



**Mansfield City Schools**



# **2019 Benefits Guide**



# Welcome to your 2019 Benefit Enrollment!

## What Your Benefits Can Do for You!

### What's in the Guide?

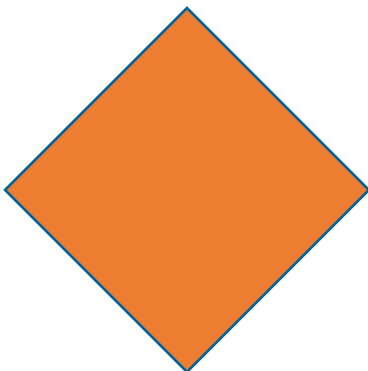
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Here at Mansfield City Schools we strive to offer a wide range of benefits to fully meet your needs. We offer a comprehensive insurance program and this brief guide will give you an overview of many benefits that we offer.

Eligibility for the following benefits begins on the 60th day of employment.

Medical	Dental
Vision	Life/AD&D
Short Term Disability	Long Term Disability
Universal Life with Long Term Care	Critical Illness
Voluntary Supplemental	Accident

Should you have any questions or require more information, please contact your Treasurers Office or visit the Treasurers Office benefits section on The Pace.



# Enrollment Process

Mansfield City Schools provides electronic enrollment through Explain My Benefits. Explain My Benefits provides eligible employees the ability to make group insurance benefit elections and changes online during the annual open enrollment, new hire orientation and qualifying events.

Enrollment has never been easier. Accessible 24 hours a day, information about all of your employee benefits election options, including premiums and carrier contact information, are also available to help you make informed decisions.

You can also log into the Explain My Benefits portal at anytime to review your benefits, access carrier links, update our personal information for yourself and dependents, update your beneficiaries and process qualifying life events.

## How to Enroll

### Self-Service



- ◆ Visit [www.explainmybenefits.com/mansfield](http://www.explainmybenefits.com/mansfield), click on the orange “Log into Your Benefit System” button and move through the enrollment system at your own pace. **Login information is on page 4.**
- ◆ Be sure to click “submit” at the end of the process and make note of your confirmation number. If you do not receive a confirmation number you have not completed your enrollment and you will not be enrolled in your benefits.
- ◆ Return to the system anytime and click your confirmation number to view your confirmation statement.

## Reminders

- ◆ Be sure to review the 2019 Benefit Guide and plan summaries **prior** to going through the enrollment process
- ◆ Be prepared by gathering dependent and beneficiary information (i.e. Social Security Numbers and Dates of Birth)

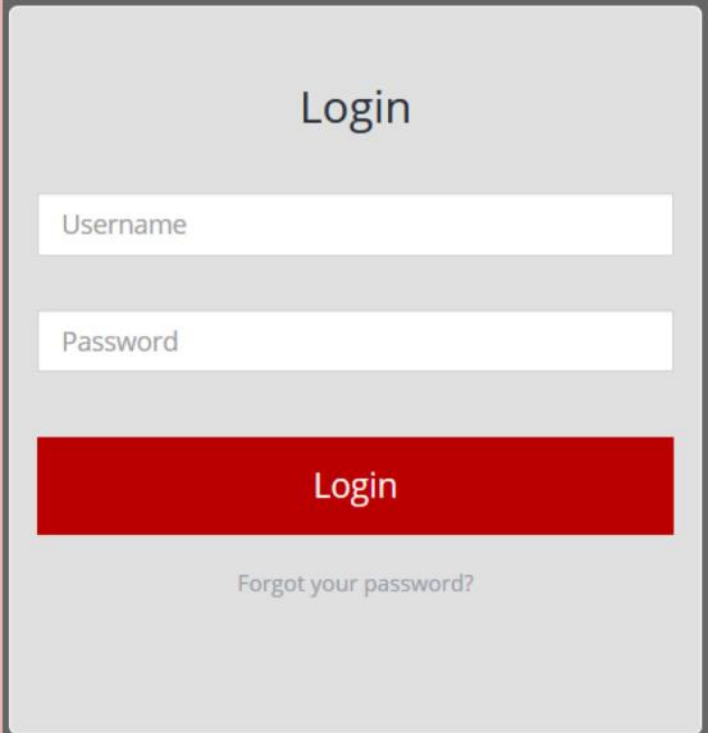
# Login Information

## ACCESSING EMB ENROLL

Access your company's *Benefit Resource Website* and select "*Log Into Your Benefit System*"

