



Groveport Madison Schools

**Benefits
Guide**



Improving Our Wellness Together

**20
16**

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In 2015 the Ohio House of Representatives passed H.B. 201, reducing the dependent eligibility age requirement to 26 for employer provided medical plans in Ohio. With the passage of H.B. 201, effective January 1, 2016, Groveport Madison will no longer cover dependents beyond the age of 26 End of Month for medical, vision or any other supplemental offerings. Please make adjustments as needed during your enrollment process.

WELCOME TO OPEN ENROLLMENT FOR YOUR 2016 BENEFITS!

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

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

www.explainmybenefits.biz/groveport

Enrollment Process!

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

When can I Enroll?

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

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

Anthem is the medical provider for Groveport Madison Schools.

Comprehensive healthcare provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Groveport Madison Schools.

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

	Blue Access (PPO) Plan 6		Blue Access (PPO) Option 10 Rx7 Plan 7	
	In Network	Out of Network	In Network	Out of Network
Deductible				
<i>Individual / Family</i>	\$0 / \$0	\$100 / \$200	\$250 / \$500	\$500 / \$1,500
<i>Coinsurance</i>	No Charge	20%	20%	40%
Out of Pocket Maximum				
<i>Individual / Family</i>	\$500 / \$1,000	\$1,000 / \$2,000	\$2,200 / \$4,400	\$4,400 / \$8,800
Doctor's Office				
Primary Care Visit	\$20 copay	20% after deductible	\$20 copay	20% after deductible
Specialist Visit	\$30 copay	20% after deductible	\$40 copay	20% after deductible
Preventive care /Screening / Immunization	No Charge	20% after deductible	No Charge	40% after deductible
Laboratory Services				
Diagnostic X-ray / Blood Work	No Charge	20% after deductible	No Charge	40% after deductible
Imaging (CT/PET scans, MRIs)	No Charge	20% after deductible	20% after deductible	40% after deductible
Outpatient Services				
Facility Fee (e.g. ambulatory surgery center)	No Charge	20% after deductible	20% after deductible	40% after deductible
Physician/Surgeon Fees (Outpatient)	No Charge	20% after deductible	20% after deductible	40% after deductible
Emergency Services				
Emergency Room Services	\$100 copay	\$100 copay	\$250 copay then 20% coinsurance	\$250 copay then 20% coinsurance
Emergency Medical Transportation	No Charge	No Charge	20% after deductible	20% after deductible
Urgent Care	\$35 copay	\$35 copay	\$75 copay	40% after deductible
Inpatient Hospital Services				
Facility Fee (e.g. hospital room)	No Charge	20% after deductible	20% after deductible	40% after deductible
Physician/Surgeon Fee (Inpatient)	No Charge	20% after deductible	20% after deductible	40% after deductible
Maternity Services				
Prenatal & Postnatal Care	No Charge	20% after deductible	20% after deductible	40% after deductible
Delivery and all inpatient services	No Charge	20% after deductible	20% after deductible	40% after deductible

