



2020
Annual
Enrollment
Guide





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We are honored to present your 2020 Benefit Options! The elections you make during your enrollment will be effective through **December 31, 2020**.

Upper Arlington 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.

Who is Eligible?

Full-time employees working at least 30 hours each week or eligible per negotiated agreement.

When can I Enroll?

You and your dependents are eligible for Upper Arlington City Schools' benefits on the first day of the month following your date of hire (first day worked). Generally, dependents include a spouse and children under the age of 26. Dental and vision plans allow children coverage until the end of the year they turn age 23.

Please reference each specific Plan Document to verify the dependent eligibility rules.

Elections made now will remain until the next open enrollment period unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact the Treasurer's Office within 30 days.

Enrollment Process

- ◆ The benefits you elect or change during open enrollment will be effective January 1, 2020.
- ◆ Open enrollment is the one time per year that you can make changes (i.e. adding or dropping dependents) to your benefits without a qualifying life event.
- ◆ ***Open enrollment will be held from Friday, November 1st - Sunday, November 17th***
- ◆ ***All benefit eligible employees are required to complete an open enrollment transaction during the annual enrollment period even if you are not making changes to coverage.***

We are again partnering with **Explain My Benefits (EMB)**, our technology/ benefit communication vendor to assist in our open enrollment. This year we will have a self-service online enrollment using the EMB Enroll online system.

Options to Enroll

Decide which of these three convenient enrollment options best fits your needs:



Self-Service - available November 1st - November 17th

- ◆ Visit www.explainmybenefits.com/upper-arlington, click on the yellow “Log into Your Benefit System” button and move through the enrollment system at your own pace.
- ◆ Please see login instructions on page 4.
- ◆ If choosing this option, click “Confirm Elections” at the end of the process.
- ◆ The next screen will say “Enrollment Complete,” and you can select to download, email or print your confirmation. Please select one of these options in order to keep the confirmation for your records.
- ◆ If you do not see the “Enrollment Complete” page, you have not completed your enrollment



Call Center

Call the Explain My Benefit Call Center at 614-610-1403

9:00am - 5:00pm EST; Monday - Friday during the enrollment period if you have questions regarding the enrollment system or benefits covered.



On-Site Benefit Counselor - November 4th - November 8th

- ◆ Meet with a benefit counselor in person to discuss and help you enroll in your benefits for the upcoming plan year.
- ◆ See the Benefit Resource Website for location schedule.

Reminders

When using any of the above options for enrollment:

- ◆ Be sure to review the 2020 Benefit Guide and plan summaries **prior** to going through any enrollment process.
- ◆ Be prepared by gathering dependent and beneficiary information (i.e. social security numbers and dates of birth).

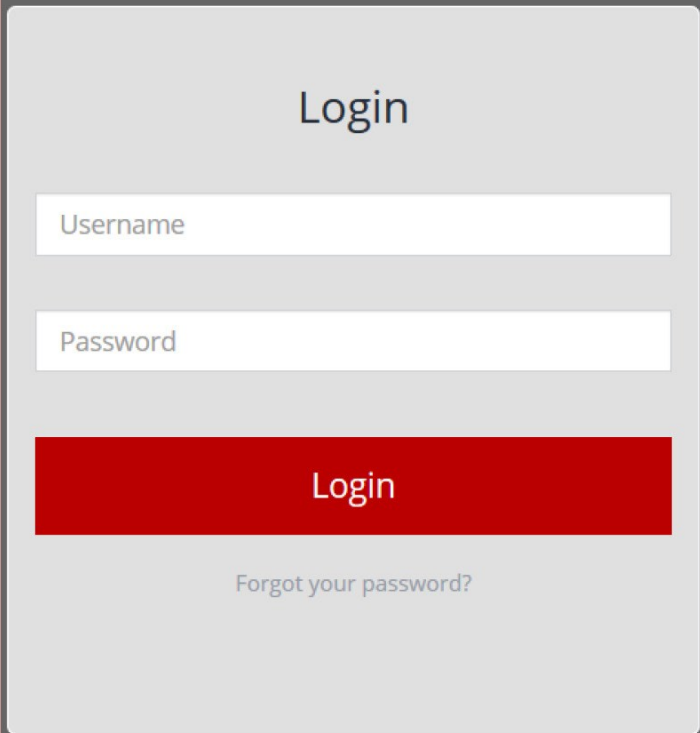
Login Instructions—[visit www.explainmybenefits.com/upperarlington](http://www.explainmybenefits.com/upperarlington)

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 white input field labeled "Username".
- A white input field labeled "Password".
- A prominent red button labeled "Login".
- A link labeled "Forgot your password?" below the button.