### Create a New Account

1. Enter User Name  
**1st Initial of First Name AND  
Up to the 1st Six Characters of your Last  
Name AND  
Last 4 of SSN**  
**Example: Tim Johnson SSN 1234 =  
tjohnso1234**
2. Enter Password  
Date of Birth (YYYYMMDD) and click Login
3. Select "**Get Started**" from the middle  
section of the screen
4. Confirm your information along with  
dependents
5. Shop for your insurance benefits



The screenshot shows a login interface with the following elements:

- A title "Login" centered at the top.
- A text input field labeled "Username".
- A text input field labeled "Password".
- A large red button labeled "Login".
- A link labeled "Forgot your password?" below the button.

# Mobile App

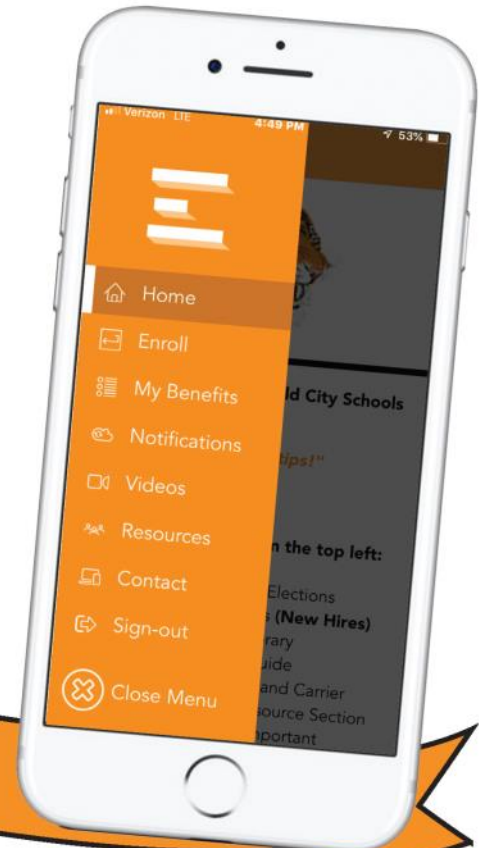


## NEW! BENEFITS ENROLLMENT APP

**Mansfield City Schools** has provided you a brand new app to manage your benefits that allows you to:

- ✓ **Enroll in your benefits from your phone**
- ✓ **View your current benefits**
- ✓ **Watch benefit education videos, review benefit guides and plan summaries**
- ✓ **Receive important message notifications about your benefits**

**Benefits at your fingertips!**



### TO DOWNLOAD:

1. Visit the Apple or Android App Store
2. Search for: **Explain My Benefits**
3. Download the free app!
4. Enter company code: **mcs**



# Medical & Prescription Drug

## Sub-Group Section 202

- In-Network Preventive Care will be covered in full by Medical Mutual.
- Out of Network Preventive care remains unchanged—please consult the Summary Plan Description for full details of this plan

Medical Mutual of Ohio	In-Network	Out of Network
<b>Annual Deductible</b>		
Individual	\$200	\$200
Family	\$400	\$400
Coinsurance	20%	30%
<b>Annual Out of Pocket Maximum includes deductible, coinsurance and copays</b>		
Individual	\$1,050	\$1,050
Family	\$2,100	\$2,100
<b>Physician Visit</b>		
Primary Care	\$8 Copay	Deductible + 30%
Specialist	\$8 Copay	Deductible + 30%
True Emergency Room Visit	Deductible + 20%	Deductible + 20%
Non True Emergency Room Visit	Deductible + 20%	Deductible + 30%
Urgent Care	Deductible + 20%	Deductible + 30%
<b>Prescription Drugs</b>	<b>Retail (30 Day Supply) Requires Mandatory Mail Order after 3rd fill</b>	
Generic	20%- minimum of \$5	Member pays cost at pharmacy and is reimbursed 75% of allowed amount less any applicable copay
Brand with no Generic available	20%- minimum of \$5	
Brand with Generic available	20% -minimum of \$5 + difference between Brand and Generic	
<b>Prescription Drugs</b>	<b>Mail Order ( 90 Day Supply)</b>	
Generic	20%- minimum of \$5	Not Covered
Brand with no Generic available	20%- minimum of \$5	Not Covered
Brand with Generic available	20% -minimum of \$5 + difference between Brand and Generic	Not Covered

