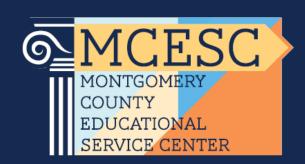


2026 Plan Year GUIDE TO BENEFITS

MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER





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.

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HELPFUL LINKS and CONTACTS



MCESC Benefits Team

Christopher Fox, Treasurer | ext. 3025
Marion Stout, Director of HR | ext. 3029
Haley Coley, HR Coordinator | ext. 3018
Georgia Flannery, Payroll Officer | ext. 3045
Human.Resources@MCESC.org
Payroll@MCESC.org

Southwestern Ohio EPC: Benelogic

https://epc-online.benelogic.com benefits@epcschools.org

Benefits Administrator: Cristi Goldshot

UnitedHealthcare

www.myuhc.com

Member Services: 1-866-633-2446

Care24: 1-888-887-4114

Delta Dental

www.memberportal.com

Member Services: 1-800-524-0149

Vision Service Provider (VSP)

www.vsp.com

Member Services: 1-800-877-7195

CVS Caremark

Prescription Benefits

www.caremark.com

Member Services: 1-888-202-1654

Access Insurance Cards via Provider Websites

American Fidelity

https://enroll.americanfidelity.com/8AD5F59A christina.howard@americanfidelity.com

Representative: Christina Howard

Contact: (859) 663-0035

Premier Health Employee Assistance Program

www.premierhealth.com

Contact: (937) 208-6626

24-Hour Crisis Line: (800) 628-9343

McGohan Brabender Health Advocates

mbadvocates@mbbenefits.com

Member Services: 1-877-635-5372

RetireMed

www.retiremedIQ.com/epcschools

Member Services: 1-800-605-6525

Alight

member.alight.com

grayson.newton@alight.com

Health Pro: Grayson Newton

Direct Line: 1-800-513-1667, ext. 2591



INSURANCE RATES MCESC

2026 Plan Year



Plan Year:

January 1, 2026 through December 31, 2026

Open Enrollment:

October 13, 2025 through October 31, 2025

				Full Ti	me Bene			
United Healthcare of Ohio								
	Employee/	Er	mployee	Board	Monthly			
	Board%		Share	Share	Premium			
High Deductible (Only option available to new staff or changes eff. 2019)								
Single	15/85	\$	152.98	\$ 866.89	\$1,019.87			
Employee + Child(ren)	20/80	\$	375.32	\$1,501.26	\$1,876.58			
Employee + Spouse	20/80	\$	448.75	\$1,795.02	\$2,243.77			
Family	20/80	\$	628.24	\$2,512.98	\$3,141.22			
PPO (Grandfathered O	nly)							
Single	15/85	\$	193.92	\$1,098.88	\$1,292.80			
Employee + Child(ren)	20/80	\$	477.84	\$1,911.35	\$2,389.19			
Employee + Spouse	20/80	\$	568.83	\$2,275.31	\$2,844.14			
Family	20/80	\$	798.94	\$3,195.74	\$3,994.68			

fi	ts (185+ Days)							
	Delta Dental							
	Employee Employee					Board	M	onthly
	/ Board% Share			Share	9	Share	Pre	emium
	Single	20/80	\$	6.19	\$	24.77	\$	30.96
	Employee + Child(ren)	20/80	\$	13.00	\$	52.00	\$	65.00
	Employee + Spouse	20/80	\$	13.03	\$	52.12	\$	65.15
	Family (Non-Union)	20/80	\$	17.96	\$	71.83	\$	89.79
	Family (Union)	\$55 Max	\$	34.79	\$	55.00	\$	89.79
	Vision Service Plan							
	Single	100/0	\$	10.02	\$	-	\$	10.02
	Family	100/0	\$	23.44	\$	-	\$	23.44

Part-time Benefit								
United Healthcare of Ohio								
	Employee/	Employee	Board	Monthly				
	Board%	Share	Share	Premium				
High Deductible (Only option available to new staff or changes eff. 2019)								
Single	36.25/67.75	\$ 369.70	\$ 650.17	\$1,019.87				
Employee + Child(ren)	40/60	\$ 750.63	\$1,125.95	\$1,876.58				
Employee + Spouse	40/60	\$ 897.51	\$1,346.26	\$2,243.77				
Family	40/60	\$1,256.49	\$1,884.73	\$3,141.22				
PPO (Grandfathered O	nly)							
Single	36.25/67.75	\$ 468.64	\$ 824.16	\$1,292.80				
Employee + Child(ren)	40/60	\$ 955.68	\$1,433.51	\$2,389.19				
Employee + Spouse	40/60	\$1,137.66	\$1,706.48	\$2,844.14				
Family	40/60	\$1,597.87	\$2,396.81	\$3,994.68				

			ts (140-184 days)
ental	ent	Delta D	
Employee Board Monthly	Em	Employee	
Share Share Premium	9	/ Board%	
\$ 12.38 \$ 18.58 \$ 30.96	\$	40/60	Single
\$ 26.00 \$ 39.00 \$ 65.00	\$	40/60	Employee + Child(ren)
\$ 26.06 \$ 39.09 \$ 65.15	\$	40/60	Employee + Spouse
\$ 35.92 \$ 53.87 \$ 89.79	\$	40/60	Family (Non-Union)
\$ 34.79 \$ 55.00 \$ 89.79	\$	\$55 Max	Family (Union)
vice Plan	/ice	Vision Serv	
\$ 10.02 \$ - \$ 10.02	\$	100/0	Single
\$ 23.44 \$ - \$ 23.44	\$	100/0	Family
Share Share Premi \$ 12.38 \$ 18.58 \$ 30 \$ 26.00 \$ 39.00 \$ 65 \$ 26.06 \$ 39.09 \$ 65 \$ 35.92 \$ 53.87 \$ 89 \$ 34.79 \$ 55.00 \$ 89 vice Plan \$ 10.02 \$ - \$ 10	\$ \$ \$ \$ \$ /ice	/ Board% 40/60 40/60 40/60 40/60 \$55 Max Vision Servential (100/0)	Employee + Child(ren) Employee + Spouse Family (Non-Union) Family (Union) Single

