



Employee Benefits Guide

PLAN YEAR

July 1, 2025 - June 30, 2026

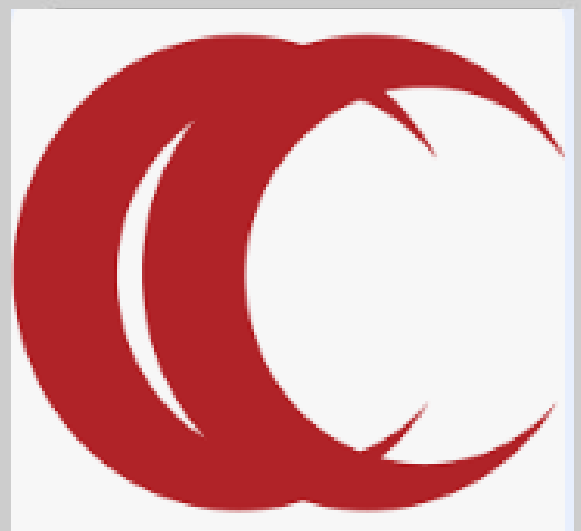


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Employee Benefits Guide Introduction

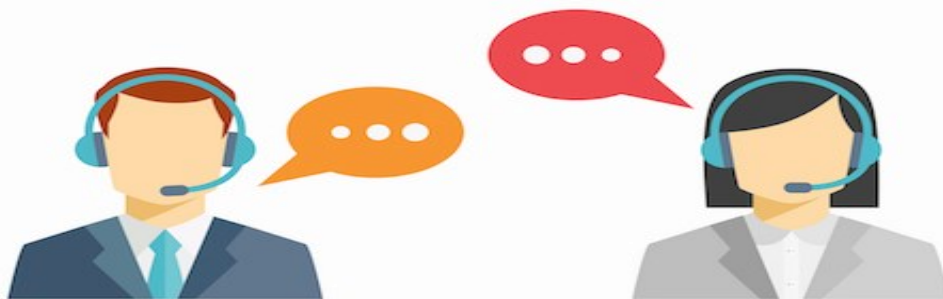
Welcome to your Employee Benefits Guide!

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



Contact Information

Jessie Hembree - j.hembree@schwendeman.com

Kris Davis - k.davis@schwendeman.com

Benefits	Provider	Website	Customer Service
Medical	Medical Mutual of Ohio	www.medicalmutual.com	(800) 382-5729
Dental	Delta Dental	www.deltadental.com	(614) 776-2300
Vision	VSP	www.vsp.com	(800) 877-7195
Group Life/ Voluntary Life & AD&D	AUL/OneAmerica	www.oneamerica.com	(800) 553-5318
Health Savings Account	Peoples Bank Or Citizens Bank	www.peoplesbankcorp.com www.citizens.com	(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	Employee Contribution Per Pay
Employee Only	\$47.73
Family	\$121.23

Dental

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

Vision

Standard Plan	Employee Contribution
Employee Only	\$0
Family	\$0

Buy-Up Option	Employee Contribution Per Pay
Employee Only	\$3.27
Family	\$3.27

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

Employees enrolled in the medical plan with single coverage will receive an employer contribution of \$85.00 per pay, and family coverage will receive an employer contribution of \$170 per pay.

The maximum amount (including employer contributions) you can deposit into your account for 2025 is \$4,300 if you have single coverage and \$8,550 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 2026 this will be increasing to \$4,400 single and \$8,750 for family coverage. "Catch-up" contributions for 55 or older remains \$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.

Medical Benefit Summary HDHP

Administered by: Medical Mutual of Ohio

Medical Benefits	In-Network	Out-of-Network
Deductible		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Coinsurance	0%	30%
Out-of-Pocket Maximum		
Single	\$4,000	\$12,000
Family	\$8,000	\$24,000
Physician Office Visit		
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
Hospital Services		
Inpatient Hospitals	Deductible then covered at 100%	Deductible then 30% Coinsurance
Outpatient Hospital	Deductible then covered at 100%	Deductible then 30% Coinsurance
Emergency Services		
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
Mental Health/Substance Abuse		
Inpatient Mental Health	Benefits paid based on corresponding medical benefit	Benefits paid based on corresponding medical benefit
Outpatient Mental Health		
Other Services		
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

Medical Mutual Flyers and Programs

Upgraded Access to Your Health Benefits

The re-designed MedMutual Mobile App

We've made managing your Medical Mutual health plan simpler and more convenient with our re-designed and re-imagined MedMutual mobile app.

Review your claims and EOBs

You can even see a breakdown of each claim to help you clearly understand your benefits and responsibilities.

View your ID cards

Email or fax your ID card to a provider right from your mobile device.