# Medical & Prescription Drug

## Sub-Group Section 206

- In-Network Preventive Care will be covered in full by Medical Mutual
- Out of Network Preventive Care remains unchanged– please consult the Summary Plan Description for full details of this plan

Medical Mutual of Ohio	In-Network	Out of Network
<b>Annual Deductible</b>		
Individual	\$200	\$200
Family	\$400	\$400
Coinsurance	15%	20%
<b>Annual Out of Pocket Maximum includes deductible, coinsurance and copays</b>		
Individual	\$1,050	\$1,050
Family	\$2,100	\$2,100
<b>Physician Visit</b>		
Primary Care	Deductible + 15%	Deductible + 20%
Specialist	Deductible + 15%	Deductible + 20%
True Emergency Room Visit	Deductible + 15%	Deductible + 15%
Non True Emergency Room Visit	Deductible + 15%	Deductible + 20%
Urgent Care	Deductible + 15%	Deductible + 20%
<b>Prescription Drugs</b>	<b>Retail (30 Day Supply) Requires Mandatory Mail Order after 3rd fill</b>	
Generic	20%- minimum of \$5	Member pays cost at pharmacy and is reimbursed 75% of allowed amount less any applicable copay
Brand with no Generic available	20%- minimum of \$5	
Brand with Generic available	20% -minimum of \$5 + difference between Brand and Generic	
<b>Prescription Drugs</b>	<b>Mail Order ( 90 Day Supply)</b>	
Generic	20%- minimum of \$5	Not Covered
Brand with no Generic available	20%- minimum of \$5	Not Covered
Brand with Generic available	20% -minimum of \$5 + difference between Brand and Generic	Not Covered

# Medical only

## Sub-Group Section 204 / 304

- In-Network Preventive Care will be covered in full by Medical Mutual
- Out of Network Preventive Care remains unchanged –please consult the Summary Plan Description for full details of this plan

Medical Mutual of Ohio	In-Network	Out of Network
<b>Annual Deductible</b>		
Individual	\$200	\$200
Family	\$400	\$400
Coinsurance	20%	30%
<b>Annual Out of Pocket Maximum includes deductible, coinsurance and copays</b>		
Individual	\$1,050	\$1,050
Family	\$2,100	\$2,100
<b>Physician Visit</b>		
Primary Care	\$8 Copay	Deductible + 30%
Specialist	\$8 Copay	Deductible + 30%
True Emergency Room Visit	Deductible + 20%	Deductible + 20%
Non True Emergency Room Visit	Deductible + 20%	Deductible + 30%
Urgent Care	Deductible + 20%	Deductible + 30%
<b>Prescription Drugs</b>	<b>This Medical Plan does not include Prescription Drug Coverage.</b>	



# Medical only

## Sub-Group Section 208 / 308

- In-Network Preventive Care will be covered in full by Medical Mutual
- Out of Network Preventive Care remains unchanged—please consult the Summary Plan Description for full details of this plan

Medical Mutual of Ohio	In-Network	Out of Network
<b>Annual Deductible</b>		
Individual	\$200	\$200
Family	\$400	\$400
Coinsurance	15%	20%
<b>Annual Out of Pocket Maximum includes deductible, coinsurance and copays</b>		
Individual	\$1,050	\$1,050
Family	\$2,100	\$2,100
<b>Physician Visit</b>		
Primary Care	Deductible + 15%	Deductible + 20%
Specialist	Deductible + 15%	Deductible + 20%
True Emergency Room Visit	Deductible + 15%	Deductible + 15%
Non True Emergency Room Visit	Deductible + 15%	Deductible + 20%
Urgent Care	Deductible + 15%	Deductible + 20%
<b>Prescription Drugs</b>	<b>This Medical Plan does not include Prescription Drug Coverage.</b>	

# Medical & Prescription Drug

## Sub-Group Section 501 / 502—High Deductible Health Plan with Health Savings Account

- In-Network Preventive Care will be covered in full by Medical Mutual
- Please consult the Summary Plan Description for full details of this plan
- District contributes to your Health Savings Account when you participate in Wellness

