



2025 BENEFITS

McGohan
Brabender

MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER

2025 Insurance Rates

Full Time Benefits (185+ Days)

United Healthcare of Ohio					Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium		Employee/ Board%	Employee Share	Board Share	Monthly Premium
High Deductible (Only option available to new staff or changes eff. 2019)									
Single	15/85	\$ 146.04	\$ 827.58	\$ 973.62	Single	20/80	\$ 6.19	\$ 24.77	\$ 30.96
Employee + Child(ren)	20/80	\$ 358.30	\$ 1,433.18	\$ 1,791.48	Employee + Child(ren)	20/80	\$ 13.00	\$ 52.00	\$ 65.00
Employee + Spouse	20/80	\$ 428.40	\$ 1,713.62	\$ 2,142.02	Employee + Spouse	20/80	\$ 13.03	\$ 52.12	\$ 65.15
Family	20/80	\$ 599.76	\$ 2,399.02	\$ 2,998.78	Family (Non-Union)	20/80	\$ 17.96	\$ 71.83	\$ 89.79
PPO (Grandfathered Only)					Vision Service Plan				
Single	15/85	\$ 184.69	\$ 1,046.55	\$ 1,231.24	Single	100/0	\$ 10.02	\$ -	\$ 10.02
Employee + Child(ren)	20/80	\$ 455.08	\$ 1,820.34	\$ 2,275.42	Family	100/0	\$ 23.44	\$ -	\$ 23.44
Employee + Spouse	20/80	\$ 541.74	\$ 2,166.96	\$ 2,708.70					
Family	20/80	\$ 760.89	\$ 3,043.57	\$ 3,804.46					

Part-time Benefits (140-184 days)

United Healthcare of Ohio					Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium		Employee/ Board%	Employee Share	Board Share	Monthly Premium
High Deductible (Only option available to new staff or changes eff. 2019)									
Single	36.25/67.75	\$ 352.94	\$ 620.68	\$ 973.62	Single	40/60	\$ 12.38	\$ 18.58	\$ 30.96
Employee + Child(ren)	40/60	\$ 716.59	\$ 1,074.89	\$ 1,791.48	Employee + Child(ren)	40/60	\$ 26.00	\$ 39.00	\$ 65.00
Employee + Spouse	40/60	\$ 856.81	\$ 1,285.21	\$ 2,142.02	Employee + Spouse	40/60	\$ 26.06	\$ 39.09	\$ 65.15
Family	40/60	\$1,199.51	\$ 1,799.27	\$ 2,998.78	Family (Non-Union)	40/60	\$ 35.92	\$ 53.87	\$ 89.79
PPO (Grandfathered Only)					Vision Service Plan				
Single	36.25/67.75	\$ 446.32	\$ 784.92	\$ 1,231.24	Single	100/0	\$ 10.02	\$ -	\$ 10.02
Employee + Child(ren)	40/60	\$ 910.17	\$ 1,365.25	\$ 2,275.42	Family	100/0	\$ 23.44	\$ -	\$ 23.44
Employee + Spouse	40/60	\$1,083.48	\$ 1,625.22	\$ 2,708.70					
Family	40/60	\$1,521.78	\$ 2,282.68	\$ 3,804.46					

Part-time Benefits (120-139 Days)

United Healthcare of Ohio					Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium		Employee/ Board%	Employee Share	Board Share	Monthly Premium
High Deductible (Only option available to new staff or changes eff. 2019)									
Single	57.5/42.5	\$ 559.83	\$ 413.79	\$ 973.62	Single	60/40	\$ 18.58	\$ 12.38	\$ 30.96
Employee + Child(ren)	60/40	\$1,074.89	\$ 716.59	\$ 1,791.48	Employee + Child(ren)	60/40	\$ 39.00	\$ 26.00	\$ 65.00
Employee + Spouse	60/40	\$1,285.21	\$ 856.81	\$ 2,142.02	Employee + Spouse	60/40	\$ 39.09	\$ 26.06	\$ 65.15
Family	60/40	\$1,799.27	\$ 1,199.51	\$ 2,998.78	Family (Non-Union)	60/40	\$ 53.87	\$ 35.92	\$ 89.79
PPO (Grandfathered Only)					Vision Service Plan				
Single	57.5/42.5	\$ 707.96	\$ 523.28	\$ 1,231.24	Single	100/0	\$ 10.02	\$ -	\$ 10.02
Employee + Child(ren)	60/40	\$1,365.25	\$ 910.17	\$ 2,275.42	Family	100/0	\$ 23.44	\$ -	\$ 23.44
Employee + Spouse	60/40	\$1,625.22	\$ 1,083.48	\$ 2,708.70					
Family	60/40	\$2,282.68	\$ 1,521.78	\$ 3,804.46					

Noteworthy Items

HSA Board Contributions Single : \$1,650 All Others: \$2,500	HSA contributions are prorated based upon insurance eligibility and date of hire: 185+: full amt 184-140: 60% 139-120: 40%	Open Enrollment Dates October 14 - October 27 Plan year is Jan 1 - Dec 31
IRS HSA Single Max: \$4,300 IRS HSA All Others Max: \$8,550 * \$1,000 catch-up if over 55	Failure to do Biometric Screening: \$50/mo Spousal Surcharge: \$100/month \$60,000 Board Provided Life insurance for 185+ days	*If you work between 80 - 119 days you access to these voluntary products: Optional Life, STD/LTD & Vision Coverage

HOW YOUR BENEFITS WORK

The effective date for all changes will be **JANUARY 1, 2025**.

If you previously waived coverage and wish to enroll or if you wish to add or remove dependents on your plan, you must complete the appropriate carrier enrollment/change form.

DEPENDENT ELIGIBILITY

In accordance with the Patient Protection and Affordable Care Act, married or unmarried adult children that are the natural, adopted or step child of you or your spouse may be covered under your medical plan until the adult child attains age 26.

COPAYMENTS APPLY TOWARDS OUT-OF-POCKET MAXIMUM

In addition to medical deductibles and coinsurance, copays (medical & drug) will apply toward the out-of-pocket maximum.

MAKING CHANGES DURING THE YEAR

Please remember that the only time enrollment changes can be made outside of open enrollment is in the case of certain life events which would qualify you for a special enrollment period. Examples of such life events include but are not limited to: birth, adoption, death, and marriage. It is your responsibility to notify Human Resources of a qualifying event. The appropriate paperwork must be submitted within 30 days of the event.