			Part-tim	e Benefi	ts	(120-139 Days)
	United Healt	thcare of Oh	io			
	Employee/	Employee	Board	Monthly		
	Board%	Share	Share	Premium		
High Deductible (Only	option availa	ble to new s	taff or chang	es eff. 2019)		Single
Single	57.5/42.5	\$ 586.43	\$ 433.44	\$1,019.87		Employee + Child(ren)
Employee + Child(ren)	60/40	\$1,125.95	\$ 750.63	\$1,876.58		Employee + Spouse
Employee + Spouse	60/40	\$1,346.26	\$ 897.51	\$2,243.77		Family (Non-Union)
Family	60/40	\$1,884.73	\$1,256.49	\$3,141.22		Family (Union)
PPO (Grandfathered O	nly)					
Single	57.5/42.5	\$ 743.36	\$ 549.44	\$1,292.80		Single
Employee + Child(ren)	60/40	\$1,433.51	\$ 955.68	\$2,389.19		Family
Employee + Spouse	60/40	\$1,706.48	\$1,137.66	\$2,844.14		•
Family	60/40	\$2,396.81	\$1,597.87	\$3,994.68		

E 1			Delta Dental						
Employee	Em	ployee	E	Board	M	onthly			
/ Board%	9	Share	9	Share	Pr	emium			
60/40	\$	18.58	\$	12.38	\$	30.96			
60/40	\$	39.00	\$	26.00	\$	65.00			
60/40	\$	39.09	\$	26.06	\$	65.15			
60/40	\$	53.87	\$	35.92	\$	89.79			
\$55 Max	\$	34.79	\$	55.00	\$	89.79			
Vision Service Plan									
100/0	\$	10.02	\$	-	\$	10.02			
100/0	\$	23.44	\$	-	\$	23.44			
	/ Board% 60/40 60/40 60/40 60/40 \$55 Max Vision Servential	/ Board%	/ Board% Share 60/40 \$ 18.58 60/40 \$ 39.00 60/40 \$ 39.09 60/40 \$ 53.87 \$55 Max \$ 34.79 Vision Service Plan 100/0 \$ 10.02	/ Board% Share State 60/40 \$ 18.58 \$ 60/40 \$ 39.00 \$ 60/40 \$ 39.09 \$ 60/40 \$ 53.87 \$ \$55 Max \$ 34.79 \$ Vision Service Plan 100/0 \$ 10.02 \$	/ Board% Share Share 60/40 \$ 18.58 \$ 12.38 60/40 \$ 39.00 \$ 26.00 60/40 \$ 39.09 \$ 26.06 60/40 \$ 53.87 \$ 35.92 \$55 Max \$ 34.79 \$ 55.00 Vision Service Plan 100/0 \$ 10.02 \$ -	/ Board% Share Share Property 60/40 \$ 18.58 \$ 12.38 \$ 60/40 \$ 39.00 \$ 26.00 \$ 60/40 \$ 39.09 \$ 26.06 \$ 60/40 \$ 53.87 \$ 35.92 \$ \$55 Max \$ 34.79 \$ 55.00 \$ Vision Service Plan 100/0 \$ 10.02 \$ - \$			

Noteworthy Items

139-120: 40%

HSA Board Contributions:

Single: \$1,700 All Others: \$2,500

HSA Contribution Limits:

IRS HSA Single Max: \$4,400 IRS HSA All Others Max: \$8,750 * \$1,000 catch-up if over 55

185+: Full Amount

Failure to Complete Biometric Screening: \$50/month Spousal Surcharge: \$100/month

HSA contributions are prorated based upon insurance

184-140: 60%

eligibility and date of hire:

\$60,000 Board-Provided Life Insurance for 185+ days

*If you work between 80 - 119 days, you have access to these voluntary products: Optional Life, STD/LTD & Vision Coverage



How to Enroll in Coverage

Enrollment Process

Enrollment is a two-step process:

- 1. Complete your elections in Benelogic: https://epc-online.benelogic.com
- 2. Meet with our American Fidelity representative: https://enroll.americanfidelity.com/8AD5F59A

New Hire Enrollment

Deadline: Submit elections within 30 days of your start date.

Documentation: Provide required dependent documents (see page 11), or dependents will be

removed.

Effective Date: Coverage starts your first day of work.

Missed Deadline: Coverage waived until next Open Enrollment (unless you experience a qualifying

event).

Open Enrollment

Deadline: Submit elections during the Open Enrollment period.

Documentation: Provide required dependent documents (see page 11).

Effective Date: January 1 of the following year (e.g., OE Oct. 2025 \rightarrow effective Jan. 1, 2026).

Missed Deadline: Coverage waived or current elections maintained until next Open Enrollment

(unless you experience a qualifying event).

Surcharges

Biometric Screening: +\$50/month if not completed.

Spousal Surcharge: +\$100/month if spouse has access to employer coverage.

Stipend for Waiving Medical Coverage

Waive coverage for a full plan year (Jan–Dec) \rightarrow \$1,000 stipend paid the following February.