Keep track of costs

View your deductible, coinsurance, copays, and maximum out-of-pocket costs.

Find care and estimate costs

Locate providers in your network, view their ratings and compare costs for tests and procedures.

Manage your prescriptions

Instantly check, order, and track all your prescriptions with fast home delivery.

Pay your premium

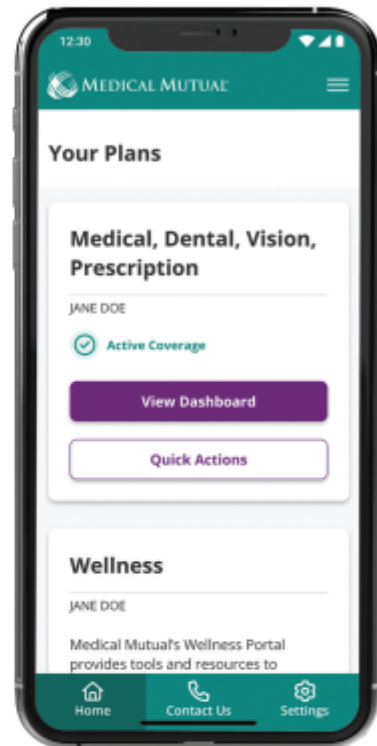
If your monthly premium isn't automatically deducted from your paycheck, experience secure and hassle-free payments through the mobile app.

Engage with your wellness

Our wellness portal includes an array of articles, videos, and online courses to help you maintain or achieve better health.

Download & sign up today!

Search MedMutual in the [Apple App Store](#)® or [Google Play](#)® and easily create an account with our step-by-step instructions.



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Telehealth Services

Connect Anywhere with a Healthcare Provider

Telehealth appointments allow you to connect with a healthcare provider and obtain needed care through live video chats using a computer or mobile device.

Telehealth Services Available to You

To see what services are available and covered under your plan, check your benefits in My Health Plan or call Customer Care using the number on your ID card.

MinuteClinic Virtual Care

MinuteClinic® offers virtual healthcare visits for adults and children 18 months and older. You can get convenient care within minutes, 24 hours a day, seven days a week, including holidays. MinuteClinic Virtual Care offers care for the following conditions and more:

- Minor illnesses, like colds, the flu, seasonal allergies and sinus infections
- Minor injuries, like bug bites, sprains and strains
- Skin conditions, like eczema and rashes
- Women's services, like urinary tract infections (UTIs) and birth control consultations
- Medication refills

Go to MinuteClinic.com/VirtualCare to learn more and get started.

SonderMind®

SonderMind offers fast and convenient access to high-quality mental healthcare. With their easy-to-use portal, you can schedule either virtual or in-person sessions, message your therapist, submit payments and view your progress over time. Therapy is available for individuals, couples and families of all ages, with over 40 specialties and 60 treatment approaches to meet your unique needs.

Go to Sondermind.com to learn more and get started.

You can also easily access these services through your My Health Plan account at MedMutual.com/member.



MEDICAL MUTUAL

WeightWatchers

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 WW.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.

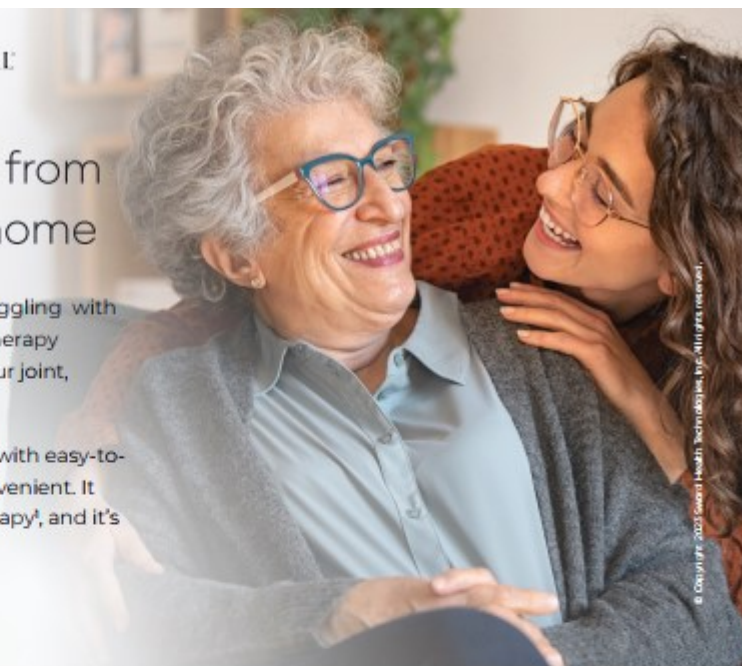
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Relieve aches + pain from the comfort of your home

Tired of chronic pain or loss of mobility? Struggling with discomfort? Meet Sword, a digital physical therapy program designed to help you overcome your joint, back or muscle pain—all from home.