Annual open enrollment changes must be submitted no later than

OCTOBER 27, 2024



YOUR MEDICAL PLANS COMPARED

SIMILARITIES

IN-NETWORK VS OUT-OF-NETWORK

Both the PPO and the HDHP will have the same network of doctors that are considered in-network versus out-of-network. Staying in-network for all services, providers, and facilities is imperative for you and your family to receive the richest benefit from your medical coverage. The out-of-network coverage is based on the allowable amount applicable for the same service that would be rendered by a network provider and you may be balance billed for anything over this amount.

PREVENTIVE CARE

You will see both plans also cover preventive care at 100% on the first day of your plan before satisfying your deductible. Examples of preventive care are:

- Well-child visits
- Annual checkups
- Age and gender based screenings

FINDING A PROVIDER

To find a UnitedHealthcare Provider, visit ***UHC.com***

WHERE TO SEEK CARE

It can sometimes be difficult deciding where to seek medical help for you and your family members. Going to the emergency room or calling 9-1-1 is always the best option when it's an emergency. If you need care, and it is not an emergency, here are alternative options:

1. Call your doctor
2. Visit a retail health clinic
3. Head to an urgent care facility
4. Check in at Virtual Visits online

A list of local after hour clinics is located on page 19 of this booklet.

DIFFERENCES

HOW YOUR BENEFITS PAY ON PPO

If you are currently on the PPO plan, this option has more coverage from day one of the plan. This is called first dollar health coverage. You will have copays for different services as well as prescriptions before meeting your deductible, which apply directly to your out-of-pocket maximum. You will pay these copays and coinsurance until your medical and prescription out-of-pocket maximums are met.

HOW YOUR BENEFITS PAY ON HDHP

The High Deductible Health Plan will not have copays on the first day of the plan. You will start by paying the negotiated rate your carrier has with your providers for any services and prescriptions. You will pay this negotiated rate until you satisfy your deductible and out-of-pocket maximum. After this amount is satisfied, all services and prescriptions will be covered in full.

SURCHARGES

HEALTH SCREENING SURCHARGE

You must have a preventive screening completed before the plan year begins on 1/1/2025 or you will be subject to pay a \$50 monthly surcharge.

SPOUSAL SURCHARGE

If you carry your spouse on Montgomery County ESC's plan and they have access to other group health insurance through their employer, they will need to join their employer's health insurance and terminate Montgomery County ESC's or you will be subject to a \$100 monthly surcharge.

For any questions on either of these plans, please see your HR or call McGohan Brabender by using the phone number on the last page of this booklet.

***Only available for current PPO participants**

	In-Network	Out-of-Network
Calendar Year Deductible (resets every January 1st)	\$200 Individual \$400 Family	\$400 Individual \$800 Family
	Embedded Deductible	
Coinsurance (after Deductible)	Plan Pays: 80% You Pay: 20%	Plan Pays: 60% You Pay: 40%
Preventive Care	Covered at 100%	Benefits not available
Doctor Office Visit	\$25 Copay	Deductible & Coinsurance
Urgent Care	\$50 Copay	Deductible & Coinsurance
Emergency Room	\$100 Copay Copay waived if admitted	\$100 Copay
Inpatient Hospital	\$250 Copay	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Max Out-of-Pocket (Includes Ded., Copays, & Coins.)	\$2,800 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Retail - Prescription Drugs (30-day supply)	Tier 1: \$10 Tier 2: \$25 Tier 3: 35% (\$45 min-\$60 max)	Member Responsible for Network Copay and Difference in Prescription Cost
Mail Order - Prescription Drugs (90-day supply)	Tier 1: \$20 Tier 2: \$50 Tier 3: 35% (\$90 min-\$120 max)	Not Covered
Annual Drug Max Out-of-Pocket	\$3,000 Individual \$6,000 Family	

Coverage Type Non-Union & Union	Employee Pays (with screenings)	Board Pays	Total Monthly Premium
Employee	\$184.69	\$1,046.55	\$1,231.24
Employee + Child(ren)	\$455.08	\$1,802.34	\$2,275.42
Employee + Spouse	\$541.74	\$2,166.96	\$2,708.70
Employee + Family	\$760.89	\$3,043.57	\$3,804.46

Disclaimer

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.

PPO SPECIALTY DRUG PROGRAM



*Only available for current PPO participants

PrudentRx Copay Program for Specialty Medications

Get Specialty Medications at No Cost to You

If you're taking specialty medications for a chronic or complex situation (like multiple sclerosis, rheumatoid arthritis or cancer), you know how costly they can be – and that the cost continues to rise. Because we want to make sure you can get the medications you need at an affordable cost, we're pleased to offer a new program that reduces your out-of-pocket cost for specialty medications to \$0.

Pay \$0 with The Prudent Rx Copay Program

We're working with PrudentRx to offer The PrudentRx Copay Program as part of your prescription benefit plan. To participate, all you need to do is enroll. You'll pay \$0 for any medications on the Specialty Drug List for as long as you're enrolled.

PrudentRx works with manufacturers to get copay card assistance for your medication. Once you get started, they'll manage enrollment and renewals on your behalf. But even if there's no copay card program available for your medication, your cost will be \$0 for as long as you are enrolled in the program.

Getting started is easy

If you take a specialty medication on the Specialty Drug List, call PrudentRx at 1-800-578-4403, Monday through Friday, from 8 a.m. to 8 p.m. EST to enroll – it only takes about 10 minutes. If they don't hear from you, a PrudentRx Advocate may give you a call. If you don't currently take a specialty medication, but your doctor prescribes one, you can enroll at any time. Participation is voluntary, but you will pay more for your specialty medications if you choose not to enroll in the program.

If you are taking a specialty medication, watch your mailbox for more information on The PrudentRx Copay Program and changes to your plan. If you have any questions, you can call PrudentRx at the number above.