Mid-year waivers don't qualify until you've waived for a full plan year.

Proof of other coverage required.

For detailed instructions, see the next page.

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Step-by-Step Enrollment Guide

Step One: Complete Elections in Benelogic

Access Benelogic

• Website: https://epc-online.benelogic.com

• **Username:** First initial + last name + last 4 of SSN (e.g., jdoe1234)

Password: Last 4 of SSNClick the green GO button

Follow Prompts

• **Personal Info:** Verify details, update address (for ID cards).

• **Dependents:** Add/update dependents, complete all required fields.

• **Plan Selection:** Choose medical plan or waive, select coverage level, repeat for dental/vision.

• **Review & Submit:** Edit errors with pencil icon, click Submit \rightarrow Yes. Print Enrollment Summary.

Upload Documentation

• Upload required dependent docs within 30 days (via File Cabinet in Benelogic).

Scanned copies accepted—contact HR if needed.

• <u>See page 11</u> for required documentation.

Step Two: Meet with American Fidelity

Schedule within 30 days to finalize benefits, set up HSA, and elect optional coverages.

American Fidelity Information

Representative: Christina Howard

Email: Christina. Howard@americanfidelity.com

Phone: (859) 663-0035

Scheduling Website: https://enroll.americanfidelity.com/8AD5F59A



Submitting a Benefits Change Due to a Qualifying Life Event

If you experience a qualifying event (marriage, divorce, birth/adoption, loss of coverage, etc.), you have **30 calendar days from the event date** to request changes in Benelogic.

Website: https://epc-online.benelogic.com

<u>Important Reminders</u>

- Notify Payroll: After submitting changes in Benelogic, email Payroll@MCESC.org.
- **Deadline:** Requests must be submitted within 30 days of the event.
- Documentation: Required documentation must be uploaded (<u>see page 11</u>). Requests without documentation will be denied.
- **Effective Date:** Approved changes take effect on the event date or the 1st of the following month (per plan rules).
- **Missed Deadline:** Changes can't be made until the next Open Enrollment, unless another qualifying event occurs.

Starting a Change Request (from Benelogic Home Page, select "Make a Change")

- **Update My Personal Information** → Enter effective date, update info (name changes require SS card), click Save. Look for "Personal Information Updated" confirmation.
- **Update My Dependents** → Enter effective date, select dependent, update, click Save.
- **Update My Beneficiaries** → Enter effective date, update designations, click Save.
- Adding Someone to Coverage \rightarrow
 - Select reason for adding coverage → Next.
 - Enter Event Date.
 - o Click Add New Dependent, complete required fields.
 - o Upload required documentation to e-Cabinet.
 - Elect coverage: choose coverage level, check individuals to be covered.
 - $\circ~$ Review changes, confirm docs uploaded \rightarrow Next.
 - $\circ\,$ Use pencil icon to edit.
 - Verify dependent's personal info; add notes if needed.
 - o Click Submit.

• Removing Someone from Coverage \rightarrow

- $\circ~$ Select reason for removing coverage \rightarrow Next.
- Enter Event Date.
- Update personal/dependent info as needed.
- Remove dependent's coverage.
- Review changes → Save.
- Submit Other Change → Contact HR for assistance.







To enroll dependents in your district's insurance plans, you must submit the required documentation within 31 days of a qualifying event, new hire election, or open enrollment.

Coverage will not be effective until all documents are received.

- If documentation is not submitted within the 30-day eligibility window, your dependents will not be covered for this plan year.
- You will have to wait until the next open enrollment period to add them.

Dependent Eligibility:

- Dependent children are eligible until the end of the month in which they turn age 26, regardless of marital or student status.
- A dependent child's spouse or child is <u>not</u> eligible for coverage.

How to Submit:

Provide all required documents to the HR Department or upload them to your Benelogic File Cabinet.

Who Qualifies as a Dependent & Required Documentation

Spouse: Your legally married spouse (not legally separated or divorced).

Required documents:

- Court-filed marriage certificate (not the marriage license), and
- Front page of your most recent Federal Tax Form 1040 showing you are still married.
 - $\circ \ \ \textit{Please redact all financial details for privacy}.$

Children: Your or your spouse's natural child, adopted child, or a child for whom you are the legal guardian. Coverage ends at the end of the month they turn age 26.

Required documents (one of the following):

- Birth certificate listing you/your spouse as the parent, or
- Adoption papers naming you/your spouse as the adoptive parent(s), or
- Court documents naming you/your spouse as the legal guardian.

Important Note:

The Affordable Care Act requires employers to report dependent Social Security numbers to the IRS for anyone enrolled in an employment-based medical plan.

MCESC MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER

How Your Benefits Work

In-Network vs. Out-of-Network

To receive the highest level of benefits, use in-network providers, facilities, and services whenever possible.

If you go out-of-network, coverage is based on the plan's allowable amount for that service (what the plan would pay an in-network provider). You may be responsible for the difference, known as balance billing.

Copayments Apply Toward Out-of-Pocket Maximum

Medical and prescription drug copayments count toward your out-of-pocket maximum, along with deductibles and coinsurance.

<u>High Deductible Health Plan (HDHP) Payments</u>

- The HDHP does not include copayments at the start of coverage.
- You pay the negotiated rate your carrier has with providers for services and prescriptions.
- You continue paying this rate until meeting your deductible and out-of-pocket maximum.
- After reaching the out-of-pocket maximum, all covered services and prescriptions are paid in full.

