



MONTGOMERY  
C O U N T Y  
E D U C A T I O N A L  
S E R V I C E  
C E N T E R

# 2017 Benefits Overview

## 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.

## Pre-Existing Conditions

Plans are no longer able to apply a waiting period for pre-existing conditions to a member age 18 or younger. Effective January 2014, pre-existing limitations were removed for all individuals regardless of age.

## Lifetime Limits

Previously, plans had a maximum lifetime limit on the amount of benefits that they would pay during the life of the covered individual. Effective January 1, 2011, this limitation was removed for all medical benefits.

## Copayments Apply Towards Out of Pocket Maximum (PPO Option)

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

## Medicaid Expansion in Ohio

For the first time, childless adults may have the opportunity to gain free health insurance coverage from the state regardless if they are disabled, pregnant or have children. To see if you may be eligible you can visit

<http://benefits.ohio.gov> or call  
1-800-488-0134



# Your 2017 Benefits

## PPO Medical/Rx Options

| MEDICAL   | In-Network   |
|---|--|
| Calendar Year Deductible                                      | \$200 Individual / \$400 Family                                  |
| Co-Insurance<br>(after Deductible)                            | Plan pays: 80%<br>You pay: 20%                                   |
| Preventive Care   | Covered at 100%  |
| Doctor Office Visit   | Office Visits: \$25 Copay (Both Primary and Specialist)          |
| Urgent Care   | \$50 Copay   |
| Emergency Room  | \$100 Copay (Copay waived if admitted to hospital)               |
| Inpatient Hospital  | \$250 Copay per occurrence                                       |
| Outpatient Surgery  | Deductible & Coinsurance   |
| Prescription Drugs: Tier 1, 2, 3<br>Retail:                   | \$10 / \$25 / 35% (\$45 min - \$60 max)<br>Diabetic Supplies 20% |
| Mail Order (90 day supply):                                   | \$20/ \$50 / 35% (\$90 min- \$120 max)                           |
| Max Out-of-Pocket<br>(includes Deductible, Co-pays & Co-Ins.) | <b>\$2,600 Individual</b> / \$5,000 Family                       |

## Monthly PPO Contribution

85% Single/ 80% All Others

| Coverage Type   | Employee Pays<br>(with screenings) | Board Pays | Total Monthly<br>Premium |
|-----------------|------------------------------------|------------|--------------------------|
| Employee        | \$90.05                            | \$510.28   | \$600.33                 |
| EE + Spouse     | \$264.15                           | \$1,056.59 | \$1,320.74               |
| EE + Child(ren) | \$221.90                           | \$887.58   | \$1,109.48               |
| Family          | \$371.00                           | \$1,484.02 | \$1,855.02               |



# Your 2017 Benefits

## HSA Medical/Rx Options

| MEDICAL   | In-Network                          |
|---|-------------------------------------|
| Calendar Year Deductible                                      | \$2,600 Individual / \$5,000 Family |
| Co-Insurance<br>(after Deductible)                            | Plan pays: 100%<br>You pay: 0%      |
| Preventive Care   | Covered at 100%                     |
| Doctor Office Visit   | 100% After Deductible               |
| Urgent Care   | 100% After Deductible               |
| Emergency Room  | 100% After Deductible               |
| Inpatient Hospital  | 100% After Deductible               |
| Outpatient Surgery  | 100% After Deductible               |
| Prescription Drugs: Tier 1, 2, 3<br>Retail:                   | 100% After Deductible               |
| Mail Order (90 day supply):                                   | 100% After Deductible               |
| Max Out-of-Pocket<br>(includes Deductible, Co-pays & Co-Ins.) | \$2,600 Individual / \$5,000 Family |

## Monthly HSA Contribution

85% Single/ 80% All Others

| Coverage Type   | Employee Pays<br>(With Screenings) | Board Pays | Total Monthly<br>Premium |
|-----------------|------------------------------------|------------|--------------------------|
| Employee        | \$72.04                            | \$408.23   | \$480.27                 |
| EE + Spouse     | \$211.32                           | \$845.28   | \$1,056.60               |
| EE + Child(ren) | \$176.74                           | \$706.96   | \$883.70                 |
| Family          | \$295.85                           | \$1,183.38 | \$1,479.23               |



