeman.com](mailto:help@schwendeman.com)*



## **Contact Information**

Jessie Hembree - [j.hembree@schwendeman.com](mailto:j.hembree@schwendeman.com)

Kris Davis - [k.davis@schwendeman.com](mailto:k.davis@schwendeman.com)

Benefits	Provider	Website	Customer Service
Medical	Medical Mutual of Ohio	<a href="http://www.medicalmutual.com">www.medicalmutual.com</a>	(800) 382-5729
Dental	Delta Dental	<a href="http://www.deltadental.com">www.deltadental.com</a>	(614) 776-2300
Vision	VSP	<a href="http://www.vsp.com">www.vsp.com</a>	(800) 877-7195
Group Life/ Voluntary Life & AD&D	AUL/OneAmerica	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	(800) 553-5318
Health Savings Account	Peoples Bank Or Citizens Bank	<a href="http://www.peoplesbankcorp.com">www.peoplesbankcorp.com</a> <a href="http://www.citizens.com">www.citizens.com</a>	(800) 374-6123 (740) 984-2381

## **Determine your eligibility**

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

### **Eligible Dependents may include:**

#### Medical

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

#### **Dental/Vision**

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

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

# Enrollment Dates and Benefit Changes

## **Enrollment Details**

### **Open Enrollment:**

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

### **Making Changes to your Benefits:**

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

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

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

## **What is a Qualifying Event?**

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

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

## **\*\*Employee Responsibilities\*\***

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

# Contributions

## Medical

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

## Dental

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

## Visions

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

# Health Savings Account (HSA)

## **Eligibility**

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

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

## **Benefit Overview**

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

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

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

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

## **Contributions**

For 2024, employees enrolled in the medical plan with single coverage will receive an employer contribution of \$75.00 per pay, and family coverage will receive an employer contribution of \$150 per pay. For 2025

The maximum amount (including employer contributions) you can deposit into your account for 2024 is \$4,150 if you have single coverage and \$8,300 for family coverage, even if your policy's deductible is less than that. If you are age 55 or older, you can also make additional 'catch-up' contributions up to \$1,000 per year. For 2025 this will be increasing to \$4,300 single and \$8,550 for family coverage. "Catch-up" contributions for 55 or older remain \$1,000.

## **Tax Benefits**

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





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# Accessing On-demand Telehealth Services

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

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

## What is an on-demand telehealth visit?

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

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

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

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

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

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

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

## What information do I need to set up an account?

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

## How will the on-demand visit be covered?

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

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



# Join WeightWatchers®—and meet the Points® Program

Lose weight and enjoy everything that makes life...life.

You get  
**50% off**  
through  
Medical Mutual  
with select plan purchase\*



## Go beyond calorie counting

WeightWatchers takes a food's calories *and* complex nutritional info and turns it into a single number—the Points® value. Knowing a food's Points® value helps make snack and meal choices easier.

## Get your personalized budget

Your customized Points Budget lets you “spend” on any foods you want. And you can track what you eat in the WW app.

## Eat healthier, without the guesswork

You'll get a list of nutrient-rich ZeroPoint® foods you don't have to track or measure and the What to Eat feature to help you choose foods anytime, anywhere.

## Find your support network

The WeightWatchers® members-only digital community is a judgment-free zone for sharing tips, inspiration, and recipes—and celebrating wins together.

# #1

doctor-recommended weight-loss program\*\*

# 4 million

members around the world

## We're here for you, too.

All Medical Mutual members get an exclusive discount of 50% off the retail price of the WeightWatchers membership. For program eligibility and enrollment instructions, go to [www.com/mmomembers](http://www.com/mmomembers)

Already a WeightWatchers member? Call customer service at 866-204-2885 to sync your account.

\*Get 50% off with plan purchase through your organization. Monthly payment required in advance. You'll be automatically charged each month in accordance with company pricing until you cancel. Pricing may adjust to the standard monthly rate if your relationship with your organization changes or terminates, or the agreement between your organization and WW terminates.