	In-Network	Out-of-Network
Calendar Year Deductible (resets every January 1st)	\$3,300 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
	Embedded Deductible	
Coinsurance (after Deductible)	Plan Pays: 100% You Pay: 0%	Plan Pays: 80% You Pay: 20%
Preventive Care	Covered at 100%	Deductible & Coinsurance
Doctor Office Visit	100% After Deductible	Deductible & Coinsurance
Urgent Care	100% After Deductible	Deductible & Coinsurance
Emergency Room	100% After Deductible	Covered as Network Benefit
Inpatient Hospital	100% After Deductible	Deductible & Coinsurance
Outpatient Surgery	100% After Deductible	Deductible & Coinsurance
Retail - Prescription Drugs (30-day supply)	100% After Deductible	100% After Deductible
Mail Order - Prescription Drugs (90-day supply)	100% After Deductible	Not Covered
Max Out-of-Pocket (Includes Ded., Copays, & Coins.)	\$3,300 Individual \$5,000 Family	\$10,000 Individual \$20,000 Family

Coverage Type Non-Union & Union	Employee Pays (with screenings)	Board Pays	Total Monthly Premium
Employee	\$146.04	\$827.58	\$973.62
Employee + Child(ren)	\$358.30	\$1,433.18	\$1,791.48
Employee + Spouse	\$428.40	\$1,713.62	\$2,142.02
Employee + Family	\$599.76	\$2,399.02	\$2,998.78

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HSA OVERVIEW

HOW AN HSA WORKS

Montgomery County ESC offers a Health Savings Account to any employee enrolled in the High Deductible Health Plan and is eligible according to the IRS rules and regulations. This is a pre-tax savings account you can contribute money to directly from your paycheck. These savings can be spent on eligible expenses or saved until you need to use them. In 2020 the IRS has relaxed the list of eligible expenses to now include over-the-counter items such as, menstrual care, antacids, anti-inflammatories, etc. 100% of these funds roll over year to year, and they stay with you even if you make a career change. You will be responsible for tracking all receipts and expenses you use your HSA funds on for at least 7 years. If you are ever audited by the IRS you will need to show proof of your expenses and if deemed non-qualified, you could be subject to tax and a 20% penalty.

WHO IS ELIGIBLE FOR AN HSA?

Any Individual:

- Covered by a high deductible health plan
- Is NOT covered by any first dollar coverage
- Is NOT enrolled in Medicare, Medicaid, Tricare
- Is NOT claimed as a dependent on someone else's tax return

For a complete list of qualified and non-qualified expenses you can visit:

www.irs.gov/pub/irs-pdf/p502.pdf

MONTGOMERY COUNTY ESC HSA CONTRIBUTION

- ◆ \$1,650 for Employee Only
- ◆ \$2,500 for all others (Employee/Spouse, Employee/Child(ren), Family)
 - MCEC Contributions are distributed into your account twice a year:
 - First Pay in January
 - First Pay in July
 - MCEC will provide a hardship advancement when approved

2025 MAXIMUM HSA CONTRIBUTIONS PER CALENDAR YEAR

- ◆ \$4,300 for Employee Only
- ◆ \$8,550 for all others (Employee/Spouse, Employee/Child(ren), Family)
- ◆ \$1,000 Catch up contributions for age 55+

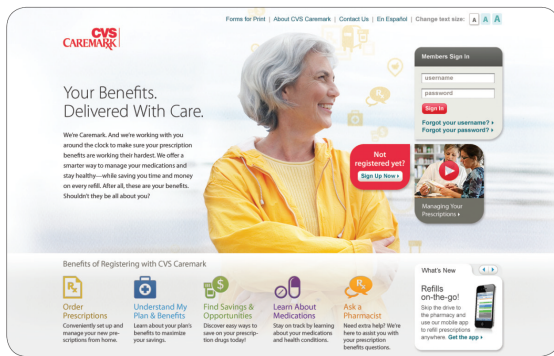
Maximums include any employer HSA contribution

Who is CVS Caremark?

CVS Caremark manages your prescription benefits on behalf of your employer or health care plan sponsor.

Our goal is to offer you convenient and affordable prescription options—many of which you can now choose online through our improved prescription benefits site.

Make sure you're getting as much as you can out of your prescription benefit plan, beginning with a secure personal online account at Caremark.com.



Set up your secure personal online account today at www.caremark.com

Getting started is easy at www.caremark.com

1. Have your prescription card handy (you will need your prescription benefit ID number)
2. Follow the online instructions to:
 - Enter your personal information
 - Set up your account security
 - Review your registration
3. Click **Submit**

You will then have 24/7 access to the facts, help and tools you need to make the most of your prescription benefit plan

If you have any questions about signing up, please call **1-877-460-7766**.

More convenience, more savings

We've simplified and enhanced Caremark.com to make things easier right from the start. With Caremark.com, you get 24/7 secure access to your important prescription benefit information so you can:



Order Prescriptions

Set up and manage your new prescriptions from anywhere, anytime. Simply enter your prescription information, choose pickup or delivery, and we'll take care of the rest.



Understand My Plan and Benefits

Knowing how your plan works is the first step to getting more out of your prescription benefits. For instance, we keep you informed about medication costs.



Find Savings and Opportunities

From using generic medicines to setting up mail service for long-term prescriptions, we'll help you find the right ways to save based on your plan and your prescriptions.



Learn About Medications

You'll find a database of medicines, drug interactions, generic alternatives and more. We also provide resources to help you manage your health and wellness.



Ask-a-Pharmacist

Need extra help? Get confidential and reliable answers to your prescription and over-the-counter drug questions.





With Virtual Visits, it's easy to video chat with a doctor 24/7—whenever, wherever.

Whether you're at work, home, traveling, you name it—a Virtual Visit lets you talk with a doctor by video 24/7. If needed, a Virtual Visit doctor can treat and prescribe* medication for everyday illnesses like the flu, sinus infections, a cough and more.

And, with a UnitedHealthcare plan, your cost is **\$50 or less.****

To get started sign in at myuhc.com/virtualvisits or download the UnitedHealthcare® app.

In addition to all of the great things you can do on myuhc.com® or the UnitedHealthcare app, you can now talk to a doctor as well. There are no additional accounts to set up or apps to download.

Quality care when and where you need it.

Use a Virtual Visit for everyday medical conditions:

- Allergies
- Rashes
- Bronchitis
- Sore throats
- Eye infections
- Stomachaches
- Flu
- And more
- Headaches/migraines



Virtual Visits may save you time and money.

An estimated 25% of ER visits could be treated with a Virtual Visit—bringing a potential \$1,700 cost down to just \$50.***

HINGE HEALTH

\$0
cost to you

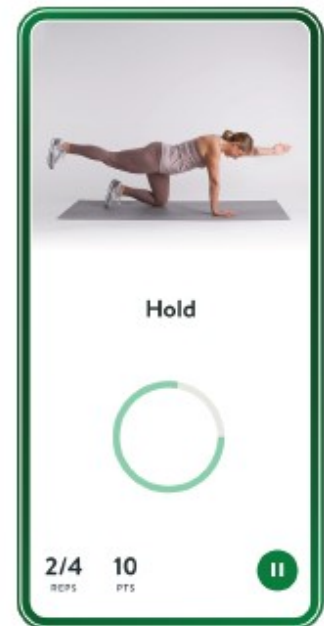


Personalized pain care that gets you moving

Relieve joint and muscle pain with personalized exercise therapy at no cost to you. On average, participants reduce their pain by 68%.¹

- Virtual sessions anytime, anywhere
- Unlimited 1-on-1 health coaching
- Motion-tracking technology for instant form correction

Your family may be eligible, too!