Preventive Care

Both plans cover preventive care at 100%, starting on the first day—no deductible required. Examples of preventive care:

- Well-child visits
- Annual checkups
- Age- and gender-based screenings (e.g., mammograms, colonoscopies, cholesterol checks)

<u>Finding a Provider</u>

To find a UnitedHealthcare provider, visit uhc.com and use the "Find a Doctor" tool. You can search by provider name, specialty, or location to ensure your provider is in-network.

Where to Go for Care

In a true emergency, call 9-1-1 or go to the emergency room.

For non-emergencies, consider these alternatives:

- Call your primary care doctor
- Visit a retail health clinic
- Go to an urgent care facility
- Use Virtual Visits online



How Your Benefits Work (Continued)

Making Changes During the Year

Enrollment changes outside of Open Enrollment are allowed only for qualifying life events, which make you eligible for a Special Enrollment Period.

Common qualifying life events:

- Birth or adoption of a child
- Marriage or divorce
- Loss of other health coverage (e.g., through a spouse's employer)
- A dependent child reaching the plan's maximum age limit
- Change in your or your spouse's employment status affecting eligibility

You must notify Human Resources and submit required paperwork within 30 days of the event. Please see page 10 for more information.

Surcharges

Biometric Screening Surcharge

- Complete a preventive health screening before December 1 of the plan year.
- Provide your provider screening form to the Treasurer's Office by December 1, or attend an on-site clinic in October.
- Failure to do so results in a \$50 monthly surcharge.

Spousal Surcharge

- If you cover a spouse who has access to their own employer's group health insurance, a \$100 monthly surcharge will apply.
- You will be required to complete a Spousal Surcharge Form, attesting to the fact that they do or do not have access to coverage through their employer.



Health Savings Account (HSA) Overview

Montgomery County ESC offers a Health Savings Account (HSA) to employees enrolled in the High Deductible Health Plan (HDHP) who meet IRS eligibility requirements. An HSA is a pre-tax savings account that allows you to contribute money directly from your paycheck to pay for eligible healthcare expenses.

Who Is Eligible for an HSA?

You are eligible if you:

- Are enrolled in a High Deductible Health Plan (HDHP)
- Do not have any other first-dollar coverage
- Are not enrolled in Medicare, Medicaid, or Tricare
- Are not claimed as a dependent on someone else's tax return

2026 Maximum HSA Contributions Per Calendar Year

Account Type	Employee Contribution Limit	Catch-Up Contribution (Age 55+)	Total Maximum (Including Employer Contribution)
Employee Only	\$4,400.00	\$1,000.00	\$4,400.00 + \$1,000 if age 55+
Employee + Spouse / Employee + Child(ren) / Family	\$8,750.00	\$1,000.00	\$8,750.00 + \$1,000 if age 55+

Note: Contribution limits include any contributions made by Montgomery County ESC.

MCESC HSA Contributions

- Employee-only accounts: \$1,700.00
- Employee + Spouse / Employee + Child(ren) / Family accounts: \$2,500.00
- Contributions are deposited twice per year:
 - First pay in January
 - First pay in July
- Hardship advancements may be approved by MCESC: <u>HSA Advance Request Form</u>



Using Your HSA Funds

- Funds can be used for qualified medical expenses, including doctor visits, prescriptions, and certain over-the-counter items (menstrual care, antacids, anti-inflammatories, etc.).
- Unused funds roll over year to year and remain with you even if you leave MCESC.
- You are responsible for tracking all receipts and expenses for at least 7 years.
- If audited, non-qualified expenses may be subject to taxes and a 20% penalty.

For a complete list of qualified and non-qualified expenses, visit the IRS guide: IRS Publication 502

At the Provider's Office:

- Attend your healthcare provider's appointment No copay required.
- Your provider will submit the claim to UnitedHealthcare (UHC).
- You will receive an Explanation of Benefits (EOB) from UHC, showing the amount you owe after the network discount is applied.
- Your provider will bill you for the amount shown on your EOB. Verify that the billed amount matches your EOB.
- Pay your bill using your HSA debit card, or visit <u>AmericanFidelity.com</u> to request that American Fidelity send a check directly to your provider.

At the Pharmacy:

- Pay at the pharmacy when you pick up your prescription. The pharmacy network discount will be applied automatically when you present your pharmacy card.
- Use your debit card to pay the remaining amount.
- The amount you pay will be automatically applied toward your deductible.



Schedule a meeting with our American Fidelity Representative to set up or review your HSA information!

Christina Howard

<u>christina.howard@americanfidelity.com</u> <u>https://enroll.americanfidelity.com/8AD5F59A</u>

Flexible Spending Accounts (FSA) Overview Overview

Flexible Spending Accounts allow you to set aside **pre-tax dollars** from your paycheck to pay for eligible healthcare or dependent care expenses, helping you save money on taxes.

How It Works

- During **Open Enrollment**, you estimate your eligible expenses for the upcoming plan year.
- Contributions are made **through payroll deductions** on a tax-free basis.
- You can request tax-free reimbursements as expenses are incurred.
- Your FSA funds are available **on day one** of the plan year.

Important: Unlike an HSA, unused FSA funds **do not roll over**—it's a "use it or lose it" account. *Tip*: Contribute predictable amounts for expenses you know you'll have, such as prescriptions, dental work, or vision care.

Types of FSAs

1. General Purpose FSA

- Can reimburse eligible medical, dental, vision, and hearing expenses.
- Cannot be used in conjunction with an HSA.

2. Limited Purpose FSA

- For individuals who also have an HSA.
- Can reimburse dental, vision, or post-deductible medical expenses.