Platinum Medical - Option 1

Comprehensive healthcare provides peace of mind. In case of an illness or injury, you and your family are covered with excellent medical plans through Upper Arlington City Schools.

Upper Arlington City Schools offers a Platinum Plan and a Bronze Plan through **Anthem Blue Cross and Blue Shield**.

These plans allow you to select where you receive your medical services; however, if you use in-network providers, your out-of-pocket costs will be less.

Beginning January 1, 2020, coinsurance will be added to the Anthem Platinum Medical Plan.

What is Coinsurance? The percentage of the allowable amount that you pay for services once your deductible has been satisfied. Once your deductible has been satisfied, you are responsible for paying 10% coinsurance for medical and pharmacy benefits received in-network. The coinsurance amount is applied toward the out-of-pocket maximum. The out-of-pocket maximum is the most you pay out of pocket for covered medical and prescription services; it includes deductibles and coinsurance. For example: If you have a \$100 medical bill and you have satisfied the calendar year deductible, you would be responsible for 10% coinsurance (\$10) of the allowable amount and the insurance company would pay the additional 90%.

Platinum Plan		
	In Network	Out of Network
Deductible		
Individual	\$1,400	\$2,800
Family	\$2,800	\$5,600
Coinsurance	10%	30%
Out of Pocket Maximum		
Individual	\$1,725	\$5,600
Family	\$3,450	\$11,200
Doctor's Office		
Office Visit	10% after deductible	30% after deductible
Preventive Care Services (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	Covered 100%	30% after deductible
Hospital Services		
Emergency Room	10% after deductible	10% after deductible
Urgent Care Center Services	10% after deductible	30% after deductible
Inpatient	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Ambulance Service	10% after deductible	10% after deductible
Other Services		
Maternity Services	10% after deductible	30% after deductible
All other maternity hospital/physician services	10% after deductible	30% after deductible
Manipulation Therapy Services (limit 24 visits)	10% after deductible	30% after deductible
Prescriptions		
Retail — Generic Drug (30 day supply)	10% after deductible	30% after deductible
Direct Mail (90 day supply)	10% after deductible	Not Covered

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.

Bronze Medical - Option 2*



*Bronze Medical Option 2 is NOT available to UAEA staff.

Bronze Plan		
	In Network	Out of Network
Deductible		
Individual	\$3,550	\$7,100
Family	\$7,100	\$14,200
Coinsurance	20%	40%
Out of Pocket Maximum		
Individual	\$6,800	\$13,600
Family	\$8,000	\$16,000
Doctor's Office		
Office Visit	20% after deductible	40% after deductible
Preventive Care Services (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	Covered 100%	40% after deductible
Hospital Services		
Emergency Room	20% after deductible	20% after deductible
Urgent Care Center Services	20% after deductible	40% after deductible
Inpatient	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Ambulance Service	20% after deductible	20% after deductible
Other Services		
Maternity Services	20% after deductible	40% after deductible
All other maternity hospital/physician services	20% after deductible	40% after deductible
Manipulation Therapy Services (limit 24 visits)	20% after deductible	40% after deductible
Prescriptions		
Retail — Generic Drug (30 day supply)	20% after deductible	40% after deductible
Direct Mail (90 day supply)	20% after deductible	Not Covered

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.

Health Savings Account (HSA)

Upper Arlington Schools offers employees the option to enroll in an HSA upon enrolling in one of the Anthem high deductible medical plans. An HSA is a tax advantaged account that lets you save for medical expenses and reduce your taxable income.