To learn more and apply, scan the QR code or visit hinge.health/epcschools

Questions? Call (855) 902-2777

Participants must be 18+ and enrolled in an EPC Schools health plan.

¹After 12 weeks, in a study of chronic knee and back program participants. Bailey JF, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. J Med Internet Res 2020;22(5):e18250.



What is Hello Heart?

Hello Heart is an easy-to-use program that helps you **track, understand, and manage** your heart health from the privacy of your own phone. The Hello Heart program is offered at no cost to you and includes a free blood pressure monitor that connects to an app on your smartphone. It's engaging and rewarding!

What's great about Hello Heart?

There are no complicated coaching sessions and all the information and tips are on your phone, so you can use the app **anywhere, anytime**.

Last, but not least, Hello Heart strictly follows HIPAA guidelines on how to save information, which is kept **100% private** to you. No one has any access to your information.

What do you get with Hello Heart?

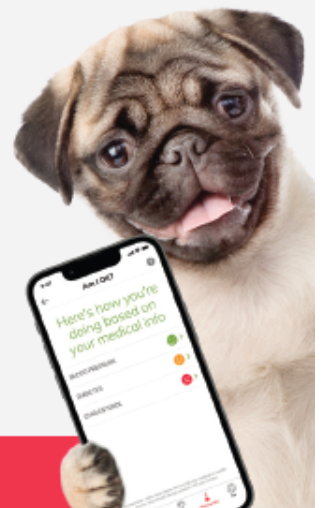
- Free FDA-cleared blood pressure monitor that easily connects to your phone
- Blood pressure, medication, and weight tracking technology
- Instant, clear explanations of what your numbers mean
- Easy-to-apply personalized tips for maintaining a healthy heart
- Progress reports that are easy to review or share with your physician
- Auto-imported lab results from clinics, with personalized explanations
- Support team available to answer any questions via phone or email



It's easy to enroll and get started!

Visit join.helloheart.com/EPC3 or scan the QR code

Employees and adult dependents covered by your employer's Anthem or UnitedHealthcare medical plan who have blood pressure readings of 130/80 mmHg or above or take blood pressure medication are eligible to enroll.



Hello Heart is not a substitute for medical care. Talk to your doctor to make sure you are diagnosed and treated properly.

Need help? ✉ support@helloheart.com ☎ (800) 767-3471 Monday-Friday, 8am-8pm EST

KHN ON-DEMAND CARE CENTER



On-Demand Care

Getting you back to feeling your best

You can't predict a fever or an ankle sprain. And when life's surprises happen, you still want care you trust to help you feel your best.

Care designed to fit into your day

Extended hours—evenings and weekends

Get back to work and life faster

Office visit, lab, and X-ray all in the same location

Your time is valuable

Save your spot online

Experience quality care at an affordable rate

Primary care office co-pay

CONDITIONS TREATED

- Allergies, colds, coughs, sinuses, and flu
- Asthma attacks & wheezing
- Mild animal or insect bites
- Fevers, headaches, and rashes
- Bronchitis and respiratory infection
- Minor cuts
- Dehydration
- Diarrhea and vomiting
- Earache or ear infection
- Headache and migraine
- Pink eye
- Sore throat, laryngitis, and strep
- Sunburn and minor burns
- Sprains and strains
- Urinary tract infection (UTIs)

Four locations to serve you:

Springboro Health Center
825 N. Main St.

Centerville
101 E. Alex Bell Rd.

Washington Township
1028 Miamisburg-Centerville Rd.

Kettering - Opens June 9
424 E. Stroop Rd.

21KFN0295-0816 ©2021 Kettering Health

Walk in today or check in online

ketteringhealth.org/ondemand

Weekdays 9 a.m. - 7 p.m. • Weekends 8 a.m. - 4 p.m.



PRESCRIPTION SAVINGS PROGRAM

If you have prescriptions and are looking for ways to save on costs, visit www.GoodRx.com or download the free GoodRx app to help save.

HOW IT WORKS

1. Type in your prescription name and press “Find the Lowest Price”
2. Browse and compare prices at your local pharmacies listed
3. Print the free coupon or pull up on the up on your phone
4. Show Pharmacist the coupon and save

Good Rx does not use your insurance. If you would like to have your out-of-pocket costs applied to your deductible, you must confirm your prescriptions are covered under the plan formulary, and submit your receipt directly to UHC.

1

Compare prices
GoodRx collects prices & discounts from over 60,000 U.S. pharmacies

2

Print free coupons
Or send coupons to your phone by email or text message

3

Save up to 80%
Show the coupon to your pharmacist for massive savings on your meds

KROGER Rx SAVINGS CLUB



Visit www.krogersc.com to start searching your prescriptions and see if this is the right membership Rx savings program for you and you family.

Join Kroger Rx Savings Club for access to exclusive prices

100+ common prescriptions for FREE, \$3, or \$6. Plus, save on 1,000+ generic prescriptions.

Individual membership for just **\$36 per year.** Family plan (up to **6 people**, including pets) is only **\$72 annually.**

Sign-up in only **2 minutes** and start saving with your membership immediately!

EmployeeCare Program

As a leading company in the Miami Valley area, you know that finding and retaining top quality associates is important to your business' bottom line. Developing and offering a comprehensive benefits package helps you reach this goal. Also, by adding an Employee Assistance Program (EAP) to the care and services you extend to your employees, you are ensuring they have all the tools and resources available to do their best at work. EmployeeCare can help you get there.



Where Employees Go For Help

For an employee to be at his or her professional best, they must be able to manage the life issues they face. Too many times, employees experience difficulties in their work and personal lives that ultimately negatively impact their job performance. Where can they go for help? EmployeeCare is a comprehensive counseling service offered to employees, through their employers, to assist with short term counseling services. The services are designed to help the employee sort out feelings and resolve personal or work problems.

EmployeeCare supports employees issues with:

- Family problems
- Couple or marital problems
- Work-related problems
- Emotional problems (anxiety or depression)
- Financial worries
- Alcohol and/or drug abuse
- Stress management/conflict resolution

Our services include:

- Short-term counseling
- 24-hour crisis hotline
- Assessment and referral
- Onsite services
 - Wellness seminars
 - Manager training
 - BWC Drug Free workplace training for supervisors and employees
 - Critical incident debriefing
 - Employee orientation

All information shared by employees is kept strictly confidential. To ensure a robust resource to help with issues affecting the family, EmployeeCare is available not only to the employee, but anyone living in their household.