Combining licensed physical therapists (PT) with easy-to-use technology, Sword is more than just convenient. It can be as effective as in-person physical therapy¹, and it's available to you at no additional cost.



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Here's how it works



Pick Your PT

Thanks to your dedicated PT, your Sword program is entirely customized to you, your goals and your abilities.



Get Your Sword Kit

Your kit comes with your own tablet, and will provide you and your PT with real-time feedback.



Stay Connected

Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.



Feel the Relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

Pain doesn't wait. Why should you?
Enroll today to get started!

join.swordhealth.com/medmutual/register



Available to you and eligible family members 13+ at no additional cost as part of Medical Mutual's Chronic Condition Management Program.

¹ Correia, F. D., Nogueira, A., Magalhães, I., et al. (2018). Home-based rehabilitation with a novel digital biofeedback system versus conventional in-person rehabilitation after total knee replacement: A feasibility study. *Scientific Reports*, 8(1). <https://doi.org/10.1038/s41598-018-29668-0>

Prescription Drug Coverage Summary

Administered by: Express Scripts

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	Deductible then Covered at 100%	No Coverage
Preferred- Tier 2	Deductible then Covered at 100%	No Coverage
Non-Preferred- Tier 3	Deductible then Covered at 100%	No Coverage
Specialty- Tier 4	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)
Emergency Palliative Treatment (Every 24 months)	
Basic Services	
Full Mouth X-rays (Every 36 months)	Laboratory Test
Fillings (Amalgam, Anterior, Posterior, etc.)	Endodontics Services/Root Canal Therapy
Repairs (Dentures, Bridgework, Crowns, etc.)	Periodontal Services
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.	

Vision Benefit Summary

Administered by: VSP

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through WASHINGTON COUNTY JVS. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network:

VSP Signature

Effective Date:

07/01/2025



BENEFIT	DESCRIPTION	COPAY
Base Coverage with a VSP Doctor		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every 24 months 	\$20 for exam and glasses Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$140 Featured Frame Brands allowance \$120 frame allowance 20% savings on the amount over your allowance Every 24 months 	Combined with exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 24 months 	Combined with exam
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every 24 months 	\$0 \$80 - \$90 \$120 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 24 months 	Up to \$60

BENEFIT	DESCRIPTION	COPAY
Buy Up Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every 12 months 	\$20 for exam and glasses Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
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ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing*. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values.

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.



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
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 are met).

**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 up to a maximum of \$300,000 (Guarantee Issue: \$200,000)
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. (Restrictions may apply, refer to your certificate of benefits)
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 condition, as defined by the plan.

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 14th day 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.

THE NEW WASHINGTON COUNTY CAREER CENTER PORTAL IS NOW LIVE!



SCAN HERE



This Benefits/HR portal is available for employees to access important plan details, contact information, and helpful forms 24/7.

To login, use the following link:

<https://careercenterwellness.schwendemanbenefits.com/>

EASY ANSWERS TO YOUR BENEFITS AND HR QUESTIONS



Insurance Election Form

January 1, 2026 through December 31, 2026

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, 2025**

Health Insurance Election

Effective **January 1, 2026** 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, 2025** 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 1st. Insurance renewal rates go into effect July 1st 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, 2026** and that I cannot make a change in plan designs until the next enrollment period, which is **January 1, 2027** (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.**

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, 2025 through December 7, 2025**. 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 15th and December 7th**.

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.