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## REWARDS

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

**\$75 reward card**  
Get started today



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

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



#### Ready to get your reward?

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

#### Want to earn more rewards?

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

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

Scan the QR code, call 855-206-1306 or email  
[AHMBYBOInquiries@activehealth.com](mailto:AHMBYBOInquiries@activehealth.com)



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

Services are provided by ActiveHealth Management, Inc. ActiveHealth Management, Inc. is part of the CVS Health® family of companies. Our programs, care team and care managers do not diagnose or treat members. We assist you in getting the care you need, and our program is not a substitute for the medical treatment and/or instructions provided by your health care providers. Better You, Better Ohio! is brought to you by the Ohio Bureau of Workers' Compensation and ActiveHealth Management.





# Medical Benefit Summary HDHP

Administered by: Medical Mutual of Ohio

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

# Prescription Drug Coverage Summary

Administered by: Medical Mutual of Ohio

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

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

# Dental Benefit Summary

Administered by: Delta Dental

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

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





## A LOOK AT YOUR VSP VISION COVERAGE

### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM WASHINGTON COUNTY JVS AND VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

#### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

#### PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

**PREMIER**  
PROGRAM

**Like shopping online?** Go to [eyeconic.com](https://eyeconic.com)® and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

#### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

#### PROVIDER NETWORK:

VSP Signature

#### EFFECTIVE DATE:

07/01/2021

Contact us:

**800.877.7195 or [vsp.com](https://vsp.com)**

BENEFIT	DESCRIPTION	COPAY
YOUR COVERAGE WITH A VSP PROVIDER		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 24 months</li> </ul>	\$20 for exam and glasses
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening  \$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$140 featured frame brands allowance</li> <li>\$120 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every 24 months</li> </ul>	Combined with exam
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every 24 months</li> </ul>	Combined with exam
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every 24 months</li> </ul>	\$0 \$80 - \$90 \$120 - \$160
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 24 months</li> </ul>	Up to \$60
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>	

#### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Classification: Restricted

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

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

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



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

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



## Employee Semi-Monthly Premium

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

## Dependent Semi-Monthly Premium Options

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

# Voluntary Short-Term Disability

Administered by: Sun Life Financial



## Voluntary Short-Term Disability (Optional Employee Paid Benefit)

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



## Long-Term Disability Benefits (Employer Provided)

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





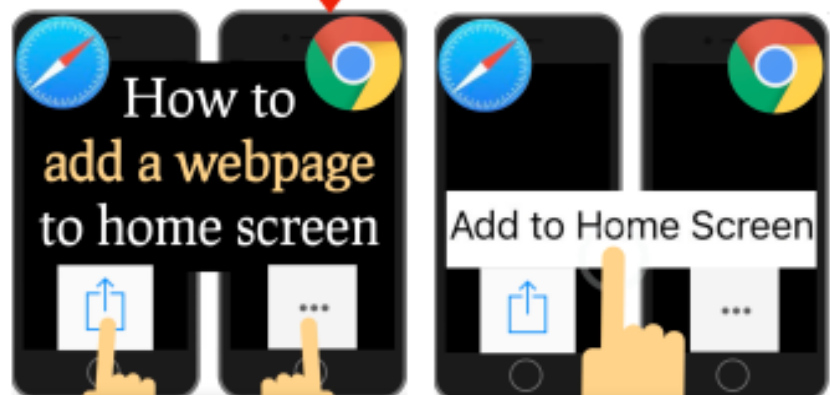
**[thecareercenter.net/benefits](http://thecareercenter.net/benefits)**



## Easy access to information on:

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

**Save the site to your smartphone**



**Need Help?**  
Email:  
[d.swartz@schwendeman.com](mailto:d.swartz@schwendeman.com)



**Insurance Election Form**  
**January 1, 2025 through December 31, 2025**

Name \_\_\_\_\_

Address \_\_\_\_\_

Please place an **X** for the plan you intend to participate, or indicate that you opt not to carry any insurance, and return to Angie by **November 13, 2024**

**Health Insurance Election**

Effective **January 1, 2025** I elect to participate in the following health insurance plan:

**High Deductible Health Plan (HDHP)**

Single \_\_\_\_\_

Family \_\_\_\_\_

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

Note: Unless Washington County Career Center is notified by **December 31, 2024** all employee contributions will be pre-taxed under Section 125 for the period noted above.