3. Dependent Care FSA

- For work-related dependent care expenses (daycare, before/after-school programs, or adult daycare).
- Contributions and reimbursements are tax-free, allowing you and your spouse to work.

What You Need to Do

- Review your household's anticipated expenses for the year.
- Decide how much to contribute to your FSA(s).
- Complete the necessary enrollment paperwork and submit it to your HR department.

Remember: Because FSA funds are "use it or lose it," careful planning is key to maximizing your savings.





Medical Insurance Coverage Overview

In-Network vs. Out-of-Network

Both the PPO and HDHP plans use the same network of doctors, facilities, and providers. To receive the highest level of benefits, it is important that you stay in-network whenever possible. Out-of-network services are covered based on the allowable amount for that same service if it had been provided in-network. If your provider charges more than the allowable amount, you may be responsible for paying the difference (known as balance billing).

How Your Benefits Pay on the HDHP

- **No Copays Day One:** You pay the negotiated in-network rate for all services and prescriptions.
- **Deductible & OOP Max:** Costs apply until you meet your deductible and out-of-pocket maximum.
- **Full Coverage:** After your out-of-pocket maximum is reached, the plan pays 100% of covered services for the rest of the year.

How Your Benefits Pay on the PPO

- Copays: You pay set copays for office visits, prescriptions, and other services before meeting your deductible.
- **Coinsurance:** Applies after deductible, if applicable.
- **Out-of-Pocket Maximum:** Once met, the plan pays 100% of all covered services and prescriptions for the rest of the year.

Preventive Care

Both plans cover preventive care at 100% from day one, before you meet your deductible. Examples of preventive care include:

- Well-child visits
- Annual checkups
- Screenings based on age and gender

<u>Finding a Provider</u>

To search for a UnitedHealthcare provider, visit <u>UHC.com</u>.

Member Resources

Create an account on the MyUHC member portal to access plan documents, ID cards, claims, and Explanation of Benefits (EOBs).

You can also download the UnitedHealthcare mobile app for easy access on your phone:

- <u>Download from the App Store</u>
- <u>Download from Google Play</u>





HDHP with HSA Medical/Rx Option

HDHP with HSA	In-Network	Out-of-Network		
	\$3,400.00 Individual	\$5,000.00 Individual		
Calendar Year Deductible (Resets every January 1st)	\$5,000.00 Family	\$10,000.00 Family		
	Embedded	Deductible		
Coinsurance (after Deductible)	Plan Pays: 100%	Plan Pays: 80%		
Comsulance (arter Deductible)	You Pay: 0%	You Pay: 20%		
Preventative Care	Covered at 100%	Deductible & Coinsurance		
Doctor's 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	\$3,400.00 Individual	\$10,000.00 Individual		
Ded., Copays, & Coins.)	\$5,000.00 Family	\$20,000.00 Family		

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 (Grandfathered Only) Medical/Rx Option



PPO	In-Network	Out-of-Network			
	\$200.00 Individual	\$400.00 Individual			
Calendar Year Deductible (Resets every January 1st)	\$400.00 Family	\$800.00 Family			
	Embedde	ed Deductible			
Coinsurance (after Deductible)	Plan Pays: 80%	Plan Pays: 60%			
consulance (arter beductible)	You Pay: 20%	You Pay: 40%			
Preventative Care	Covered at 100%	Benefits not available			
Doctor's 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	\$2,800.00 Individual	\$5,000.00 Individual			
Ded., Copays, & Coins.)	\$5,400.00 Family	\$10,000.00 Family			
	Tier 1: \$10.00				
Retail - Prescription Drugs (30-day supply)	Tier 2: \$25.00	Member Responsible for Network Copay and Difference in Prescription Cost			
day supply)	Tier 3: 35% (\$45.00 min \$60.00 max.)	and birreferice in Frescription cost			
	Tier 1: \$20.00				
Mail Order - Prescription Drugs (90-day supply)	Tier 2: \$50.00	Not Covered			
(30 day supply)	Tier 3: 35% (\$90.00 min \$120.00 max.)				
Appual Drug May Out of Desket	\$3,000.00 Individual				
Annual Drug Max Out-of-Pocket	\$6,000.00 Family				

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.



The UnitedHealthcare® app and myuhc.com®

Whether on the go or online, you'll have access to resources designed to help you:

- · View benefit info, claim details and account balances
- · Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care
- · Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

Register once to access both tools

Start by downloading the UnitedHealthcare app or going to myuhc.com and then:

- . Tap Register Now on the app, or select Register on the website
- · Fill in the required fields and create your username and password
- Enter your contact information and select SMS text or phone call for two-factor authentication—then, agree to the terms and conditions
- Opt in to paperless delivery from your communication preferences

Now you're registered for-and connected to-the app and the website.

Get connected



Scan this code to download the app and register, or visit myuhc.com

United Healthcare

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may very. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the Find Care & Costs section. Available only for insured plans and self-funded plans with Optum Rx integrated phemacy benefits.

The UnitedHealthcare* app is available for download for iPhone* or Android*. IPhone is a registered trademerk of Apple, Inc. Android is a registered trademerk of Google LLC.

Health Plan coverage provided by or through a UnitedHealthcare company. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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Dental Insurance



Montgomery County ESC provides dental coverage through Delta Dental. The plan encourages preventive care while keeping costs affordable.

- **Cost Sharing:** This is a contributory plan, meaning you share the premium cost with your employer.
- **Provider Choice:** You may see any licensed dentist, but using a Delta Dental network provider ensures lower costs and higher benefits.
- **Spending Accounts:** You may use your HSA or FSA to pay for dental services.
- **Dependent Coverage:** Children are eligible until the end of the month in which they turn 26.
- Out-of-Network Coverage: Based on the allowable amount; you may be balance billed for amounts above this.