# Your 2017 Benefits

## **MCESC HSA Contributions**

- \$1,300 for Employee Only
- \$2,500 for all others (Employee/Spouse, Employee/Child(ren), Family)

## **2017 Maximum HSA Contributions per Calendar Year**

- \$3,400 for Employee Only
- \$6,750 for all others (Employee/Spouse, Employee/Child(ren), Family)
- \$1,000 catch up contributions for age 55+

## **Surcharges**

- \$50 Monthly Preventive Surcharge if not compliant with preventive health screening.
- \$100 Monthly Spousal Surcharge if covered spouse has quality coverage offered elsewhere

**Decision Support Tool available to compare coverage and premium:**

[http://www.inovius.com/swfhtml/swfhtml\\_main.cfm?swfID=17359](http://www.inovius.com/swfhtml/swfhtml_main.cfm?swfID=17359)



## Dental Option

### \$1,500 Contract Period

**Maximum** (Includes Preventive Services)

### \$1,000 Lifetime Orthodontia

Maximum per member

**Endodontics** – tooth pulp & tissue (root canal)

**Periodontics** – disease of gum tissue (deep cleaning)

Children can be covered through the end of the month on their 26<sup>th</sup> birthday

| Dental         | In Network   |
|----------------|--|
| Deductible     | \$25 Ind /\$50 Fam<br>(No deductible for preventative) |
| Preventative   | 100%<br>(Cleanings, Sealants, X-Rays, etc.)            |
| Basic          | 80%<br>(Endodontics, Periodontics, etc.)               |
| Major          | 60%<br>(Tooth extractions, Crowns, etc.)               |
| Orthodontia    | 60%<br>(Adult & Child)                                 |
| Benefit Period | Calendar Year  |

## Monthly Dental Contributions

80% Board/ 20% Employee

| Coverage Type                 | Employee Pays | Board Pays | Total Monthly Premium |
|-------------------------------|---------------|------------|-----------------------|
| Employee                      | \$5.79        | \$23.16    | \$28.95               |
| EE + Spouse                   | \$11.58       | \$46.31    | \$57.89               |
| EE + Child(ren)               | \$12.16       | \$48.63    | \$60.79               |
| Employee + Family (Non-Union) | \$16.79       | \$67.18    | \$83.97               |
| Employee + Family (Union)     | \$28.97       | \$55.00    | \$83.97               |

For Union staff, the board maximum contributions is \$55.00

## Vision Option

| Vision   | In Network                                      |
|--|---|
| Exam – Once per year                               | \$10 Co-Pay                                     |
| Frames- Once per 2 years                           | \$140 Allowance<br>20% off balance              |
| Lenses- Once per year<br>Single, Bifocal, Trifocal | \$10 Co-Pay                                     |
| Contacts (Elective)                                | \$155 Allowance<br>15% off conventional balance |
| Contacts (Med. Necessary)                          | Paid in Full                                    |
| Benefit Period                                     | Date of Service                                 |

Your medical plan also offers one annual eye exam / \$25 co-pay  
 Children can be covered through the end of the month of their  
 26<sup>th</sup> birthday

## Monthly Vision Contributions

0% Board/ 100% Employee

| Coverage Type     | Employee Pays |
|-------------------|---------------|
| Employee          | \$8.56        |
| EE + Spouse       | \$16.28       |
| EE + Child(ren)   | \$17.12       |
| Employee + Family | \$25.20       |



### Flexible Spending Account – Custom Design Benefits

What is a Flexible Spending Account? (FSA)

- A unique account to pay for things you are already buying before you pay taxes (co-pays, work related child care, etc.)
- At the beginning of each plan year you decide how much your qualifying expenses will be all year. This amount will be divided equally amongst pay cycles and deducted through payroll on a tax free basis
- Use it or lose it, budget conservatively

**FSA Limit - \$2,500 per Plan Year**

**Dependent Care Account - \$5,000**

**Plan Year starts January 1<sup>st</sup>**

**HSA participants must enroll on Limited FSA to be used for non-medical qualified expenses (dental & vision)**

### Life/AD&D Insurance – Sun Life

#### Basic Life/AD&D Insurance

- \$60,000 paid by Board

#### Voluntary Life/AD&D Insurance

- Employee: \$10,000 increments up to \$500,000  
Not to exceed 5x annual earnings rounded to next higher \$10,000  
Guarantee Issue: \$200,000  
Reduction schedule applies
- Spouse: \$5,000 increments up to \$250,000 maximum  
Not to exceed 50% of employee amount  
Guarantee Issue: \$50,000
- Children: \$1,000, \$5,000 or \$10,000