	Blue Access (PPO) Plan 6		Blue Access (PPO) Option 10 Rx7 Plan 7	
	In Network	Out of Network	In Network	Out of Network
Mental Health/Behavioral Health/Substance Abuse Services				
Mental/Behavioral health outpatient services	Office Visit - \$20 copay Facility Visit - No Charge	20% after deductible	Office Visit - \$20 copay Facility Visit - 20% after deductible	40% after deductible
Mental/Behavioral health inpatient services	No Charge	20% after deductible	20% after deductible	40% after deductible
Substance use disorder outpatient services	Office Visit - \$20 copay Facility Visit—No Charge	20% after deductible	Office Visit - \$20 copay Facility Visit - 20% after deductible	40% after deductible
Substance use disorder inpatient services	No Charge	20% after deductible	20% after deductible	40% after deductible
Home Health/Rehabilitation Services				
Home Health Care	No Charge	20% after deductible	20% after deductible	40% after deductible
Rehabilitation Services	\$30 copay	20% after deductible	\$40 copay	40% after deductible
Habilitation Services	\$30 copay	20% after deductible	\$40 copay	40% after deductible
Skilled Nursing Care	No Charge	20% after deductible	20% after deductible	40% after deductible
Durable Medical Equipment	No Charge	20% after deductible	20% after deductible	40% after deductible
Hospice Service	No Charge	No Charge	No Charge	No Charge
Children's Dental or Eye Care				
Eye Exam	\$30 copay	20% after deductible	\$40 copay	40% after deductible
Glasses	Not Covered	Not Covered	Not Covered	Not Covered
Dental check-up	Not Covered	Not Covered	Not Covered	Not Covered
Prescription				
Generic Drugs Retail - 30 day supply Mail Order - 90 day supply	Retail - \$10 copay Mail Order - \$25 copay	50% coinsurance for Retail Mail Order - N/A	\$10 copay	50% coinsurance for Retail, min. \$40 Mail Order - N/A
Brand Name Formulary Retail - 30 day supply Mail Order - 90 day supply	Retail - \$20 copay Mail Order - \$50 copay	50% coinsurance for Retail Mail Order - N/A	Retail - \$25 copay Mail Order - \$65 copay	50% coinsurance for Retail, min. \$40 Mail Order - N/A
Brand Name Non-formulary and Specialty Drugs Retail - 30 day supply Mail Order - 90 day supply	Retail - \$30 copay Mail Order - \$75 copay	50% coinsurance for Retail Mail Order - N/A	Retail - \$40 copay Mail Order - \$120 copay	50% coinsurance for Retail, min. \$40 Mail Order - N/A
Specialty Drugs	N/A	N/A	25% coinsurance (\$200 max)	50% coinsurance for Retail, min. \$40 Mail Order - N/A



New for 2016!

What are Voluntary Benefits?

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

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

The Voluntary Benefits offered are **Accident Insurance and Universal Life with Long Term Care Insurance** from Trustmark.

Trustmark Accident Plan

A plan that helps pay for the unexpected expenses that result from an accident

- **On and off the job coverage** = 24 hours per day, 7 days a week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Room Visits - \$200
- Hospitalization - \$2,000 admission benefit, \$400 per day benefit
- Fractures - up to \$10,000
- Dislocations - up to \$8,000
- Health Screening Benefit - \$100 per insured per year
- See brochure for a complete list of benefits



SEMI-MONTHLY PAYROLL DEDUCTIONS

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

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

Basic Term Life and Accidental Death & Dismemberment

The amount of life insurance that is right for you depends on a variety of factors, including your age, family status, personal savings, financial commitments, etc. Groveport Madison Schools offers a variety of programs to meet your life insurance needs.

Groveport Madison Schools provides a basic life and accidental death and dismemberment (AD&D) insurance coverage, through **Prudential**, to all benefit eligible employees at no cost to the employee based on your contract.

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 Offering

Guaranteed Issue (Employee Only)

The lesser of the face amount purchased by \$20 per week or \$200,000

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates.





Voluntary Supplemental Term Life

You also have the opportunity to purchase supplemental coverage for yourself, spouse and dependent children. Please note that dependent children include unmarried adopted, natural or stepchildren age 14 days to age 19 (age 25 if unmarried and a full-time student).

You may elect Voluntary Life Insurance in increments of **\$10,000** to a maximum of **\$250,000**, not to exceed 3x covered annual salary. You may elect Voluntary Life Insurance on your spouse in increments of **\$5,000** to a maximum of **\$100,000**, not to exceed 50% of your Optional Life Benefit. You may also elect Voluntary Life Insurance on your child(ren) in the amount of **\$5,000 or 10,000**.

Guaranteed Issue Amount for New Hires ONLY

\$100,000 employee (not to exceed 3x annual salary) / \$20,000 spouse / \$10,000 children

COSTS FOR VOLUNTARY SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Age Band	Employee Life Monthly Rate per \$1,000	Spouse Life Monthly Rate per \$1,000	Age Band	Employee Life Monthly Rate per \$1,000	Spouse Life Monthly Rate per \$1,000
<25	\$0.043	\$0.071	50 - 54	\$0.233	\$0.341
25 - 29	\$0.053	\$0.091	55 - 59	\$0.393	\$0.541
30 - 34	\$0.063	\$0.101	60 - 64	\$0.543	\$0.971
35 - 39	\$0.083	\$0.111	65 - 69	\$0.973	\$1.651
40 - 44	\$0.103	\$0.141	70+	\$1.563	\$2.481
45 - 49	\$0.153	\$0.191			

	Child Life Monthly Rates
\$5,000	\$0.56
\$10,000	\$1.11

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

$$\begin{array}{ccccccc}
 \frac{.083}{\text{Monthly rate Per } \$1,000} & \times & \frac{50}{\text{\# of units}/\$1,000} & = & \frac{\$4.15}{\text{monthly premium}} & \times & \frac{12}{24} & = & \frac{\$2.08}{\text{Semi-Monthly Premium}}
 \end{array}$$

Short Term Disability

As an employee of Groveport Madison Schools, you are able to enroll in Short Term Disability (STD) coverage. STD coverage supplements your lost wages should you be unable to work due to an illness, injury or pregnancy. STD coverage begins after missing the specific elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period below.

There are two elimination period and benefit period options available to you:

Elimination Period for sickness, accident or pregnancy:

7 Days

Maximum Benefit Period:

26 Weeks

Elimination Period for sickness, accident or pregnancy:

30 Days

Maximum Benefit Period:

22 Weeks

Weekly Benefit: 60% of your weekly earnings to a maximum benefit of \$2,500

Pre-Existing Condition: Anything you received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicine prescribed or taken in the 3 months prior to your insurance effective date will not be covered for the first 6 months of the policy.

SEMI-MONTHLY COST CALCULATION FOR 7 DAY ELIMINATION PERIOD & 26 WEEK BENEFIT PERIOD

Example: Employee has a \$30,000 annual salary and wants to purchase short term disability

1. Weekly Earnings	\$576.92
2. Multiply by 60%	\$346.15
3. Determine Coverage (Round down to lower \$100)	\$300.00
4. Multiply by the premium factor	0.082
5. Your estimate monthly premium	\$24.60
6. Divide by 2 to get Semi-Monthly Deduction	\$12.30

SEMI-MONTHLY COST CALCULATION FOR 30 DAY ELIMINATION PERIOD & 22 WEEK BENEFIT PERIOD

Example: Employee has a \$30,000 annual salary and wants to purchase short term disability

1. Weekly Earnings	\$576.92
2. Multiply by 60%	\$346.15
3. Determine Coverage (Round down to lower \$100)	\$300.00
4. Multiply by the premium factor	0.050
5. Your estimate monthly premium	\$15.00
6. Divide by 2 to get Semi-Monthly Deduction	\$7.50

Long Term Disability

As an employee of Groveport Madison Schools, you are eligible to enroll in Long Term Disability (LTD) coverage. LTD coverage supplements your lost wages should you be unable to work due to an illness or injury. LTD coverage begins after missing the specified elimination period below due to a medically certified reason. Benefits are payable up to the specified benefit duration period below.

Elimination Period for sickness, accident or pregnancy: 180 days

Maximum Benefit Period: Age 65 or Social Security Normal Retirement Age

Monthly Benefit: 40% of your monthly earnings to a maximum benefit of \$5,000

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

SEMI-MONTHLY COST CALCULATION	
Example: A 35 year old employee has a \$32,000 annual salary and wants to purchase long term disability	
1. Monthly Earnings	\$2,666.66
2. Multiply by 40%	\$1,066.66
3. Determine Coverage (Round down to lower \$100)	\$1,000.00
4. Multiply by the premium factor from table at right	.00520
5. Your estimate monthly premium	\$5.20
6. Divide by 2 to get your Semi-Monthly Deduction	\$2.60

Attained Age	Premium Factor
0 - 29	.00210
30 - 34	.00310
35 - 39	.00520
40 - 44	.00790
45 - 49	.01110
50 - 54	.01430
55 - 59	.01830
60 - 64	.01530
65 - 69	.01200
70 - 99	.01040

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Groveport Madison Schools dental benefit plan.