Accredited Counselors

EmployeeCare provides counseling, referral and follow-up by licensed professional counselors, certified employee assistance professionals, substance abuse professionals and licensed independent chemical dependency counselors.

To ensure full support of the greatest resource of your company – your employees – take advantage of EmployeeCare today. Call Brenda Moore, Program Manager, at **(937) 208-6626** for a presentation on how we can help.

EmployeeCare

3170 Kettering Blvd., Bldg. B
Dayton, Ohio 45439

Appointments:

Monday - Friday
(evening appointments available)

(937) 208-6626

(800) 628-9343

24-hour crisis line:

(937) 208-6626

(800) 628-9343

Locations:

Centerville	Greenville
Dayton	Springboro
Eaton	Troy



DENTAL PLAN



Montgomery County ESC provides dental coverage through Delta Dental. Your dental plan is designed to encourage you to visit the dentist and help ensure your basic dental needs are met in a timely, cost-effective manner. This dental benefit is contributory, which means you share the premium cost with your employer. While you have the freedom to choose any dentist, if you use a network provider you can take advantage of a higher level of benefits and discounted fees. You may also use your HSA or FSA to offset the cost of dental services.

Dependent children are eligible to stay on Montgomery County ESC’s dental plan until the end of their 26th birth month. The out-of-network coverage is based on the allowable amount applicable for the same service that would be rendered by a network provider and you may be balance billed for anything over this amount.

	In-Network	Out-of-Network
Deductible	\$25 Individual \$50 Family	
Preventive	100%	100%
Basic	80%	80%
Major	60%	60%
Contract Period Maximum	\$1,500 per Individual	
Orthodontia	60%	60%
Orthodontia Maximum (Lifetime)	\$1,000 per Individual (Adult & Child)	
Benefit Period	Calendar Year	

To find a Delta Provider, visit deltadental.com
Network: PPO or Premier

Coverage Type	Employee Pays	Board Pays	Total Monthly Premium
Employee	\$6.19	\$24.77	\$30.96
Employee + Child(ren)	\$13.00	\$52.00	\$65.00
Employee + Spouse	\$13.03	\$52.12	\$65.15
Employee + Family (Non-Union)	\$17.96	\$71.83	\$89.79
Employee + Family (Union)	\$34.79	\$55.00	\$89.79

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This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.

VISION PLAN



Montgomery County ESC offers voluntary vision insurance through Vision Service Plan. You are responsible for the total cost of the coverage. You can use your HSA or FSA to offset the cost of vision services. You can receive benefits from any optometrist, ophthalmologist, or optician of your choice. However if you visit a network provider, your out-of-pocket costs will generally be lower than if you visit an out-of-network provider.

Dependent children are eligible to stay on Montgomery County ESC's Vision plan until the end of their 26th birth month.

	In-Network	Out-of-Network	Benefit Guidelines
Examinations	\$10 Copay	Up to \$50	Every 12 months
Frames	\$15 Copay, then \$150 Allowance 20% off remaining balance	Up to \$70	Every 12 months
Lenses Single Bifocal Trifocal	\$15 Copay \$15 Copay \$15 Copay	Up to \$50 Up to \$75 Up to \$100	Every 12 months
Contacts	\$130 Allowance 15% off remaining balance	Up to \$105	Every 12 months
Laser Correction Surgery	Discount		
Benefit Period	Date of Service		

To find a VSP Provider, visit vsp.com or call 800.877.7195
Network: VSP Signature



Coverage Type	Employee Pays (Monthly)
Employee	\$10.02
Employee + Family	\$23.44

Disclaimer

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.

FLEXIBLE SPENDING ACCOUNTS

WHAT IS A GENERAL PURPOSE FSA?

A Flexible Spending Account (FSA) is a tax-free account you can use to pay for eligible medical, dental, vision, and hearing expenses.

HOW IT WORKS

During open enrollment each year, you decide how much your qualifying expenses will possibly be in the coming year. Based on your elections, contributions are made through payroll deductions into your Flexible Spending Account. These deposits are made on a tax-free basis. As expenses are incurred, you may request reimbursements from your account, which are also tax-free. As an added bonus, your FSA elections will be available for use on day one of the plan year.

Unlike the HSA, unused FSA funds do not carryover to the next year. It is a “use it or lose it” concept. It is generally recommended that your contributions be predictable expenses.

WHAT IS A LIMITED PURPOSE FSA?

An individual contributing to an HSA may not simultaneously have a General Purpose health FSA that reimburses out of pocket medical expenses. However, HSA owners can have a Limited FSA. If you are currently contributing to, or plan to contribute to an HSA, a Limited FSA might be just what you need.

The difference between a General Purpose health FSA and Limited Purpose FSA is the expenses that are eligible for reimbursement.

A Limited FSA only allows for reimbursement of dental, vision or post-deductible medical expenses.

WHAT IS A DEPENDENT CARE ACCOUNT?

This is a Work-Related Dependent Care Account. This account offers tax-free reimbursement for certain day care expenses incurred so that you and your spouse can work.

WHAT DO I NEED TO DO?

Sitting down with the decision makers of your household and deciding how much your estimated eligible expenses will be for the year will be a great way to save money through this account because it is a use it or lose it account. Once you have an amount you would like to contribute, fill out the correct paperwork and notify your HR department.



Southwestern Ohio Educational Purchasing Council Life Insurance Program.

Basic Life / AD&D

District Provided Coverage

Competitive rates

\$.105 per \$1000 for Districts without Waiver of Premium*

\$.110 per \$1000 for Districts with Waiver of Premium*

- Flexibility to match District's current Basic Life schedule (ie; flat or multiple of earnings schedules). Overall benefit maximum/guarantee issue limits are subject to Districts total premium volume.

*Combined Life/AD& D Rates.

For more information please contact:

Kevin Hopf
khopf@mcgohanbrabender.com



McGohan Brabender



Voluntary Life

Employee Paid Coverage

Employee

- Employee selects amount - \$10,000 increments up to \$750,000.
- Guarantee Issue during initial eligibility period: \$300,000. Coverage amounts in excess of \$300,000 require "Evidence of Insurability".

Eligible spouse

- Employee selects amount - \$5,000 increments up to the lesser of 100% of the employee amount or \$250,000.
- Guarantee issue during initial eligibility period \$50,000. Coverage amounts in excess of \$50,000 require "Evidence of Insurability".