You are eligible to participate in the HSA if you enroll in one of our high deductible medical plans, are a U.S. resident, have no other disqualifying medical coverage, are not enrolled in Medicare, and are not a dependent on someone else's tax return.

The District contributes a lump sum \$660 (single) or \$1,320 (family) in January into your HSA for each full time employee on one of our high deductible medical plans. Contributions for part time employees are pro-rated accordingly and are detailed in the online enrollment portal. Read on to understand how an HSA works and why you may want to consider contributing to one!

Use Your HSA Now... or Save it for Retirement

Your HSA is designed to help you pay for medical expenses now, or you can choose to save it to pay for future qualified health expenses. Annual contribution maximums for 2020 are \$3,550 (single) or \$7,100 (family). This includes your employer contribution. If you are over 55, you can make an additional "catch up contribution" up to \$1,000 each year you are eligible to contribute to your HSA. Your account balance rolls over year after year- the funds do not expire as they do with a Flexible Spending Account (FSA).

Pay for the Care You Need

Use the money in your HSA to pay for eligible medical expenses such as:

- doctor's visits
- prescriptions
- diagnostic tests
- eligible dental and vision expenses

This is just a small list of the expenses you can pay for with your HSA. You can find a full list at www.irs.gov/pub/irs-pdf/p5002.pdf.

Upper Arlington Schools partners with CME Credit Union for employee HSAs.

Dental

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



	Delta Dental PPO		
	PPO Dentist	Premier Dentist	Non-Participating Dentist
Calendar Year Deductible Individual / Family	\$75 / \$150		
Annual Maximum	\$2,500		
Preventative Services Exams, Cleanings, X-Rays, etc.	Plan pays 100% Deductible is waived.		
Deductible Applies			
Basic Services Fillings, Oral Surgery, Root Canals, etc.	90% Covered	80% Covered	80% Covered
Major Services Crowns, Bridges Dentures, etc.	80% Covered	80% Covered	80% Covered
Implants	60% Covered	60% Covered	60% Covered
Orthodontics			
Lifetime Maximum	\$2,000		
Adults & eligible dependents. Deductible does not apply to orthodontic services.	60% Covered		

Unmarried dependent children are eligible until the end of the year they turn age 23.

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

Vision



Regular eye examinations cannot only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Search for in-network providers in the **VSP Choice** network at www.vsp.com.

VSP Vision Plan	In-Network	Out-of-Network
Comprehensive Eye Exam <i>Once every calendar year</i>	\$10 co-pay	Up to \$45 reimbursement
Eyeglass Lenses and Frame	<i>Once every other calendar year</i>	<i>Once every other calendar year</i>
Single Vision, Lined Bifocal and Trifocal	\$25 co-pay	Up to \$30 - \$65 reimbursement
Standard Progressive	Covered In Full	Up to \$50 reimbursement
Premium Progressive	\$95 - \$105 co-pay	Up to \$50 reimbursement
Custom Progressive	\$150 - \$175 co-pay	Up to \$50 reimbursement
Eyeglass Frames	\$150 allowance 20% off balance over \$150	Up to \$70 reimbursement
Contact Lenses (in lieu of glasses)	<i>Once every other calendar year</i>	<i>Once every other calendar year</i>
Conventional (Elective) includes cost of contacts and exam	\$130 allowance	Up to \$105 reimbursement
Glasses & Sunglasses	20% off additional glasses & sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam	N/A
Retinal Screening	No more than a \$39 copay as an enhancement to your WellVision Exam	N/A
Laser Vision Correction	Average 15% of the regular price or 5% off the promotional price; discounts only available from contracted facilities	N/A

Unmarried dependent children are eligible until the end of the year they turn age 23.

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage - they handle the paperwork for you.

Prudential Group Term Life Insurance

Basic Term Life and Accidental Death & Dismemberment

Upper Arlington 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.

Group Supplemental Life

You also have the opportunity to purchase supplemental coverage for yourself and your dependents (as long as you purchase group supplemental coverage on yourself). Please note that dependent children include unmarried adopted, natural or stepchildren birth to age 26.

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. Upper Arlington Schools offers a variety of programs to meet your life insurance needs.

New Hire Guaranteed Issue: Employee - \$200,000 (not to exceed 7x base salary).