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

**Vision Insurance Election**

Single \_\_\_\_\_ Family \_\_\_\_\_

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

**Dental Insurance Election**

Single \_\_\_\_\_ Family \_\_\_\_\_

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

I understand that my election will be effective **January 1, 2025** and that I cannot make a change in plan designs until the next enrollment period, which is **January 1, 2026** (unless you have a qualifying event).

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

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

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

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

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

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

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

People with Medicare can enroll in a Medicare prescription drug plan from **October 15, 2024 through December 7, 2024**. However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later. Each subsequent year, you will again have the opportunity to enroll in a Medicare prescription drug plan between **October 15<sup>th</sup> and December 7<sup>th</sup>**.

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

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

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

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

Contact the person listed below or your school district's benefits office for further information.

**NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.**

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

More detailed information about Medicare plans that offer prescription drug coverage is available in the "**Medicare & You**" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

Visit [www.medicare.gov](http://www.medicare.gov)

**Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help**

**Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048**

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

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

**Date:** September 23, 2020

**Name of Entity/Sender:** Ohio School Benefits Cooperative

**Contact--Position/Office:** Scott Pittman, Treasurer

**Address:** 205 N. Seventh Street, Zanesville, Ohio 43701

**Phone Number:** (740) 452-4518





# OHIO DEFERRED COMPENSATION

EMPLOYEES DEFERRED COMPENSATION PROGRAM

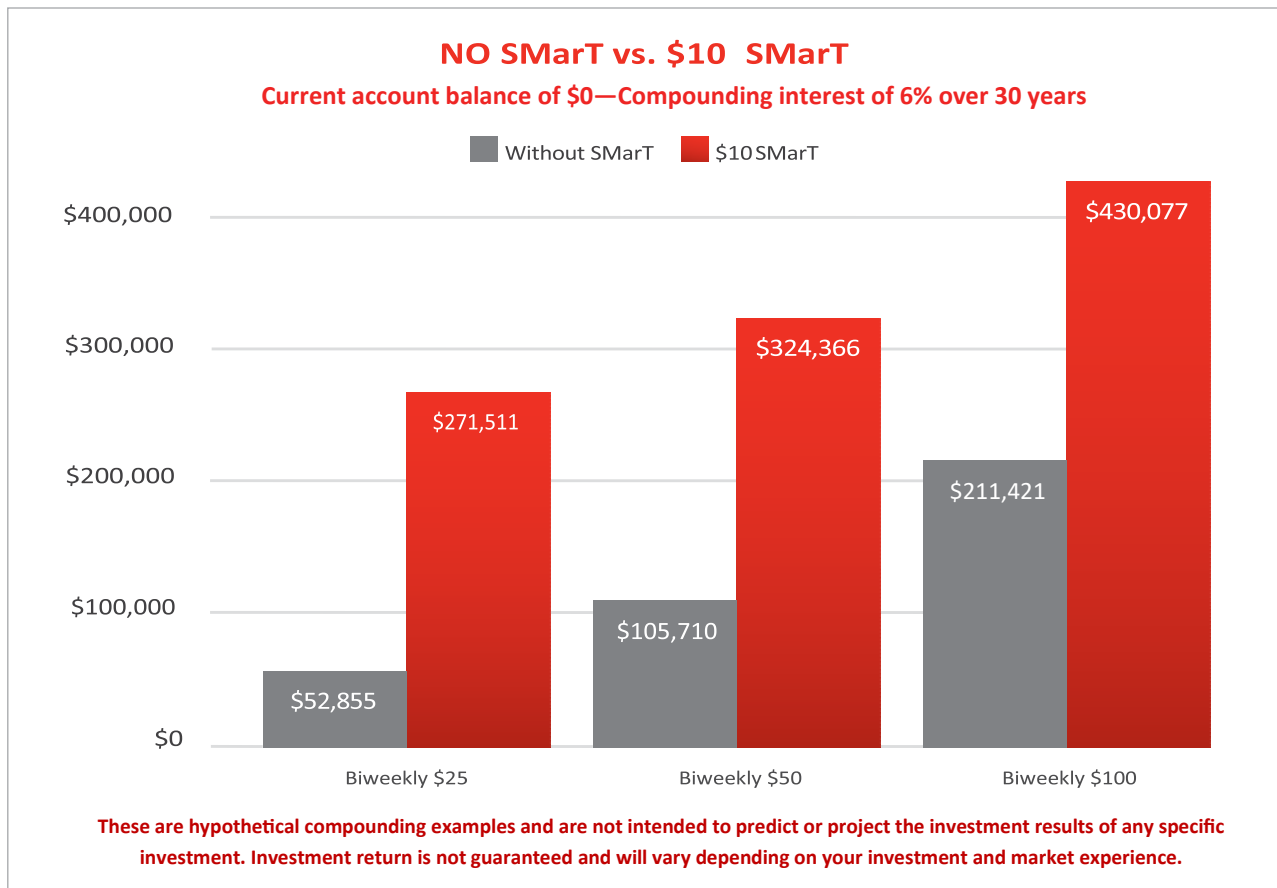
Ohio Deferred  
Compensation

EZ Enrollment Form

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

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