Eligible child(ren)

- Employee selects amount - Amounts: \$10,000 or \$15,000 for unmarried dependent child birth to 26.

Employee and Spouse Voluntary Life*	
Age	"Monthly Rate per \$1,000"
Under 25	\$0.03
25-29	\$0.038
30-34	\$0.078
35-39	\$0.087
40-44	\$0.097
45-49	\$0.145
50-54	\$0.225
55-59	\$0.420
60-64	\$0.650
65-69	\$1.25
70+	\$2.05
Employee AD&D	\$0.020 per \$1,000

Spouses age is equal to the employee age for premium purposes.

Child Voluntary Life	
Coverage Amount	Monthly Cost
\$10,000	\$2.00 for all covered children
\$15,000	\$3.00 for all covered children

*NOTE: Future Guaranteed Issue Offer - Only employees who are enrolled in supplemental life can elect up to \$20,000 guaranteed issue during future open enrollment periods (resulting coverage cannot exceed \$300,000). Employees **do not** have to elect employee supplemental life in order to elect spouse or child life. If a spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child.*

Group Life Insurance Program

Your employer provides benefit eligible employees Term Life and Accidental Death & Dismemberment (AD&D) Insurance through Securian Financial - administered by Ochs.

LIFE and AD&D INSURANCE

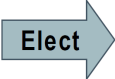
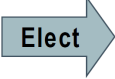
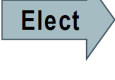
Protects you and your family from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

Basic & Voluntary Life Beneficiaries are the same.

VOLUNTARY LIFE - employee paid

Employee* Term Life		Elect \$10,000 increments up to \$750,000 <ul style="list-style-type: none"> See next page for rates 	<ul style="list-style-type: none"> \$300,000 is Guaranteed Issue for initial enrollment (no health questions). Elections beyond \$300,000 require evidence of insurability. Elect a matching AD&D benefit
Spouse Term Life		Elect \$5,000 increments up to \$250,000 <ul style="list-style-type: none"> See next page for rates 	<ul style="list-style-type: none"> \$50,000 is Guaranteed Issue for initial enrollment (no health questions). Elections beyond \$50,000 require evidence of insurability. Elect a matching AD&D benefit
Child Term Life		Elect \$10,000 <ul style="list-style-type: none"> \$2.00 monthly Life only \$2.17 monthly Life with AD&D Elect \$15,000 <ul style="list-style-type: none"> \$3.00 monthly Life only \$3.26 monthly Life with AD&D Elect \$20,000 <ul style="list-style-type: none"> \$4.00 monthly Life only \$4.34 monthly Life with AD&D 	<ul style="list-style-type: none"> All coverage is Guaranteed Issue for initial enrollment and each year during annual enrollment One premium insures all eligible children from live birth to age 26 Elect a matching AD&D benefit

***NOTE: Future Guaranteed Issue Offer** - Employees who are enrolled in voluntary life can elect up to \$20,000 guaranteed issue, no health questions asked, during future open enrollment periods (resulting coverage cannot exceed \$300,000).

Employees **do not** have to elect employee voluntary life in order to elect spouse or child life.

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child.

This is a summary of plan provisions related to the insurance policy underwritten by Minnesota or Securian Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Minnesota and Securian Life are affiliates of Securian Financial Group, Inc. Products are offered under policy form series 14-31700.

Ochs, Inc.
 A Securian Financial Company
 400 Robert Street N, Ste. 1880, St. Paul, MN 55101



Email: ochs@ochsinc.com
Phone: 651-665-3789 • 1-800-392-7295
Web: ochsinc.com

F-ochs Rev 09-2021

DOFU 3-2020

Employee & Spouse Voluntary Term Life Monthly Rates
 (Life Only - does NOT include matching AD&D benefit)



Based on employee's age

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*
Rate/\$1,000	\$0.030	\$0.038	\$0.078	\$0.087	\$0.097	\$0.145	\$0.225	\$0.420	\$0.650	\$1.250	\$2.050
Amount											
\$5,000	0.15	0.19	0.39	0.44	0.49	0.73	1.13	2.10	3.25	6.25	10.25
\$10,000	0.30	0.38	0.78	0.87	0.97	1.45	2.25	4.20	6.50	12.50	20.50
\$20,000	0.60	0.76	1.56	1.74	1.94	2.90	4.50	8.40	13.00	25.00	41.00
\$30,000	0.90	1.14	2.34	2.61	2.91	4.35	6.75	12.60	19.50	37.50	61.50
\$40,000	1.20	1.52	3.12	3.48	3.88	5.80	9.00	16.80	26.00	50.00	82.00
\$50,000	1.50	1.90	3.90	4.35	4.85	7.25	11.25	21.00	32.50	62.50	102.50
\$60,000	1.80	2.28	4.68	5.22	5.82	8.70	13.50	25.20	39.00	75.00	123.00
\$70,000	2.10	2.66	5.46	6.09	6.79	10.15	15.75	29.40	45.50	87.50	143.50
\$80,000	2.40	3.04	6.24	6.96	7.76	11.60	18.00	33.60	52.00	100.00	164.00
\$90,000	2.70	3.42	7.02	7.83	8.73	13.05	20.25	37.80	58.50	112.50	184.50
\$100,000	3.00	3.80	7.80	8.70	9.70	14.50	22.50	42.00	65.00	125.00	205.00
\$110,000	3.30	4.18	8.58	9.57	10.67	15.95	24.75	46.20	71.50	137.50	225.50
\$120,000	3.60	4.56	9.36	10.44	11.64	17.40	27.00	50.40	78.00	150.00	246.00
\$130,000	3.90	4.94	10.14	11.31	12.61	18.85	29.25	54.60	84.50	162.50	266.50
\$140,000	4.20	5.32	10.92	12.18	13.58	20.30	31.50	58.80	91.00	175.00	287.00
\$150,000	4.50	5.70	11.70	13.05	14.55	21.75	33.75	63.00	97.50	187.50	307.50
\$160,000	4.80	6.08	12.48	13.92	15.52	23.20	36.00	67.20	104.00	200.00	328.00
\$170,000	5.10	6.46	13.26	14.79	16.49	24.65	38.25	71.40	110.50	212.50	348.50
\$180,000	5.40	6.84	14.04	15.66	17.46	26.10	40.50	75.60	117.00	225.00	369.00
\$190,000	5.70	7.22	14.82	16.53	18.43	27.55	42.75	79.80	123.50	237.50	389.50
\$200,000	6.00	7.60	15.60	17.40	19.40	29.00	45.00	84.00	130.00	250.00	410.00
\$210,000	6.30	7.98	16.38	18.27	20.37	30.45	47.25	88.20	136.50	262.50	430.50
\$220,000	6.60	8.36	17.16	19.14	21.34	31.90	49.50	92.40	143.00	275.00	451.00
\$230,000	6.90	8.74	17.94	20.01	22.31	33.35	51.75	96.60	149.50	287.50	471.50
\$240,000	7.20	9.12	18.72	20.88	23.28	34.80	54.00	100.80	156.00	300.00	492.00
\$250,000	7.50	9.50	19.50	21.75	24.25	36.25	56.25	105.00	162.50	312.50	512.50
\$260,000	7.80	9.88	20.28	22.62	25.22	37.70	58.50	109.20	169.00	325.00	533.00
\$270,000	8.10	10.26	21.06	23.49	26.19	39.15	60.75	113.40	175.50	337.50	553.50
\$280,000	8.40	10.64	21.84	24.36	27.16	40.60	63.00	117.60	182.00	350.00	574.00
\$290,000	8.70	11.02	22.62	25.23	28.13	42.05	65.25	121.80	188.50	362.50	594.50
\$300,000	9.00	11.40	23.40	26.10	29.10	43.50	67.50	126.00	195.00	375.00	615.00
\$350,000	10.50	13.30	27.30	30.45	33.95	50.75	78.75	147.00	227.50	437.50	717.50
\$400,000	12.00	15.20	31.20	34.80	38.80	58.00	90.00	168.00	260.00	500.00	820.00
\$450,000	13.50	17.10	35.10	39.15	43.65	65.25	101.25	189.00	292.50	562.50	922.50
\$500,000	15.00	19.00	39.00	43.50	48.50	72.50	112.50	210.00	325.00	625.00	1,025.00
\$550,000	16.50	20.90	42.90	47.85	53.35	79.75	123.75	231.00	357.50	687.50	1,127.50
\$600,000	18.00	22.80	46.80	52.20	58.20	87.00	135.00	252.00	390.00	750.00	1,230.00
\$650,000	19.50	24.70	50.70	56.55	63.05	94.25	146.25	273.00	422.50	812.50	1,332.50
\$700,000	21.00	26.60	54.60	60.90	67.90	101.50	157.50	294.00	455.00	875.00	1,435.00
\$750,000	22.50	28.50	58.50	65.25	72.75	108.75	168.75	315.00	487.50	937.50	1,537.50