Dental	In-Network	Out-of-Network			
Deductible	\$25.00 Ir	ndividual			
Deductible	\$50.00	Family			
Preventative	Plan Pays: 100%	Plan Pays: 100%			
Basic	Plan Pays: 80%	Plan Pays: 80%			
Major	Plan Pays: 60%	Plan Pays: 60%			
Contract Period Max.	\$1,500 per	· individual			
Orthodontia	Plan Pays: 60%	Plan Pays: 60%			
Orthodontia Max. (Lifetime)	\$1,000 per individual (Adult & Child)				
Benefit Period	Calendar Year				

Delta Dental companies offer printable ID cards on their websites, through the <u>Delta Dental</u> mobile app or by mail. In most cases, you do not need an ID card to visit the dentist.

Register for a Delta Dental Account: https://identity.deltadental.com/accounts/register/



Scan here to access Dental Plan Summary documents!



Vision Insurance



Montgomery County ESC offers voluntary vision insurance through Vision Service Plan (VSP). This benefit is employee-paid, meaning you are responsible for the full cost of coverage.

- **Cost Sharing:** This is a voluntary, employee-paid benefit.
- Provider Choice: You may receive services from any optometrist, ophthalmologist, or optician. Visiting a VSP network provider will generally result in lower out-of-pocket costs.
- Spending Accounts: You may use your HSA or FSA to pay for vision expenses.
- Dependent Coverage: Children are eligible until the end of the month in which they turn 26.

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



Scan here to access Vision Plan Summary documents!







CVS Caremark manages your prescription benefits on behalf of Montgomery County ESC. Their goal is to provide you with convenient and affordable prescription options—including the ability to manage your prescriptions online.

- **Member Portal:** Create a secure online account at <u>Caremark.com</u> for 24/7 access to your prescription benefits, tools, and support.
- Getting Started:
 - a. Have your prescription card handy.
 - b. Use your prescription benefit ID number.
 - c. Enter your personal information, set up security, review your registration, and click Submit.
- Paper Claims: If you need to file a paper claim, use the form below.
- **Support:** For help signing up or questions about your benefits, call 877-460-7766.

Member Portal: https://www.caremark.com/account-login/look-up



Scan here to access the paper claim form!



Prudent Rx (PPO Only) Copay Program for Specialty Medications

MONTGOMERY
COUNTY
EDUCATIONAL
SERVICE CENTI

Specialty medications for chronic or complex conditions—like multiple sclerosis, rheumatoid arthritis, or cancer—can be expensive, and costs continue to rise.

To make sure you can get the medications you need at an affordable cost, Montgomery County ESC is offering the **PrudentRx Copay Program**, which reduces your out-of-pocket cost for specialty medications to **\$0**.

Pay \$0 with PrudentRx

PrudentRx works with your prescription benefit plan to manage copay card assistance for your medications. Once enrolled, PrudentRx handles **enrollment and renewals** on your behalf. Even if there's no manufacturer copay card available for your medication, your cost will remain \$0 for as long as you are enrolled.

Getting Started

If you take a specialty medication on the **Specialty Drug List**:

- 1. Call PrudentRx at **1-800-578-4403** (Monday–Friday, 8 a.m.–8 p.m. EST) to enroll.
- 2. Enrollment takes about 10 minutes.
- 3. If you don't enroll, a PrudentRx Advocate may call you to provide information.

If you don't currently take a specialty medication but your doctor prescribes one in the future, you can enroll at any time. Participation is voluntary, but keep in mind that you will pay more for specialty medications if you choose not to enroll.

Watch your mailbox for more information on the PrudentRx Copay Program and updates to your prescription plan.

For questions or assistance, call **PrudentRx** at **1-800-578-4403**.





Prescription Savings: GoodRx

GoodRx: How It Works

- 1. **Visit** <u>www.goodrx.com</u>
- 2. Search Type in the name of your prescription and click "Find the Lowest Price."
- 3. **Compare** Browse prices at local pharmacies and choose the best option.
- 4. **Get Your Coupon** Print the free coupon or pull it up on your phone.
- 5. **Save** Show the coupon to your pharmacist and enjoy the savings.



Important Note: *GoodRx does not use your insurance.* If you want your out-of-pocket costs to count toward your deductible,

make sure your prescription is covered under your plan and submit your receipt directly to UHC.







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 (i.e.; flat or multiple of earnings schedules).
- Overall benefit maximum/guarantee issue limits are subject to Districts total premium volume.
- * Combined Life/AD&D Rates.

Employee and Spouse Voluntary Life*

Employee and Spouse Voluntary Line			
Age	Monthly Rate per \$1,000		
Under 25	\$0.030		
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		

Spouse's age is equal to the employee age for premium purposes.

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 access 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.

Child Voluntary Life

Coverage Amo	unt	Monthly Cost
\$10,000	\$2.00	for all covered children
\$15,000	\$3.00	for all covered children

For more information, please contact:

Benefits@EPCSchools.org

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.

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.

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.

VOLUNTARY LIFE - employee paid

Employee* Term Life



Elect \$10,000 increments up to \$750,000

- See next page for rates
- \$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

- See next page for rates
- \$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

Elect \$10,000

- . \$2.00 monthly Life only
- \$2.17 monthly Life with AD&D

Child Term Life



Elect \$15,000

- \$3.00 monthly Life only
- \$3.26 monthly Life with AD&D

Elect \$20,000

- \$4.00 monthly Life only
- \$4.34 monthly Life with AD&D
- 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 F-ochs Rev 09-2021



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

DOFU 3-2020





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
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines

- Rashes
- Sore throats
- Stomachaches
- And more



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.* * *



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.