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

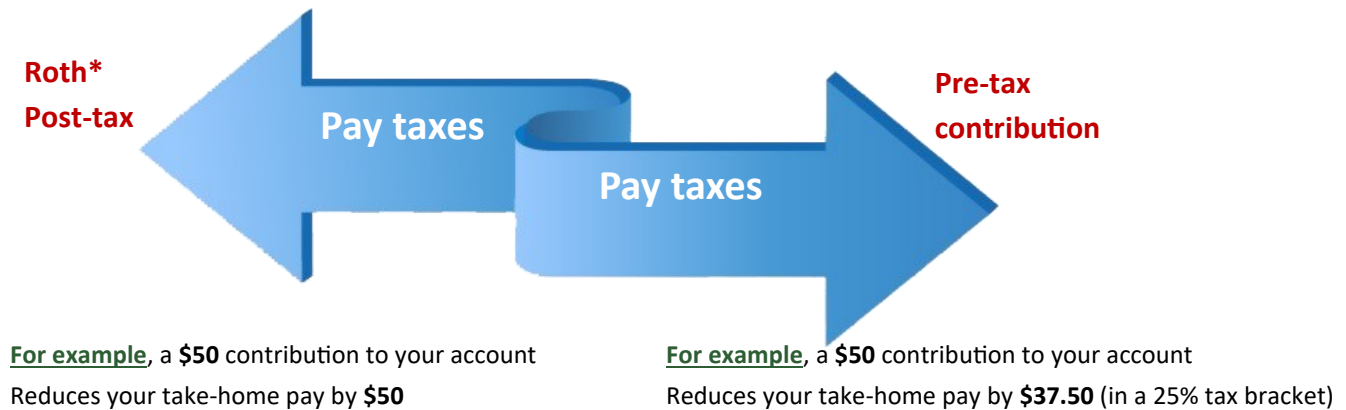


Enroll at [www.Ohio457.org](http://www.Ohio457.org)  
OR complete the reverse side

## What is a deferred compensation plan?

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

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



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

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

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

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

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

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

## What types of accounts can you combine?

### Transfer other 457 dollars or rollover dollars:

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

## How you can enroll:

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

877-644-6457

[www.Ohio457.org](http://www.Ohio457.org)

457 East Town Street, Suite 457  
Columbus, Ohio 43215



# Enroll at Ohio457.org or complete this form.



OHIO DEFERRED  
COMPENSATION

## Personal information (please print)

Last name First name M.I.

Address

City State Zip

Email

Work phone Personal phone

Birth date (mm/dd/yyyy) ☐ Male ☐ Female

Employer name

Department Pay days per year

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

Social Security number (required)

I acknowledge I have read the terms and conditions.

Signature Date (mm/dd/yyyy)

## Make your choice

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

☐ \$50 ☐ \$100 ☐ Other: \$ \_\_\_\_\_

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

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

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

## TURN IN TODAY!

Fax: 614-222-9457

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

## TERMS AND CONDITIONS

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

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

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

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

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



# Healthcare Advocacy Services

## ADVOCATES

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

### Our Healthcare Advocates will provide assistance with:

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

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

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



## This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

# Employee Benefits Guide

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



Washington Career  
Center

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



Brought To You By:

