



2019 ENROLLMENT GUIDE





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We are honored to present your 2019 Benefit Options! The elections you make during your enrollment will be effective through **December 31, 2019**.

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

When can I Enroll?

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 via the Treasurer's office within thirty-one (31) days of the qualifying event in order for coverage to be effective.

Enrollment Process

Whitehall 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 your personal information for yourself and dependents, update your beneficiaries and process qualifying life events.

How to Enroll



Self-Service

- ◆ Visit www.explainmybenefits.com/whitehall, click on the red “Log into Your Benefit System” button and move through the enrollment system at your own pace. Login instructions 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)
- ◆ Be sure to have your EMB Enroll login information to access the enrollment system. Please see login instructions on page 4.

Login Instructions

ACCESSING EMB ENROLL

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

- A Access** the system using your Username and Password
- B Forgot username**
 - Enter your 9-digit ID (SSN without dashes)
 - Answer your three security questions
 - Your username will be emailed to your email address on file (watch for an email from autobenestatus@autobene.com)
- C Forgot password**
 - Enter your username
 - Answer your three security questions
 - Enter and confirm your new password
 - Confirm your email address; you will receive a confirmation of the change

For New Users and Prior Users That Have Not Accessed EMB Enroll Since March 1, 2018

Create a New Account

- A Hover** over the question mark next to each field for specific instructions
- B Enter** the required Employee ID and PIN as instructed
- C Click "Create New Account"**

In the event the system advises that an account already exists, return to the "Log In" steps above.

USERNAME AND PASSWORD CRITERIA

Username:

- At least one (1) letter and one (1) number
- Between 8 - 32 characters
- Not the same as your password
- No more than three sequential characters (*abc, cba, 123, 321*)
- No more than three repeating characters (*aaa, 111*)
- Permitted special characters: @ . - _ *
- Your username must be unique

Password:

- At least one (1) uppercase letter and one (1) lowercase letter
- At least one (1) number
- Between 8 - 20 characters
- Not the same as your username
- No more than three sequential characters (*abc, cba, 123, 321*)
- No more than three repeating characters (*aaa, 111*)
- Permitted special characters: @ . - _ *
- Password cannot be the same as your previous 10 passwords on this system

Create New Account

Referencing the criteria to the left:

- Create your Username and Password
- Choose your Security Questions and Answers
- Click Continue.

Three (3) Security Questions with Answers and a valid email address are required to validate identity.

Medical

Whitehall City Schools offers a High Deductible Health Plan through **United Healthcare**. You also have the option to set up a **Health Savings Account (HSA)** through Optum. We strongly encourage you to set aside some money each pay period to put into your Health Savings Account.

**Maximum Annual HSA Contributions (total of employer and employee contributions):
Individual - \$3,500 Family - \$7,000**

If you are 55 years or older, you may contribute an additional \$1,000 annually

	United Health Care High Deductible Health Plan	
	In Network	Out of Network
Deductible		
<i>Individual</i>	\$1,350	\$2,700
<i>Family*</i>	\$2,700	\$5,400
<i>Coinsurance</i>	85%	65%
Out of Pocket Maximum (Combined Medical & Pharmacy)		
<i>Individual</i>	\$2,000	\$4,000
<i>Family</i>	\$4,000	\$8,000
Doctor's Office		
Office Visit	85% after deductible	65% after deductible
Preventive Care Services (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100% Covered	65% after deductible
Hospital Services		
Emergency Room	85% after deductible	85% after deductible
Urgent Care Center Services	85% after deductible	65% after deductible
Inpatient	85% after deductible	65% after deductible
Outpatient Surgery	85% after deductible	65% after deductible
Other Services		
Diagnostic Lab/X-ray	85% after deductible	65% after deductible
Diagnostic (MRI, CT Scans, Nuclear Medicine)	85% after deductible	65% after deductible
Prescriptions		
Retail - Generic/Formulary/Non-Formulary	Deductible, then 85% coinsurance	Deductible, then 65% coinsurance
Expanded Preventive Drug List Copay	\$0 / \$25 / \$30	50% with a minimum of \$30
Mail Order (90 day supply)	Deductible, then 85% coinsurance	N/A
Expanded Preventive Drug List Mail Order	\$0 / \$60 / \$120	N/A

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

2019 Medical Rates

Whitehall Education Association & Administrative Employees							
	Monthly Premium	Board Share		Employee Share			HSA Seed
		%	\$	%	\$	Per Pay	
Single	\$925	90%	\$832	10%	\$93	\$46.50	\$450.00
Single + 1	\$1,802	85%	\$1,532	15%	\$270	\$135.00	\$700.00
Family	\$2,680	85%	\$2,278	15%	\$402	\$201.00	\$1,000.00