*Additional rates available upon request. Rates change according to age brackets.
 Rate Grid Southwest Ohio EPC.doc

Employee & Spouse Voluntary Term Life and AD&D Monthly Rates
 (Includes matching AD&D benefit)



Based on employee's age

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*
Rate/\$1,000	\$0.050	\$0.058	\$0.098	\$0.107	\$0.117	\$0.165	\$0.245	\$0.440	\$0.670	\$1.270	\$2.070
Amount											
\$5,000	0.25	0.29	0.49	0.54	0.59	0.83	1.23	2.20	3.35	6.35	10.35
\$10,000	0.50	0.58	0.98	1.07	1.17	1.65	2.45	4.40	6.70	12.70	20.70
\$20,000	1.00	1.16	1.96	2.14	2.34	3.30	4.90	8.80	13.40	25.40	41.40
\$30,000	1.50	1.74	2.94	3.21	3.51	4.95	7.35	13.20	20.10	38.10	62.10
\$40,000	2.00	2.32	3.92	4.28	4.68	6.60	9.80	17.60	26.80	50.80	82.80
\$50,000	2.50	2.90	4.90	5.35	5.85	8.25	12.25	22.00	33.50	63.50	103.50
\$60,000	3.00	3.48	5.88	6.42	7.02	9.90	14.70	26.40	40.20	76.20	124.20
\$70,000	3.50	4.06	6.86	7.49	8.19	11.55	17.15	30.80	46.90	88.90	144.90
\$80,000	4.00	4.64	7.84	8.56	9.36	13.20	19.60	35.20	53.60	101.60	165.60
\$90,000	4.50	5.22	8.82	9.63	10.53	14.85	22.05	39.60	60.30	114.30	186.30
\$100,000	5.00	5.80	9.80	10.70	11.70	16.50	24.50	44.00	67.00	127.00	207.00
\$110,000	5.50	6.38	10.78	11.77	12.87	18.15	26.95	48.40	73.70	139.70	227.70
\$120,000	6.00	6.96	11.76	12.84	14.04	19.80	29.40	52.80	80.40	152.40	248.40
\$130,000	6.50	7.54	12.74	13.91	15.21	21.45	31.85	57.20	87.10	165.10	269.10
\$140,000	7.00	8.12	13.72	14.98	16.38	23.10	34.30	61.60	93.80	177.80	289.80
\$150,000	7.50	8.70	14.70	16.05	17.55	24.75	36.75	66.00	100.50	190.50	310.50
\$160,000	8.00	9.28	15.68	17.12	18.72	26.40	39.20	70.40	107.20	203.20	331.20
\$170,000	8.50	9.86	16.66	18.19	19.89	28.05	41.65	74.80	113.90	215.90	351.90
\$180,000	9.00	10.44	17.64	19.26	21.06	29.70	44.10	79.20	120.60	228.60	372.60
\$190,000	9.50	11.02	18.62	20.33	22.23	31.35	46.55	83.60	127.30	241.30	393.30
\$200,000	10.00	11.60	19.60	21.40	23.40	33.00	49.00	88.00	134.00	254.00	414.00
\$210,000	10.50	12.18	20.58	22.47	24.57	34.65	51.45	92.40	140.70	266.70	434.70
\$220,000	11.00	12.76	21.56	23.54	25.74	36.30	53.90	96.80	147.40	279.40	455.40
\$230,000	11.50	13.34	22.54	24.61	26.91	37.95	56.35	101.20	154.10	292.10	476.10
\$240,000	12.00	13.92	23.52	25.68	28.08	39.60	58.80	105.60	160.80	304.80	496.80
\$250,000	12.50	14.50	24.50	26.75	29.25	41.25	61.25	110.00	167.50	317.50	517.50
\$260,000	13.00	15.08	25.48	27.82	30.42	42.90	63.70	114.40	174.20	330.20	538.20
\$270,000	13.50	15.66	26.46	28.89	31.59	44.55	66.15	118.80	180.90	342.90	558.90
\$280,000	14.00	16.24	27.44	29.96	32.76	46.20	68.60	123.20	187.60	355.60	579.60
\$290,000	14.50	16.82	28.42	31.03	33.93	47.85	71.05	127.60	194.30	368.30	600.30
\$300,000	15.00	17.40	29.40	32.10	35.10	49.50	73.50	132.00	201.00	381.00	621.00
\$350,000	17.50	20.30	34.30	37.45	40.95	57.75	85.75	154.00	234.50	444.50	724.50
\$400,000	20.00	23.20	39.20	42.80	46.80	66.00	98.00	176.00	268.00	508.00	828.00
\$450,000	22.50	26.10	44.10	48.15	52.65	74.25	110.25	198.00	301.50	571.50	931.50
\$500,000	25.00	29.00	49.00	53.50	58.50	82.50	122.50	220.00	335.00	635.00	1,035.00
\$550,000	27.50	31.90	53.90	58.85	64.35	90.75	134.75	242.00	368.50	698.50	1,138.50
\$600,000	30.00	34.80	58.80	64.20	70.20	99.00	147.00	264.00	402.00	762.00	1,242.00
\$650,000	32.50	37.70	63.70	69.55	76.05	107.25	159.25	286.00	435.50	825.50	1,345.50
\$700,000	35.00	40.60	68.60	74.90	81.90	115.50	171.50	308.00	469.00	889.00	1,449.00
\$750,000	37.50	43.50	73.50	80.25	87.75	123.75	183.75	330.00	502.50	952.50	1,552.50

*Additional rates available upon request. Rates change according to age brackets.
 Rate Grid Southwest Ohio EPC.doc

HOW TO ENROLL

Medical, Dental, Vision, & Basic Life

STEPS...

1. <https://epc-online.benelogic.com>
2. First initial, last name and last 4 of SSN (Jdoe1234)
3. Last four digits of your SSN (1234)
4. Click “GO” on your home page and it will walk you through the process





Take advantage of your benefit!

Health care costs are rising, benefits can be confusing and finding the right care can be frustrating and time-consuming. Don't worry! Help has arrived. You now have a personal Health Pro[®] consultant ready to assist you and your family.

- **Understand your benefits**

Clear up any confusion about your health plan.

- **Find great doctors**

Locate highly-rated doctors, dentists and eye care professionals.

- **Save money on health care**

Compare prices and choose more cost-effective options.

- **Pay less for prescriptions**

Get recommendations for lower-cost medications.

- **Resolve billing errors**

Over 30% of medical bills are wrong. Don't overpay.

- **Schedule appointments**

Have your appointments scheduled at times most convenient for you.

MCESC Dedicated Alight Rep:

Grayson Newton

Phone: 1 (800) 513-1667 x 2591

Email: Grayson.newton@alight.com

After Hours Healthcare Options Near You

CHOICE	A	B	C
Name	Minute Clinic	The Little Clinic of Ohio	MinuteClinic
Specialty Name	Urgent Care Center	Retail Clinic	Urgent Care Center
Location	710 N Main St Springboro, OH 45066	1095 S Main St Dayton, OH 45458	4996 Brandt Pike Dayton, OH 45424
Phone	(937) 748-1135	(937) 439-8622	(937) 233-3324
Office Hours	M, T, W, F 9:00 AM - 8:00 PM; SA 9:00 AM - 5:30 PM; SU 10:00 AM - 5:30 PM	M - F 8:30 - 7:30 PM	M, T, W, F 9:00 AM- 8:00 PM SA 9:00 AM- 5:30 PM SU 10:00 AM- 5:30 PM
Staff Rating 1 = cold 5 = warm	5	5	5
Website	Go To Site	Go To Site	Go To Site

CHOICE	D	E	F
Name	MinuteClinic	The Little Clinic	The Little Clinic
Specialty Name	Retail Clinic	Retail Clinic	Retail Clinic
Location	1331 N Fairfield Rd Dayton, OH 45432	3165 Dayton Xenia Rd Dayton, OH 45434	2115 E Dorothy Ln Kettering, OH 45420
Phone	(937) 426-4478	(937) 912-0525	(937) 610-9174
Office Hours	M, T, W, F 9:00 AM- 7:00 PM SA 9:00 AM- 4:30 PM SU 9:00 AM- 3:30 PM	M T W F 8:30 AM- 7:30 PM TH 8:30 AM- 4:00 PM SA 8:30 AM- 5:00 PM SU 9:30 AM- 5:00 PM	M - F 8:30 AM - 7:30 PM SA 8:30 AM - 5:00 PM SU 9:30 AM - 5:00 PM
Staff Rating 1 = cold 5 = warm	5	5	5
Website	Go To Site	Go To Site	Go To Site

McGOHAN BRABENDER **ADVOCATE TEAM**

WHAT WE DO

- Research
- Problem Solve
- Communicate
- Educate

HOW IT WORKS

If you've contacted your physician or carrier and weren't satisfied with the response, our MB Advocates are there to step in on your behalf.

Issues we can assist with:

- Claim Issues (Medical, Dental & Vision)
- Provider Billing Questions
- Coordination of Benefits
- Pre-authorization Help

HELP US GET STARTED BY PROVIDING:

- Employer name
- Employee name
- Date of Birth
- Patient Name/Date of Birth
- Insurance Member ID or SSN
- Service Date
- Provider Name/Contact Information
- Summary of Issue
- For Prescription Issues, include medication name, dosage, quantity, pharmacy name/phone number, prescribing physician's name/phone number

SUBMIT YOUR REQUEST:

[CLICK HERE](#)

OR SCAN QR CODE

*Please complete all fields on the form



If you are having issues submitting your request, you can contact us:

Monday-Friday, 8 a.m. to 5 p.m. EST

p: 937.260.4300 or 877.635.5372

f: 937.499.1160

e: mbadvocates@mbbenefits.com





Additional Services at McGohan Brabender

For any questions throughout the year please feel free to contact your account team at McGohan Brabender. We can help you navigate and find any answers you may have. If you have a specific question and you would like guidance on where you can get answers for things such as billing issues, retirement benefits, financial help etc. See below for McGohan Brabender’s contact information, as well as our partners we work closely with. All of these benefits are free for you to use.

CONCERNING	WHO	PHONE	E-MAIL/WEBSITE
General Questions	McGohan Brabender	(937) 293-1600	www.mcgohanbrabender.com
Claims/Billing/ Benefits Questions	McGohan Brabender Advocates Team	(937) 260-4300 or (877) 635-5372	mbadvocates@mbbenefits.com
Individual Coverage	Cornerstone Broker	Visit: www.mcgohanbrabender.com Click on the “Service Menu” Click “Individual Medical and RetireMed” Click “Request Ticket”	
Retirement Benefits	RetireMed	1 (866) 600-4266	www.retiremed.com/MB



Disclaimer

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.