Coverage Type	PPO Dentist	Premier Dentist	Non-Participating Dentist*
Deductible (Individual/Family) Applies to Basic & Major Services Only	\$25 / \$75		
Annual Maximum Benefits (per individual)	\$1,000		
Type A - Preventive (Exams, Cleanings, Fluoride, Space Maintainers, Emergency Palliative Treatment, Sealants, Brush Biopsy, X-rays)	100%	100%	100%
Type B - Basic (Minor Restorative Services - fillings and crown repair, Endodontic Services - root canals, Periodontic Services, Oral Surgery - extractions and dental surgery, Major Restorative Services - crowns, Other Basic Services, Relines and Repairs - to bridges and dentures)	80%	80%	80%
Type C - Major (Prosthodontic Services - bridges and dentures)	80%	80%	80%
Orthodontic (\$1,000 Lifetime Maximum per individual)	80%	80%	80%

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

Go to www.deltadentaloh.com to locate a network PPO or Premier provider. Please note that your out-of-pocket costs may be more if you choose to go to an out-of-network provider.

**Dependents ages up to age 26. Coverage terminates at the end of the month the child turns 26.*



Groveport Madison Schools provides Vision Insurance through VSP.

You may use any provider you wish, but your benefits are higher when you use a participating provider. You may locate a provider at www.vsp.com.

Benefit	Participating Provider	Out-of-Network Provider (Reimbursement)	Frequency
Well Vision Exam	\$20 Copay	Up to \$45	Every Calendar Year
Prescription Glasses			
Frame	\$130 allowance for a wide selection \$150 allowance for featured frame brands 20% savings on amount over your allowance	Up to \$70	Every other Calendar Year
Lenses (Single Vision, Lined Bifocal, Lined Trifocal, Polycarbonate lenses for dependent children)	Included	Single Vision - Up to \$30 Lined Bifocal - Up to \$50 Lined Trifocal - Up to \$65	Every Calendar Year
Lens Enhancements	Standard Progressive - \$55 Premium Progressive - \$95 - \$105 Custom Progressive - \$150 - \$175 Average savings of 20-25% on other lens enhancements	Progressive Lenses - Up to \$50	Every Calendar Year
Contacts (instead of glasses, includes exam and fitting)	\$130 allowance; copay does not apply	Up to \$105	Every Calendar Year
Extra Savings	Glasses and Sunglasses - Extra \$20 to spend on featured frame brands 20% savings on additional glasses and sunglasses Retinal Screening - no more than a \$39 copay Laser Vision Correction - Average 15% off regular price or 5% off promotional price	N/A	N/A



Identity theft in the United States is a major problem that continues to be on the rise. Professional protection and assistance have become important tools in fighting the identity theft epidemic.

Thieves today can get a hold of your personal information from trash cans, dumpsters, stolen mail, and even shoulder surfing. Once thieves have your information, it's a simple matter to open new fraudulent accounts and make purchases in your name.

When you enroll in LifeLock, you can be confident knowing that they are available 24 hours a day, 7 days a week, and committed 100% to helping protect your information as if it were their own.

LifeLock offers Proactive Protection:

- LifeLock Identity Alert System
- eRecon
- TrueAddress
- WalletLock
- Reduction in Pre-Approved Credit Card offers
- 24-Hour Customer Service
- **Offered through payroll deduction at a 15% discount off retail rates**



\$1 Million Total Service Guarantee

LifeLock's proactive approach works to help stop identity theft before it happens. As a LifeLock member, if you become a victim of identity theft because of a failure in their service, they will help fix it at their expense, up to \$1,000,000.

SEMI-MONTHLY PAYROLL DEDUCTIONS

Employee Only	\$4.25
Employee & Spouse	\$8.50
*Employee & Children	\$7.44
*Family	\$11.69

**Employee & Children and Family Tiers: You may enroll up to 8 children with 4 of those children between the ages of 18 and 26.*

Vendor	Phone Number	Website
Medical	800-552-9159	www.anthem.com
Dental	800-524-0149	www.deltadentaloh.com
Vision	800-877-7195	www.vsp.com
Life Insurance Prudential	800-944-8786	www.prudential.com
Disability Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Voluntary Benefits	800-918-8877	www.trustmarksolutions.com
Identity Theft Protection LifeLock	800-543-3562	www.lifelock.com
Trustmark Claims Help Explain My Benefits	888-734-6837, Option 2	service@explainmybenefits.biz



Benefit Guide Description

Please Note: This guide provides information regarding the Groveport Madison 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.