Walk in today or check in online

ketteringhealth.org/ondemand Weekdays 9 a.m.- 7 p.m. • Weekends 8 a.m.- 4 p.m.



After-Hours Healthcare Options Near You



Minute Clinic

Location	Phone	Hours	
710 N. Main St. Springboro, OH	(937) 748-1135	M/T/W/F: 9–8 Saturday: 9–5:30 Sunday: 10–5:30	
4996 Brandt Pk. Dayton, OH	(937) 233-3324		
1331 N. Fairfield Rd. Dayton, OH	(937) 426-4478	M/T/W/F: 9-7 Saturday: 9-4:30 Sunday: 9-3:30	

The Little Clinic

Location	Phone	Hours
1095 S. Main St. Dayton, OH	(937) 439-8622	M-F: 8:30-7:30
3165 Dayton Xenia Rd. Dayton, OH	(937) 912-0525	M/T/W/F: 8:30-7:30 Thursday: 8:30-4 Saturday: 8:30-5 Sunday: 9:30-5
2115 E. Dorothy Ln. Kettering, OH	(937) 610-9174	M-F: 8:30-7:30 Saturday: 8:30-5 Sunday: 9:30-5







EmployeeCare: Support When You Need It

Life can be challenging. MCESC's EmployeeCare is a **confidential Employee Assistance Program (EAP)** designed to help you manage personal, family, and work-related issues—so you can feel your best at home and at work.

EmployeeCare Can Help With:

- Family or relationship issues
- Work-related concerns
- Anxiety, depression, or emotional struggles
- Financial worries
- Stress, conflict, or substance use

Services Include:

- Short-term counseling
- 24-hour crisis hotline
- Referrals and assessments
- Onsite support
- Wellness seminars

Who Can Use EmployeeCare?

Available to you and anyone in your household. All services are strictly confidential.

Professional Counselors You Can Trust

Licensed counselors and certified professionals provide support, guidance, and follow-up to help you navigate life's challenges.

EmployeeCare Contact & Locations

Main Office:

EmployeeCare 3170 Kettering Blvd., Bldg. B

Dayton, Ohio 45439

Appointments:

Monday – Friday (evening appointments available) Contact:

(937) 208-6626

24-Hour Crisis Line:

(800) 628-9343

Additional Locations:

Centerville

Dayton Eaton

Greenville

Springboro

Troy





Starling Minds Digital Self-Care Program

Educators give so much every day—to their students, their schools, and their communities.

But who's supporting you?

At MCESC, we're committed to your well-being. That's why we've partnered with Starling Minds to offer a free, confidential, 24/7 digital self-care program designed specifically for teachers and all MCESC staff.

With Starling Minds, you and your family can access:

- Science-based assessments and check-ins to help you understand your current well-being
- Stress management tools to navigate the challenges of teaching
- Mental wellness strategies to prevent burnout
- ...and much more!

Register today: mcesc.member.starlingminds.com

Members may use any email address—personal or professional—to register. **Your information remains completely confidential.**



Alight Healthcare Concierge Service



Health Pro® Support

Montgomery County ESC provides access to a personal Health Pro® consultant to assist you and your family with your health care needs. This service helps you navigate benefits, save money, and find quality care.

Understand Your Benefits: Get clear explanations and answers about your health plan.
 Find Top Providers: Locate highly-rated doctors, dentists, and eye care professionals.
 Save on Health Care Costs: Compare prices to choose more cost-effective options.
 Lower Prescription Costs: Receive recommendations for lower-cost medications.

Resolve Billing Errors: Over 30% of medical bills contain errors—your Health Pro® can help.

Schedule Appointments: Assistance in scheduling appointments at convenient times.

Health Pro Connection Portal

Communicate securely through the Alight Worklife® portal. You'll receive email notifications for updates on your requests. Visit member.alight.com to start a new request or manage existing ones. You will need to register if you haven't already. Once logged in, select "Connect with your Health Pro."

Contact Your Health Pro®:

Grayson Newton

grayson.newton@alight.com Phone: 800-513-1667 ext. 2591



The McGohan Brabender Advocate Team & Resources



The MB Advocate Team is a dedicated group of in-house specialists here to support you with questions or issues related to enrollment, claims, billing, benefits, and more.

- **Expert Support:** Their team understands the challenges of navigating complex insurance issues and works directly with carriers on your behalf.
- **Faster Resolutions:** Advocates leverage strong carrier relationships to secure accurate answers and timely solutions.
- **Ongoing Assistance:** You and your family can rely on their team for progress updates, claims help, and resolution of billing concerns.

For any questions throughout the year, the McGohan Brabender account team is here to help. They can guide you through your benefits, assist with billing concerns, and point you to resources for retirement, financial help, and more.

Comprehensive Assistance: Their team helps you navigate complex benefits and find answers quickly. **Partner Resources:** They work closely with trusted partners to provide support across all areas of your benefits.

No Cost: All services provided by McGohan Brabender and their partners are free for you to use. **Contact Information:** See below for the McGohan Brabender account team and partner contacts.

Concerning	Who	Phone	Email/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"	









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 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? x support@helloheart.com (800) 767-3471 Monday-Friday, 8am-8pm EST





What is Hinge Health?

We provide members with personalized, expert-developed exercise therapy plans for lasting pain relief.

Is Hinge Health for me?