Ohio Association of Public School Employees & Confidential Classified							
	Monthly Premium	Board Share		Employee Share			HSA Seed
		%	\$	%	\$	Per Pay	
Single (FT)	\$925	94%	\$869	6%	\$56	\$28.00	\$675.00
Single + 1 (FT)	\$1,802	87%	\$1,568	13%	\$234	\$117.00	\$1,350.00
Family (FT)	\$2,680	87%	\$2,332	13%	\$348	\$174.00	\$1,350.00
Single (PT)	\$925	70%	\$647	30%	\$278	\$139.00	\$675.00
Single + 1 (PT)	\$1,802	50%	\$901	50%	\$901	\$450.00	\$1,350.00
Family (PT)	\$2,680	50%	\$1,340	50%	\$1,340	\$670.00	\$1,350.00

FT = 30 or more hours per week and all Bus Drivers; PT = less than 30 hours per week

C. Ray Williams Early Childhood Education Programs							
	Monthly Premium	Board Share		Employee Share			HSA Seed
		%	\$	%	\$	Per Pay	
Single	\$925	85%	\$786	15%	\$139	\$69.50	\$450.00
Single + 1	\$1,802	44%	\$786	56%	\$1,016	\$508.00	\$700.00
Family	\$2,680	29%	\$786	71%	\$1,894	\$947.00	\$1,000.00

Health Savings Account (HSA)

What is an HSA?

A health savings account (HSA) is a tax-favored savings account. Money in the savings account helps pay your deductibles, coinsurance and out of pocket expenses. Once the deductible is met, the plan starts paying. Money left in the savings account may earn interest and is yours to keep.



HSAs have many benefits:

- The money you put in your **HSA** account is pre-tax.
- You don't pay taxes on withdrawals when paying for qualified medical expenses.
- **YOUR HSA** balance can be carried over year after year.
- You own the savings account and you decide when to use the funds in it to pay for qualified medical expenses!
- **Whitehall City Schools** will make a contribution to your Health Savings Account. The contribution that applies to you will be shown when you process your enrollment transaction, if you are able to open and fund a Health Savings Account (see questions below to see if you qualify to open and fund an Health Savings Account).

Maximum Annual HSA Contributions (total of employer and employee contributions):

Individual - \$3,500 Family - \$7,000

If you are 55 years or older, you may contribute an additional \$1,000 annually

If you answer YES to any of the following questions, you are NOT eligible to open or fund a Health Savings Account:

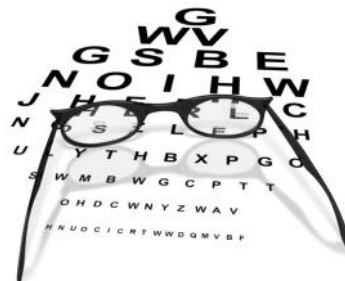
1. In 2019, will you be covered by another non-qualified medical plan such as a PPO, Medicare or Tricare?
2. In 2019, will you or a spouse participate in a *General Purpose* Flexible Spending Account?
3. In 2019, will you be enrolled in either Medicare Part A, Part B, Part C or Part D?
4. In 2019, if you are under age 26, will you be claimed as a dependent on your parents tax return, or covered under your parents health insurance plan?

Flexible Spending Account

FSA's help to fill coverage gaps between health plans and out-of-pocket expenses. An FSA allows you to pay for certain medical, dental vision and dependent care expenses with pre-tax dollars. You won't pay taxes on the funds you put into your FSA because they are deducted on a pre-tax basis.

There are 2 Medical FSAs and a Dependent Care FSA available and are administered by **WageWorks**.

	General Purpose FSA	Limited Purpose FSA	Dependent Care FSA
Who is Eligible?	Whitehall employees who enroll in one of the medical plans and <u>cannot have a Health Savings Account</u> or who waive coverage under both medical plans.	Whitehall employees who are enrolled in one of the Whitehall medical HDHP Plans and who have an HSA.	Whitehall employees with a qualifying dependent.
Maximum Annual Contribution	\$2,650 per employer	\$2,650 per employer	\$5,000 per family
Sample of Qualified Expenses	<ul style="list-style-type: none"> • Co-pays/Deductibles • Prescriptions • Dental Work • Vision Exams • Eyeglasses • Lasik • Chiropractic Care • Contact Lenses & Supplies 	<ul style="list-style-type: none"> • Dental & Vision Expenses Only • Dental Work • Vision Exams • Eyeglasses • Lasik • Contact Lenses & Supplies 	<ul style="list-style-type: none"> • Babysitters • Daycare Centers • Elder Care • Day Camps • Preschool • After-School Care <p><i>Eligible dependents are children up to age 13 and/or elder dependents (i.e. aging parents) that live in your home. Also covers a spouse or dependent who is physically or mentally challenged and for whom you claim an exemption.</i></p>



Dental

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



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

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

Go to www.deltadentaloh.com to locate a network PPO provider.