Medical Mutual of Ohio	In-Network	Out of Network
<b>Annual Deductible</b>		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance	0%	30%
<b>Annual Out of Pocket Maximum includes deductible and coinsurance</b>		
Individual	\$2,500	\$6,550
Family	\$5,000	\$13,100
<b>Physician Visit</b>		
Primary Care	0% after deductible	Deductible + 30%
Specialist	0% after deductible	Deductible + 30%
<b>True Emergency Room Visit</b>		
True Emergency Room Visit	0% after deductible	0% after deductible
<b>Non True Emergency Room Visit</b>		
Non True Emergency Room Visit	0% after deductible	Deductible + 30%
<b>Urgent Care</b>		
Urgent Care	0% after deductible	Deductible + 30%
<b>Prescription Drugs</b>		
<b>Retail (30 Day Supply)</b>		
Generic	0% after deductible	Member pays cost at pharmacy and is reimbursed 75% of allowed amount less any applicable copay
Brand with no Generic available	0% after deductible	
Brand with Generic available	0% after deductible	
<b>Prescription Drugs</b>		
<b>Mail Order ( 90 Day Supply)</b>		
Generic	0% after deductible	Not Covered
Brand with no Generic available	0% after deductible	Not Covered
Brand with Generic available	0% after deductible	Not Covered

For Family contracts, the Family Deductible must be satisfied by all members covered under the Family Contract. There is no embedded Single Deductible if you are enrolled as a Family Contract.

# Prescription Drug Only Plan

## Sub-Group Section 210

- This Sub-Group is Prescription Only coverage. There are no Medical benefits under this Plan
- Please consult the Summary Plan Description for full details of this plan

Medical Mutual of Ohio	In-Network	Out of Network
Prescription Drugs	Retail (30 Day Supply) Includes Mandatory Mail Order after 3rd fill	
Generic Brand with no Generic available Brand with Generic available	-Greater of 20% or \$5 -Greater of 20% or \$5 + difference between Brand and Generic -Greater of 20% or \$5 + difference between Brand and Generic	-Greater of 20% or \$5 -Greater of 20% or \$5 + difference between Brand and Generic -Greater of 20% or \$5 + difference between Brand and Generic
Prescription Drugs	Mail Order ( 90 Day Supply)	
Generic Brand with no Generic available Brand with Generic available	-Greater of 20% or \$5 -Greater of 20% or \$5 + difference between Brand and Generic -Greater of 20% or \$5 + difference between Brand and Generic	Not Covered Not Covered Not Covered

# Dental

Regular oral health care is an important to your overall health, and we encourage you to get 2 exams & cleanings every year. Dental exams can also detect early signs of disease, such as diabetes, ulcers, heart disease, and even prevent premature birth.

Medical Mutual of Ohio	
Deductible (Calendar Year)	\$25 Single/ \$50 Family
Annual Maximum (per covered Person)	\$1,500
<b>Preventive Services</b> Cleaning & Exam (2 per benefit period) X-Rays Topical Fluoride Space Maintainers (children under 19)	100% (Deductible does NOT apply)
Deductible Applies then You Pay	
<b>Essential Services</b> Fillings Endodontics (root canal) Periodontics (gum disease) Extractions Prosthetic Repairs	20%
<b>Major Services</b> Dentures Crowns Bridges	50%
Orthodontics (Children to age 19)	50% - deductible does not apply
Orthodontia Lifetime Maximum	\$850



# Vision

## Vision Benefits administered by VSP; Signature Network

An annual eye exam is recommended every year.

As we age, our vision needs change and you should not go longer than 2 years without an exam. Vision Exams are an early detector of high blood pressure, cholesterol, glaucoma and diabetes.

	In-Network	Out of Network Reimbursement
Exam Copay	\$10	Up to \$50
Materials Copay	Combined with Exam	N/A
<b>Lenses &amp; Frames (Standard per pair)</b>		
Single Vision	100%	Up to \$50
Bifocal	100%	Up to \$75
Trifocal	100%	Up to \$100
Lenticular	100%	Up to \$125
Frames	\$120 retail allowance, then 80% over the balance	Up to \$70
<b>Contact Lenses</b>		
Medically Necessary	Covered in Full	Up to \$210
Elective	\$105 allowance	Up to \$105
<b>Service Frequency</b>		
Comprehensive Exam		12 Months
Lenses		24 Months
Frames		24 Months
Contact Lenses		24 Months

### Did You Know?

You can find a vision provider by visiting [www.vsp.com](http://www.vsp.com) and searching the Signature Network.