OHIO DEFERRED COMPENSATION

EMPLOYEES DEFERRED COMPENSATION PROGRAM

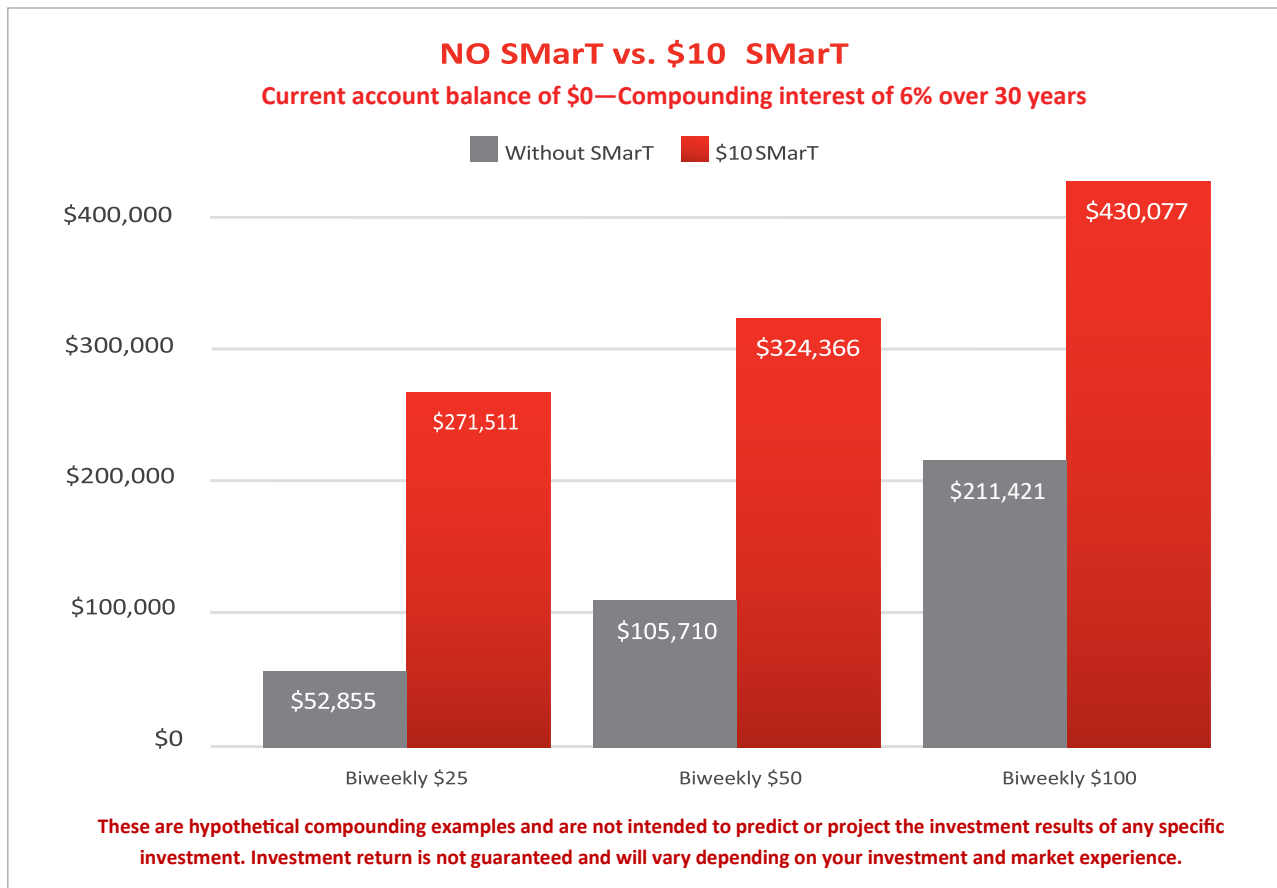
Ohio Deferred
Compensation

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.

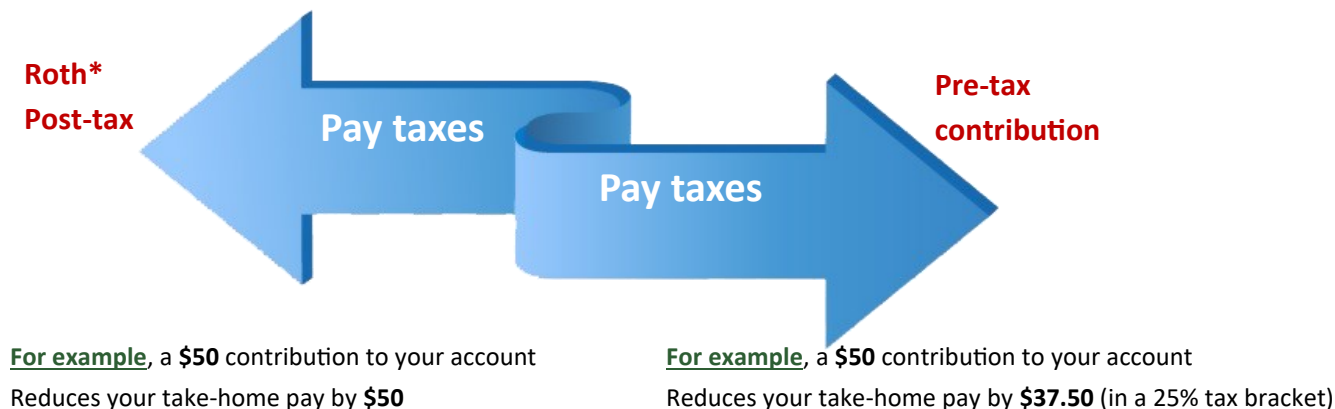


Enroll at www.Ohio457.org
OR complete the reverse side

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

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 single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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



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