



*Ohio Valley*  
EDUCATIONAL SERVICE CENTER

# Employee Benefits Guide Plan Year 2024

*January 1 - December 31, 2024*



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## Welcome!

### Employee Benefits Guide Overview

This guide provides a general overview of your benefit choices to help you select the right coverage for your needs.

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# Client Services

## Advocacy Team

**Ohio Valley Educational Service Center** employees have access to the **Schwendeman Agency, Inc. Advocacy Team** to provide help with questions involving claims, coverage, enrollment and all other concerns regarding their employee benefits. Our advocacy team is made up of trained professionals who understand your benefits plan and are highly dedicated to providing solutions to your problems.

**Kris Swartz**

[k.swartz@schwendeman.com](mailto:k.swartz@schwendeman.com)

1.800.837.6793

Simple, reliable, and free:

800-837-6793 (toll-free)

Monday - Friday 8:00am - 5:00pm EST

[info@schwendeman.com](mailto:info@schwendeman.com)

[help@schwendeman.com](mailto:help@schwendeman.com)



Benefits	Provider	Group	Website	Contact
Medical	Mutual Health Services (MHS)	917367916	<a href="http://www.medmutual.com">www.medmutual.com</a>	800-367-3762
Prescription Drug	SavRx	BIN#	<a href="http://www.Savrx.com">www.Savrx.com</a>	800-890-8170
Dental	Superior Dental	DA007 197469-100	<a href="http://www.superiordental.com">www.superiordental.com</a>	800-762-3159
Vision	Anthem BCBS	W40259	<a href="http://www.anthem.com">www.anthem.com</a>	866-723-0515
Board Paid Life/	AUL One America	00610712	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	800-553-5318
Supplemental Insurance/ Health Savings	American Fidelity	Customer # 37053	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	Ryan Dieter <a href="mailto:r.dieter@americanfidelity.com">r.dieter@americanfidelity.com</a> 877-518-2337
Employee Assistance Pro-	ComPsych		<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> <b>Web ID: ONEAMERICA3</b>	855-387-9727
Supplemental Insurance	Colonial Life	A0081712	<a href="http://www.coloniallife.com">www.coloniallife.com</a>	Jennifer Gole <a href="mailto:jgole@iagbenefits.net">jgole@iagbenefits.net</a> 330-650-2980

# Eligibility

## Determine your eligibility

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You also have the option to enroll your eligible dependents in some of these plans. Eligible Dependents may include:

### Medical

- > Your legal spouse
- > Your children. For a child to be eligible, they must be:
  - > Less than 26 years of age (ends on the day the dependent turns 26)
  - > The natural child, stepchild or adopted child of the subscriber.

### Dental & Vision

- > Your legal spouse
- > Your children. For a child to be eligible, they must be:
  - > Less than 26 years of age (ends on the day the dependent turns 26)
  - > The natural child, stepchild or adopted child of the subscriber.

Benefit Plan (s)	Eligibility	New Hire Waiting Period
Dental	Employees working 32.5 hours or greater per week	First day of the month following Hire Date
Vision	Employees working 32.5 hours or greater per week	First day of the month following Hire Date
Board Paid Life and EAP	Employees working 32.5 hours or greater per week	First day of the month following Hire Date
Medical / Rx/ H.S.A*/FSA	Employees working 30 hours or greater per week	First day of the month following Hire Date
OneAmerica/ Colonial/ Aflac	Employees working 20 hours or greater per week	First day of the month following Hire Date
American Fidelity	Employees working 15 hours or greater per week	First day of the month following Hire Date

*\*H.S.A. eligibility requires participation in a Qualified High Deductible Health Plan*

# Enrollment Dates and Benefit Changes

## Enrollment Details

Open Enrollment: The Health Benefit open enrollment period is:

**November 20, 2023 to December 6, 2023** this year with an **effective date** of **January 1, 2024**.

## Making Changes to your Benefits

The Section 125 Plan year is from **January 1 - December 31** each year. Your election to participate in **Medical, Dental, and/or Vision**, will constitute your election to participate under the **Premium Only** plan on a **pre-tax basis**. A Section 125 Premium Expense plan allows you to pay for your portion of the health insurance premium on a pre-tax basis.

→ **Important Note:** The deductible year is from **January 1- December 31**

### What is a Qualifying Event?

The following events qualify for a mid-year change in coverage:

- |   |  |
|---|--|
| → <b>Marriage</b>                           | → <b>Ineligibility of a dependent</b>                                |
| → <b>Divorce or legal separation</b>        | → <b>Loss of coverage</b>  |
| → <b>Birth</b>                              | → <b>Change in your employment status or that of your spouse</b>     |
| → <b>Adoption or Placement for Adoption</b> | → <b>A qualified domestic relations order or similar court order</b> |
| → <b>Death of a dependent</b>               | → <b>Entitlement to Medicare or Medicaid</b>                         |

### Employee Responsibilities:

Employees that experience a qualifying event **must notify** the administration **within 30 days** of the qualifying event.