When you have questions about your VSP Vision benefits, please call 1-800-877-7195 to reach a VSP customer service rep.



# Voluntary Benefits

## What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership - Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- *Cash benefits are paid directly to you, not to a hospital or a doctor*
- *Benefits are paid regardless of any other coverage you may have*
- Level premiums - Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out-of-pocket medical costs and other bills



The Voluntary Benefits are being offered through **Trustmark**.

## Accident Plan



A plan, through Trustmark Insurance, that helps pay for the unexpected expenses that result from an accident.

### 24 Hour Coverage

Family coverage available  
Sports related injuries covered as well

Just a few examples of benefits included in the plan:

- Emergency Room Visits - \$200
- Hospitalization - \$2,000 admission benefit, \$400 per day benefit
- Fractures - up to \$10,000
- Dislocations - up to \$8,000
- Accident Follow-up Treatment - \$100

See brochure for a complete list of benefits.

	Employee	Employee & Spouse	Employee & Child(ren)	Family
Per Month	18.48	28.24	34.36	44.16
Per Pay Period	9.22	14.12	17.18	22.08

# Voluntary Benefits

## Critical Health Events

Critical Illness coverage focuses on cancer, stroke and heart attack, to help cover medical and non-medical expenses. Pays partial benefit for early identification, full benefits for late-stage diagnosis. Early diagnosis benefit can provide funds to help prevent conditions from worsening. Replenishing benefit amount fully restores each calendar year with no lifetime maximum.












**Guaranteed Issue at Initial Offering**

**\$25,000 Employee / \$12,500 Spouse / \$2,500 Children**

### How the Product Works:

The product offers benefit for the entire scope of an illness—not one and done.

10% Benefit	50% Benefit	100% Benefit
 <b>Cancer</b> <ul style="list-style-type: none"> <li>Invasive basal/squamous cell skin cancer</li> <li>In situ cancer</li> <li>Benign brain, spinal cord and cranial nerve tumors</li> <li>Myelodysplastic syndrome</li> </ul>	 <b>Cancer</b> <ul style="list-style-type: none"> <li>Stage 1 melanoma</li> <li>Stage 1 or 2 cancers, no lymph node involvement</li> </ul>	 <b>Cancer</b> <ul style="list-style-type: none"> <li>Stage 3 or higher</li> <li>Stage 2 involving lymph nodes</li> <li>Melanoma stage 2 or higher</li> <li>Stage 1 or higher: pancreas, esophagus, leukemia, lung, liver, biliary tract, head and neck, lymphoma, multiple myeloma</li> </ul>
 <b>Coronary Artery disease</b> <ul style="list-style-type: none"> <li>Initial diagnosis after a non-invasive assessment and recommended treatment</li> </ul>	 <b>Coronary Artery Disease</b> <ul style="list-style-type: none"> <li>Coronary artery obstruction</li> <li>Heart attack when clinically diagnosed</li> </ul>	 <b>Coronary Artery Disease</b> <ul style="list-style-type: none"> <li>Heart Attack</li> </ul>
 <b>Cerebral Vascular Disease “mini-stroke”</b> <ul style="list-style-type: none"> <li>Transient Ischemic Attack (TIA) including Reversible Ischemic Neurologic Deficit (RIND)</li> </ul>	 <b>Cerebral Vascular Disease</b> <ul style="list-style-type: none"> <li>Stroke with less than 30 days impairment</li> <li>Stroke when clinically diagnosed</li> </ul>	 <b>Cerebral Vascular Disease</b> <ul style="list-style-type: none"> <li>Stroke with at least 30 days impairment</li> </ul>

Most plans **DON'T** cover these conditions.

**Rates:** This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. See brochure for more details. **Your specific rate will be calculated for you in the electronic enrollment system.**

# Basic Life and AD&D Insurance

**Life Insurance** provides an important benefit for your family if you or a covered family member pass away.

Benefits help supplement your income when that income is lost, and can help pay medical bills, home mortgage, the cost of college tuition, and more. Basic Life and Accidental Death & Dismemberment coverage is offered through OneAmerica.