Coverage is portable/convertible for employees and dependents



## Additional Benefits Cont.

### Voluntary Disability Insurance – Assurant

Income protection if you are disabled due to an

- Injury
- Sickness
- Pregnancy



**ASSURANT**

### Elimination Period Options (Waiting Period before benefit starts)

Voluntary Short Term disability

- 14 days for injury or sickness
- 30 days for injury or sickness

Voluntary Long Term Disability

- 90 days for injury or sickness
- 180 days for injury or sickness

### Compass

- No Cost to the Employee/ Available to anybody eligible for benefits
- Healthcare costs vary by 300% locally. The same CT scan costs \$500 to \$1,500 depending on where you go
- Compass is a patient advocacy firm that can lower your healthcare costs by shopping for you
- All providers are board certified and accredited
- Dedicated representative through telephone or email

Your Compass Health Pro:

Erin Wettergren

[erin.wettergren@compassphs.com](mailto:erin.wettergren@compassphs.com)

800-513-1667 x430





## Medical Plan Definitions

**Benefits:** Items and services that are covered by your insurance plan

**Coinsurance:** The money you have to pay for health services after you have paid any applicable deductible

**Copays:** The fee paid for a doctor visit, hospital stay or other service

**Deductible:** The amount of money you pay before your insurance starts to pay

**Explanation of Benefits (EOB):** A document showing recent claim and financial activity for all family members covered on your plan. It shows network and non-network information as well as remaining balances for deductibles and out of pocket costs

**Network Provider:** All the doctors, hospitals, nursing homes and laboratories that have contracts with an insurance company. Sometimes called “in-network provider”

**Out-of-Pocket Costs (OOP):** Money you pay out of your own pocket. OOP costs include deductibles, copayments and coinsurance. Out-of-pocket maximum is the most you have to pay in during the calendar year. *Note: OOP Max does not include pharmacy copayments.*

**Non-Network Provider:** Doctors, hospitals, and other health care professionals who do not participate in our network. They may provide services at a higher cost. Also known as “out-of-network provider” or “non-participating provider”

**Primary Care Provider:** This is a health practitioner who sees people that have common medical problems.

**Qualified Expense:** The amount eligible to be paid for a covered health benefit under your insurance plan





# Additional Services at McGohan Brabender

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## Customer Care Team

If you have a question or issue come up with one of your benefits, call the appropriate carrier using the phone number provided on the back of your identification card. If your initial contact with the carrier does not reach a desired resolution, contact the McGohan Brabender Customer Care Team at 1-877-635-5372 for advocacy assistance.

## Individual Coverage

Needing coverage for individuals such as dependents, students, early retirees, unemployed or self-employed individuals, etc.?

### Contact Information

#### **Greg Pfander**

Phone: 937-293-1600

E-mail: [gpfander@mcgohanbrabender.com](mailto:gpfander@mcgohanbrabender.com)

## Medicare

We provide Medicare-eligible individuals with the knowledge, guidance and choice they need to select a Medicare plan that is right for them. We provide access to a “Medicare Marketplace” that includes multiple leading insurance carriers and plans, ensuring that individuals get the most value for their health care dollars.

### Contact Information

#### **McGohan Brabender Senior Solutions**

Phone: (877) 222-1942

[www.mbseniorsolutions.com](http://www.mbseniorsolutions.com)

## Financial Assistance

We can meet your financial goals through funding for higher-education, personal retirement planning, establishing brokerage accounts, asset consolidation, individual life insurance, long-term care insurance, and wealth transfer.

### Contact Information

#### **McGohan Brabender Financial**

Phone: 800-293-2347

E-mail: [info@mcgohanbrabender.com](mailto:info@mcgohanbrabender.com)

## Prescriptions

Search for the cheapest price for your generic drugs at [www.medtipster.com/mb](http://www.medtipster.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.