Employee: You may purchase in \$10,000 increments up to a maximum of \$300,000, not to exceed 7x base salary.

Currently covered employees may increase their group supplemental coverage by \$10,000 during open enrollment.

Dependents:

- Option 1 - Spouse \$5,000 / Child(ren) \$2,500
- Option 2 - Spouse \$10,000 / Child(ren) \$5,000
- Option 3 - Spouse \$15,000 / Child(ren) \$7,500
- Option 4 - Spouse \$20,000 / Child(ren) \$10,000

Monthly Rate per \$1,000 of Group Supplemental Term Life Insurance			
Age Band	Employee	Age Band	Employee
<25	.075	50—54	.325
25—29	.075	55—59	.525
30—34	.075	60—64	.695
35—39	.095	65—69	1.045
40—44	.135	70—74	2.415
45—49	.195	75+	2.415

Dependent Term Life Insurance*	
Monthly Rate	Available Coverage
\$2.00	Spouse \$5,000 / Child \$2,500
\$4.00	Spouse \$10,000 / Child \$5,000
\$6.00	Spouse \$15,000 / Child \$7,500
\$8.00	Spouse \$20,000 / Child \$10,000

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

.095	X	50	=	\$4.75
Rate per \$1,000		# of units/\$1,000		Monthly Premium

*In order to purchase Dependent Term Life you must already have in place Group Supplemental in an amount equal to or greater than the Dependent Term Life being elected. If Group Supplemental Life is not already in place, you must elect it at the same time in an amount equal to or greater than the Dependent Term Life being elected.

Flexible Spending Accounts (FSA)

Limited Purpose Health FSA - for those enrolled in a Health Savings Account

You can save money on your healthcare expenses with an FSA administered through Chard Snyder. You set aside funds each pay period on a pre-tax basis and use them tax-free for qualified expenses. You pay no federal income or social security taxes on your contributions to an FSA. Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Flexible Spending Accounts run on a calendar year basis and you may carryover up to \$500 into the next year. Do not over-contribute as any account balances over \$500 at the end of the year are forfeited.

Maximum Contribution: \$2,650 annually

Qualified expenses are limited to dental and vision:

- Dental work
- Vision exams
- Eyeglasses
- Lasik
- Contact lens & supplies



Dependent Care FSA

This covers daycare expenses for children up to the age of 13, and for elder dependents (like aging parents) that live in your home. It also covers a spouse or dependent that is physically or mentally challenged for whom you claim an exemption.

Maximum Contribution: \$5,000 annually:

\$5,000 per year if filing jointly or single head of household

\$2,500 per year if filing separately

Qualified dependent care expenses include:

- Babysitters while you work
- Daycare Centers while you work
- Elder care
- Day camps
- Preschool
- After-school care



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. These benefits are optional. Upper Arlington Schools does not subsidize these benefits.

- 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 through Trustmark are **Accident Plan, Short Term Disability and Universal Life with Long Term Care** and a **Cancer Plan** through Transamerica.



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 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
- 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.*

Voluntary Benefits

Transamerica Cancer Plan

The Cancer Plan will pay benefits to you directly if you are diagnosed with cancer. Some benefits pay by the day or treatment, while others reimburse you for expenses you incur. Either way, it can be a source of financial support just when you and your family need it most!



Just a few examples of benefits included in the plan:

- Initial Diagnosis - \$3,000
- Hospital Confinement - \$200 per day
- Surgery - up to \$3,000 (Inpatient), up to \$4,500 (Outpatient)
- Radiation & Chemotherapy - \$15,000 per 12 month period
- Bone Marrow and/or Stem Cell - \$15,000 per 12 month period
- New or Experimental Treatment - \$15,000 per 12 month period

An Annual Cancer Screening Benefit is included in your policy and Transamerica pays \$100 for each insured. Each covered person will get one cancer screening test per calendar year.

Examples of Cancer Screenings:

- Mammogram
- Pap Smear
- Prostate-Specific Antigen Test (PSA)
- Chest X-ray
- Bone Marrow Testing
- Colonoscopy

Semi-Monthly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$15.19	\$27.25	\$17.23	\$27.25

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

Trustmark Short Term Disability

Trustmark's Short Term Disability is designed to provide income to you and your family when you cannot work due to an illness or injury.