## Life Insurance at no cost to you!

You will automatically be enrolled in the Basic Life & AD&D Insurance Plan and Mansfield Schools will pay the full cost of this coverage for you!

**Your benefit** is based on your job classification. If you feel like you need additional life insurance protection, you have the opportunity to purchase more for yourself, your spouse, and your child(ren).

## Accidental Death & Dismemberment (AD&D)

Accidental Death and Dismemberment (AD&D) insurance provides a specified benefit for a covered accidental bodily injury that directly causes dismemberment (the loss of a hand, foot, or eye).

In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable.

## Beneficiary

It is **IMPORTANT** that you check to be sure your **beneficiaries are up to date**.

If you would like to verify your current beneficiary or make any changes, please log into the enrollment system.

# Voluntary Life and AD&D Insurance

**Employer sponsored Term Life is the most affordable protection you can buy.** If you recently had a baby or adopted, got married or divorced, or purchased a home, chances are your life insurance coverage needs adjusted. You can purchase additional Life Insurance and Accidental Death & Dismemberment through Pre-Tax payroll deduction. Voluntary Life and Accidental Death & Dismemberment offered through OneAmerica.

Life/AD&D insurance give you peace of mind that the people you love will be financially secure if something happens to you. It lets your survivors focus on what they need to do, without the added stress of making ends meet.

## How much can I get?

### Employee:

You may purchase in \$10,000 increments up to 5x your basic annual earnings to a maximum of \$300,000.

### Spouse:

You may purchase for your spouse no more than 50% of your elected amount in \$5,000 increments up to \$150,000.

### Child(ren):

This benefit is \$10,000 for children age 6 months to 19 years (25 years if a full time student) and \$250 for children 14 days to 6 months. The cost is \$2.00 per month.

### Guarantee Issue (applies to new hires only):

Employee - \$150,000 (under age 70)

Spouse - \$30,000 if employee is under age 60.

An Evidence of Insurability (EOI) form will be required for additional amounts of coverage.

**NOTE:** Age reductions apply; please see the benefit Certificate of Coverage for details.



# Trustmark Universal Life with Long Term Care

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



- Trustmark Universal Life with Long Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- The Universal Life with Long Term Care is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care never reduces and is 4% of the original death benefit per month for up to 25 months.
- If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.
- Coverage available for spouse and children as well.

Special Underwriting for Initial Offereing

Guaranteed Issue (Employee Only)

The lesser of the face amount purchased up to \$100,000

Life with Long Term Care example: \$100,000 Death Benefit

	Before Age 70	After Age 70
Long Term Care Benefit (LTC): Pays a monthly benefit equal to 4% of your death benefit for up to 25 months.	\$100,000	\$100,000
Benefit Restoration:	\$100,000	\$33,333
Total Maximum Benefit:	\$200,000	\$133,333

## Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Your specific rate will be calculated for you in the electronic enrollment system.

# Voluntary Supplemental Life Insurance

Mansfield City Schools offers another option for you to purchase Life Insurance for you and your dependents through The Standard.



## Voluntary Supplemental Term Life

You also have the opportunity to purchase supplemental term life coverage for yourself, spouse and dependent children. Please note that dependent children include unmarried adopted, natural or stepchildren age 14 days to age 20 (24 if a full- time student).

### Employee:

You may purchase coverage in \$10,000 increments up to a maximum of \$100,000.

### Spouse:

You may purchase coverage for your spouse up to 100% of your elected amount in \$10,000 increments up to a maximum of \$100,000.

### Child(ren):

You may purchase coverage for your child(ren) in amounts of \$5,000 or \$10,000,

### Guaranteed Issue

Employee - \$100,000    Spouse - \$100,000    Child(ren) - \$10,000

*Guaranteed Issue is only for employees enrolling within the initial eligibility enrollment period.*

*\*An Evidence of Insurability (EOI) form will be required for amounts over the Guaranteed Issue or if enrolling or making changes after the initial enrollment period. Coverage is subject to approval by The Standard.*

# Short Term Disability

## Things to Think about

- What is *Short Term* Disability Insurance?
- How does the benefit work?
- How would you maintain your lifestyle if your paycheck were reduced due to sickness or injury?

## What is Short Term Disability Insurance?

Short Term Disability Insurance helps protect your income for a short duration. If you become disabled and are unable to work, disability insurance can help replace some of your lost income, help you pay bills and protect your long-term savings.