*Dependents ages up to age 26.

Vision



Regular eye examinations cannot only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for your eyes should be a major concern to everyone. Vision is offered through **EyeMed**.

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

Go to www.eyemedvisioncare.com to locate a network provider.

Dependents up to age 26.

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 to a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums—Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Benefits offered are **Accident Insurance, Critical Illness/Cancer** and **Universal Life with Long Term Care Insurance** from Trustmark.

Trustmark Accident Plan



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

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

Just a few examples of benefit included in the plan:

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

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

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

Critical Illness/Cancer

Critical Illness/Cancer is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.



Special Underwriting at Initial Offering

Guaranteed Issue:

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



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

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

Invasive Cancer, Heart Attack, Stroke, Renal (Kidney Failure), Blindness, ALS (Lou Gehrig's Disease), Major Organ Transplant, Paralysis of Two or More Limbs, Coronary Artery Bypass Surgery (25% benefit), Carcinoma In Situ (25% benefit)

A Health Screening Benefit is included in your Critical Illness/Cancer Policy and Trustmark pays up to \$100 for each insured. Each covered person will get one immunization or one screening test per calendar year.

Examples of health screenings:

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

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

Rates

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

Basic Life and AD&D

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

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



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 \$16 per week or \$200,000



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

Rates

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

Voluntary Term Life



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

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

Guaranteed Issue Amount for New Hires ONLY

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

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

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

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

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

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

$$\frac{.12}{\text{Monthly rate per } \$1,000} \times \frac{50}{\text{\# of units/ } \$1,000} = \frac{\$6.00}{\text{monthly}}$$

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

Identity Theft Protection



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 in both of the plans offered:

Benefit Elite Plan

- LifeLock Identity Alert System
- Lost Wallet Protection
- Address Change Verification
- Black Market Website Surveillance
- Live Member Service Support
- LifeLock Privacy Monitor
- Reduce Pre-Approved Credit Card Offers
- Identity Restoration Support
- Stolen Funds Replacement - up to \$100,000
- Fictitious Identity Monitoring
- Court Records Scanning
- Data Breach Notifications
- Investment Account Activity Alerts

Ultimate Plan

Provides all of the benefits of the Benefit Elite Plan plus:

- Stolen Funds Replacement - up to \$1,000,000
- Credit Card, Checking & Savings with Account Activity Alerts
- Online Annual Credit Report
- Online Annual Credit Score
- Checking & Savings Account Application Alerts
- Bank Account Takeover Alerts
- Credit Inquiry Alerts
- Online Annual Tri-Bureau Credit Reports & Scores
- Monthly Credit Score Tracking
- File Sharing Network Searches
- Sex Offender Registry Reports
- Priority Live Member Service Support

\$1 Million Total Service Guarantee

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

Semi-Monthly Payroll Deductions	Employee	Employee & Spouse	*Employee & Children	Family
Benefit Elite Plan	\$4.25	\$8.50	\$7.44	\$11.69
Ultimate Plan	\$12.75	\$25.49	\$18.06	\$30.81

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

Important Contacts

Vendor	Phone Number	Website
Medical United Health Care	877-844-4999	www.myuhc.com
Health Savings Account Optum Bank	800-791-9361	www.optumbank.com
Dental Delta Dental	800-524-0149	www.deltadentaloh.com
Vision EyeMed Vision Care	866-939-3633	www.eyemedvisioncare.com
Voluntary Benefits Trustmark Voluntary Benefits	800-918-8877	www.trustmarksolutions.com
Life Insurance Prudential	800-524-0542	www.prudential.com
Identity Theft Protection LifeLock	800-543-3562	www.lifelock.com
Flexible Spending Accounts WageWorks	877-924-3967	www.wageworks.com
Trustmark Claims Help Explain My Benefits	888-734-6937, Option 3	service@explainmybenefits.com



Benefit Guide Description

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