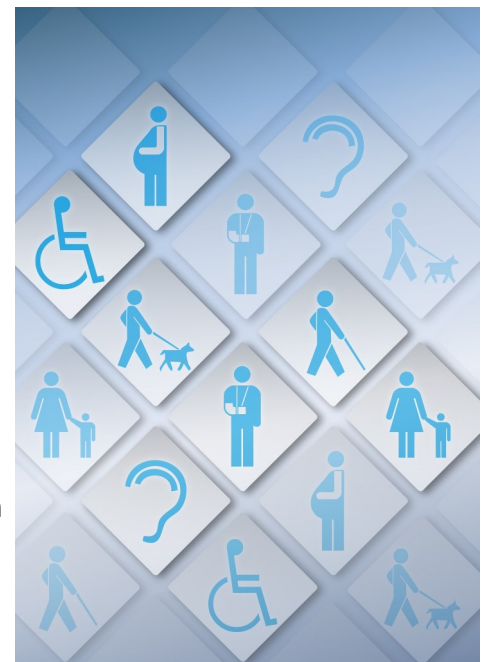
Special Underwriting for New Hire Employees Only

Guaranteed Issue: Up to \$3,000 monthly benefit

- Pays a maximum of 60% of salary up to \$3,000 per month with the flexibility to elect a lower percentage of salary for a lower premium.
- 14 day elimination (waiting) period, 6 month benefit period.
- Pregnancy covered as any other illness.
- Premium stays the same as long as you own the policy. The premium does not increase with age.

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



Voluntary Benefits

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 policy 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.
- It 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 it pays 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 is available for spouse (\$25,000) and children (child term rider).
- **Employee must enroll in coverage in order to cover spouse and/or children.**
- Available through age 64.

**Special Underwriting for Initial Offering
Guaranteed Issue—\$100,000 (Employee Only)**



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

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: Restores the death benefit that is reduced to pay for LTC.	\$100,000	\$33,333
Total Maximum Benefit: Long Term Care Benefits may double the value of your insurance	\$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 Benefits

Identity Theft

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 obtain 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 theft alert system
- Address change verification
- Live member service support
- Reduce pre-approved credit card offers
- Stolen funds replacement - up to \$100,000
- Court records scanning
- Investment account activity alerts
- Lost wallet protection
- Black market website surveillance
- LifeLock privacy monitor
- Identity restoration support
- Fictitious identity monitoring
- Data breach notifications

\$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*
	\$4.25	\$8.49	\$7.43	\$11.68

**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 Anthem Blue Cross and Blue Shield	833.639.1634	www.anthem.com
HSA Accounts CME Credit Union	614-224-8890 888-224-3108	www.cmefcu.org
Medical & Dependent Care FSA Chard Snyder	800-982-7715	www.chard-snyder.com
Dental Delta Dental	800-524-0149	www.deltadentaloh.com
Vision VSP	800-877-7195	www.vsp.com
Group Basic & Supplemental Life Prudential Life	800-524-0542	www.prudential.com

Please contact Explain My Benefits or visit [www.explainmybenefits.com/Upper Arlington](http://www.explainmybenefits.com/UpperArlington) if you need to file a claim, or change enrollment in LifeLock, Trustmark or Transamerica benefits.

Trustmark & Transamerica Claims Help Explain My Benefits	888-734-6937, option 2	service@explainmybenefits.biz
Voluntary Benefits Trustmark Voluntary Benefits Transamerica	800-918-8877 888-763-7474	www.trustmarksolutions.com www.transamericaemployeebenefits.com
Identity Theft Protection LifeLock	800-543-3562	www.lifelock.com
District Insurance Brokers Gallagher Benefit Services, Inc.	614-761-2901 800-435-1552	www.ajg.com



Benefit Guide Description

This summary of benefits is not intended to be a complete description of Upper Arlington's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Upper Arlington maintains its benefit plans on an ongoing basis, Upper Arlington reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact your human resources representative.