## Group Worksite Disability Insurance Options – Short Term

<b>Class Description:</b>	All Eligible Full-Time Employees <sup>1</sup>			
<b>Required Minimum Number of Hours Worked:</b>	17 hours weekly			
<b>Employer Contribution Percentage:</b>	0%			
<b>Participation Requirement:</b>	Greater of 10 insured employees or 25% of all eligible employees			
<b>Features</b>	<b>STD Option 1</b>	<b>STD Option 2</b>	<b>STD Option 3</b>	<b>STD Option 4</b>
<b>Injury Elimination Period:</b>	30 Days	7 Days	30 Days	7 Days
<b>Sickness Elimination Period:</b>	30 Days	7 Days	30 Days	7 Days
<b>Maximum Benefit Duration:</b>	22 Weeks	26 Weeks	22 Weeks	26 Weeks
<b>Benefit Percentage:</b>	60%	60%	40%	40%
<b>Maximum Weekly Benefit:</b>	\$2,500			
<b>Pre-Existing Condition Exclusion:</b>	3/6			
<b>Total Disability Definition:</b>	Regular Job			
<b>Partial Disability Benefit:</b>	Proportionate Loss			
<b>Residual Benefit:</b>	Yes			

Your specific rate will be calculated for you in the electronic enrollment system.