Whether a new injury or ongoing aches, Hinge Health is for anyone living with joint or muscle pain.

What does my program include?

- Unlimited access to your personalized exercises and stretches developed by physical therapists
- Convenient exercise sessions you can do anytime, anywhere with the Hinge Health app
- Dedicated 1-on-1 support from a physical therapist and qualified health coach

Who is in my care team?

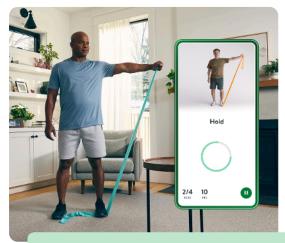
Your care team includes a physical therapist and qualified health coach. You can connect with them via text, email, phone call, or video chat to ask questions, set goals, and more.

How much does the program cost?

Hinge Health is available to eligible employees at no additional cost.

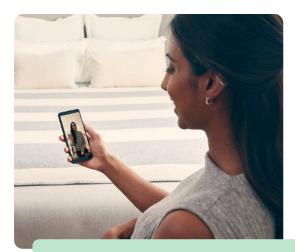
Who is eligible?

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



Exercise therapy made easy

Your sessions are designed to be done in about 15 minutes or less.



Support from your care team

Get help to overcome pain, recover from an injury, prepare for surgery, and more.



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

Questions? Call (855) 902-2777



WEIGHT MANAGEMENT SUPPORT





Supporting You in More Ways Than Ever

Ready for a healthy lifestyle? Real Appeal® now offers even more coaching, more focus on building new habits, and more inspiration.

Creating and Maintaining a Healthy Lifestyle

Real Appeal is an online lifestyle and weight management program. It's available to you at no additional cost as part of your health insurance.



More Personalized Coaching

You get more time with a coach in a new, more collaborative group session experience.

More Mind-Body Content

From self-care and mental health, to strength training and weight maintenance, we're on it.

More Ways to Stay Engaged

Weekly challenges, inspirational messages, and meditations help you stay motivated.

Our members asked for it, so we've added:

A focus on challenges we all face

You'll learn how to handle emotional eating, lack of motivation and more.

An updated Success Kit and online fitness content



Access online fitness classes that are right for you, anytime, anywhere. You'll also

get scales, a portion plate and more.

New content for group sessions

Our updated health and wellness content is more interactive to keep you engaged.



Get started now at enroll.realappeal.com or scan the QR code.

Please have your health insurance ID card handy when enrolling.

Real Appeal is available to members at no additional cost as part of their medical benefits plan, subject to eligibility requirements. The Real Appeal program is educational in nature and is not a substitute for medical advice.

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Paid Leave

- Sick Leave
 - 15 days annually
 - Accrues at a rate of 1.25 days per month
- Personal Leave
 - Up to 3 days per contract year
- Vacation Leave (260-day staff only)
 - Accrues monthly
 - Amount based on contract terms and years of experience

Retirement

Important: Employees of MCESC are required to be a member of either STRS or SERS.

MCESC positions are not covered by Social Security; however, employees do contribute to Medicare.

STRS (State Teachers Retirement System)

STRS manages retirement benefits for Ohio's certified teachers and educational professionals.

Website: www.strsoh.org
Phone: 1-888-227-7877

Email: memberservices@strsoh.org

Member Contribution: 14% of gross earnings **Employer Contribution:** 14% of annual salary

SERS (School Employees Retirement System)

SERS provides retirement, disability, and survivor benefits for non-teaching school employees.

Website: www.ohsers.org
Phone: 1-800-878-5853
Email: info@ohsers.org

Member Contribution: 10% of gross earnings **Employer Contribution:** 14% of annual salary

RetireMED

Planning for retirement can feel overwhelming, but understanding your benefits and knowing where to find reliable information can make the process much smoother.

RetireMED helps cover healthcare costs in retirement for eligible retirees and dependents.

Website: https://www.retiremed.com/

Phone: 1-800-228-6336

Tip: Review your plan options before your retirement date and keep records of your enrollment.



457 & 403(b) Plans & Providers

The 457 plan is tax deferred while you are employed by the MCESC but when you leave you cannot roll it into an IRA.

Ohio Public Employees Deferred Compensation Program

257 East Town St., Suite 457 Columbus, OH 43215

Contact: Steve Schmittauer, Account Executive

Ohio Deferred Compensation Work: 937-284-1212 Fax: 614-222-9457

Email: <u>schmits3@nationwide.com</u> **Website:** <u>www.Ohio457.org</u>

OASBO Deferred Compensation

Voya Financial Advisors 1700 Lyons Road, Suite D Dayton, OH 45458

Contact: Brian Link
Phone: 937-436-7485
Email: brianlink@voyafa.com

The 403b plan is a qualified plan and reduces your income. It is transferable to an IRA if/when you leave the MCESC.

MetLife

3825 Edwards Rd. Stg, 210 Cincinnati, OH 45202

Contact: Jennifer Funk

Phone: 513-698-1313 or 513-503-2969 Email: Jenniferfunk@financialguide.com

Voya Financial Advisors

1700 Lyons Road, Suite D Dayton, OH 45458

Contact: Brian Link
Phone: 937-436-7485
Email: brianlink@voyafa.com

Oppenheimer, Pacific Life, Great American Life & VALIC

Franklin Square Office Center 8401 Claude Thomas Rd., Suite 25 Franklin, OH 45005

Roth 403(b): This annuity option will be offered on an after tax basis by Invesco, VOYA, MetLife and Great American.

Contact: David Harrison **Phone:** 937-748-3789 **Fax:** 937-748-3799

Email: dave@davidpharrison.com

AXA

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