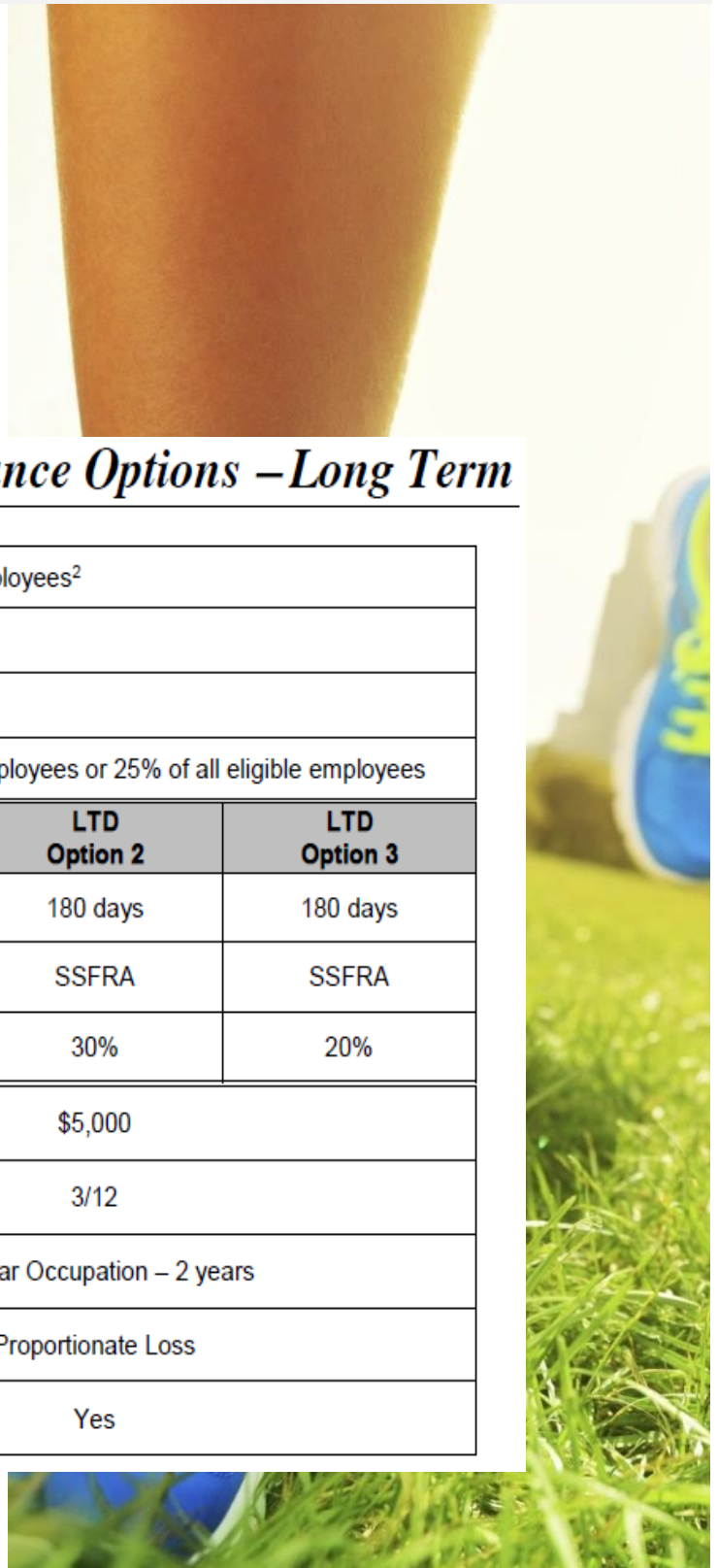
# Long Term Disability

## Things to Think about

- What is *Long Term* Disability Insurance?
- How does the benefit work?
- How would you maintain your lifestyle if your paycheck were reduced due to sickness or injury?

## What is Long Term Disability Insurance?

Long Term Disability Insurance helps safeguard your financial security by replacing a portion of your income while you are unable to work. LTD benefits are intended to protect your income for a long duration after you have depleted short-term disability or available paid time off. LTD will take effect if your accident or illness prevents you from returning to work beyond your Short Term Disability period.



## Group Worksite Disability Insurance Options – Long Term

<b>Class Description:</b>	All Eligible Full-Time Employees <sup>2</sup>		
<b>Required Minimum Number of Hours Worked:</b>	17 hours weekly		
<b>Employer Contribution Percentage:</b>	0%		
<b>Participation Requirement:</b>	Greater of 10 insured employees or 25% of all eligible employees		
<b>Features</b>	<b>LTD Option 1</b>	<b>LTD Option 2</b>	<b>LTD Option 3</b>
<b>Elimination Period:</b>	180 days	180 days	180 days
<b>Maximum Benefit Duration:</b>	SSFRA	SSFRA	SSFRA
<b>Benefit Percentage:</b>	40%	30%	20%
<b>Maximum Monthly Benefit:</b>	\$5,000		
<b>Pre-Existing Condition Exclusion:</b>	3/12		
<b>Total Disability Definition:</b>	Regular Occupation – 2 years		
<b>Partial Disability Benefit:</b>	Proportionate Loss		
<b>Residual Benefit:</b>	Yes		

Your specific rate will be calculated for you in the electronic enrollment system.

# Qualifying Life Events

Keep these things in mind as you have changes in your life.

The choices you make during Open Enrollment remain in effect until January 1, 2019. You cannot change coverage for yourself, or add or drop dependents during the year, unless you have a status change. If you need to make changes to your or any of your dependents' benefits throughout the year, you must do so within 30 days of the event. You can make changes by contacting your local HR Representative.

Examples of family status changes that allow you to change some of your benefits during the year include:

- Marriage or Divorce
- Death of your dependent child or spouse
- Change in your or your dependent's employment status that results in loss or gain of coverage
- Birth, adoption, or change in the custody of your child

## Important Contacts

Vendor	Phone	Website
Medical Mutual of Ohio (Medical and Dental)	800.521.6492	<a href="http://www.member.medmutal.com">www.member.medmutal.com</a>
Express Scripts	800.417.1961	
One America (Disability)	855.517.6365	<a href="http://www.oneamerica.com">www.oneamerica.com</a> Email: <a href="mailto:oneamerica.claims@customdisability.com">oneamerica.claims@customdisability.com</a>
One America (Life & ADD)	888.81.GRADY	<a href="http://www.oneamerica.com">www.oneamerica.com</a>
The Standard (Voluntary Life)	800-628-8600	<a href="http://www.standard.com">www.standard.com</a>
Vision Service Plan	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Voluntary Benefits</b> Trustmark	800-918-8877	<a href="http://www.trustmarksolutions.com">www.trustmarksolutions.com</a>
<b>Trustmark Claims Help</b> Explain My Benefits	888-734-6937, Option 3	<a href="mailto:service@explainmybenefits.com">service@explainmybenefits.com</a>



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#### **Benefit Guide Description**

*Please Note: This guide provides information regarding the Mansfield Schools benefit program. More detailed information is available from the plan documents and administrative contacts. The plans and policies stated in this information are not a contract or a promise of benefits of any kind, and therefore, should not be interpreted as such.*

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