# OHIO VALLEY ESC INSURANCE BENEFIT RATES 2024

## NEW RATES

EFFECTIVE JANUARY 1, 2024 - DECEMBER 31, 2024

		TOTAL	BOARD SHARE	EMPLOYEE SHARE	ANNUAL BOARD HSA CONTRIBUTION
<b>Plan A - Mutual Health Services - Medical - Traditional Plan</b>					
	Single	849.66	679.73	169.93	
	Employee & Spouse	1,867.55	1,494.04	373.51	
	Employee & Child/Children	1,434.23	1,147.38	286.85	
	Family	2,622.90	2,098.32	524.58	
<b>Plan B - Mutual Health Services - Medical - Qualified High Deductible Plan (employee H.S.A. eligible) \$5000.00 deductible</b>					
	Single	520.25	416.20	104.05	
	Employee & Spouse	1,143.49	914.79	228.70	
	Employee & Child/Children	878.17	702.54	175.63	
	Family	1,605.99	1,284.79	321.20	
<b>Plan C - Mutual Health Services - Medical - Qualified High Deductible Plan with employer H.S.A. Contributions \$3000.00 deductible</b>					
	Single	617.88	494.30	123.58	1,500.00
	Employee & Spouse	1,358.10	1,086.48	271.62	3,000.00
	Employee & Child/Children	1,042.99	834.39	208.60	3,000.00
	Family	1,907.40	1,525.92	381.48	3,000.00
<b>Anthem - Vision</b>					
	Single	6.97	5.57	1.40	
	Family	20.21	16.17	4.04	
<b>Superior Dental - Dental</b>					
	Single	25.61	20.49	5.12	
	Family	61.60	49.28	12.32	
<b>OneAmerica - Board paid Life Insurance</b>					
	\$50,000		5.00		

All tiers are 80% board paid and 20% employee paid.

50% of Annual HSA Contribution will be made in January, with the remaining 50% to be made in July

# Medical Plan Options

## **Medical Plans**

Ohio Valley ESC is pleased to offer you a choice of three medical plans through Mutual Health Services (MHS) and SavRx. All plans include comprehensive medical care, including preventive care services at no charge, prescription drug coverage, and a wide network of health care providers. Additionally, the plans provide many resources and tools to help you maintain a healthy lifestyle.

### **Plan A: Preferred Provider Organization Plan (PPO)**

A PPO Plan provides you coverage with the ability to maximize your benefits and reduce your costs by using an in-network provider. Services provided by those who are not part of the network will still be covered by the plan, but your costs will likely be much higher. For most services, excluding preventive care, associated copays and an annual deductible must be met before services are covered. Monthly premiums are higher, but your out-of-pocket costs for office visits and medical procedures are typically lower. Employees who participate in the PPO Plan are not eligible for the Health Savings Account (HSA).

### **Plan B: High Deductible Health Plan (HDHP)**

The HDHP utilizes the same network of providers as the PPO plan, however the annual deductible is higher than a PPO. Employees pay less in monthly premiums, but are required to pay more for their expenses before the plan begins to contribute. Under this plan, employees can off-set their costs by contributing to a Health Savings Account (HSA), which can accumulate year after year. Please note, the board does not make Health Savings Account contributions for this plan option.

### **Plan C: High Deductible Health Plan (HDHP) with Health Savings Contribution**

The HDHP utilizes the same network of providers as the PPO plan, however the annual deductible is higher than a PPO. Employees pay less in monthly premiums, but are required to pay more for their expenses before the plan begins to contribute. Under this plan, employees can off-set their costs by contributing to a Health Savings Account (HSA), which can accumulate year after year. For eligible members who elect this option, the board makes the following annual Health Savings Account (HSA) contributions: \$1,500 for single contracts and \$3,000 for family contracts .



**Ohio Valley**  
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**Group Medical Plan Options**

January 1, 2023 - December 31, 2023

Prepared: April 3, 2023

Anthem Blue Cross and Blue Shield						
Benefits	PPO - Plan A		HSA - Plan B		HSA - Plan C	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>			Embedded		Embedded	
Single	\$500	\$1,000	\$5,000	\$15,000	\$3,000	\$9,000
Family	\$1,000	\$2,000	\$10,000	\$30,000	\$6,000	\$18,000
<b>Coinsurance</b>	20%	50%	20%	50%	0%	30%
<b>Out-of-Pocket Maximum (Includes Deductible in OOP)</b>	Coinsurance Limits: \$2,250 / \$4,500	Coinsurance Limits: \$4,500 / \$9,000	Coinsurance Limits: \$1,900 / \$3,800	Coinsurance Limits: \$5,700 / \$11,400	RX Copays apply to the additional \$1,000 / \$2,000 OOP	Coinsurance Limits: \$3,000 / \$6,000
Single	\$2,750	\$5,500	\$6,900	\$20,700	\$4,000	\$12,000
Family	\$5,500	\$11,000	\$13,800	\$41,400	\$8,000	\$24,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Office Visit</b>						
Primary Care	\$25 Copay	Ded & Coins	Ded & Coins	Ded & Coins	0% after ded.	Ded & Coins
Specialist	\$50 Copay	Ded & Coins	Ded & Coins	Ded & Coins	0% after ded.	Ded & Coins
Preventative	No Cost Share	Ded & Coins	No Cost Share	Ded & Coins	No Cost Share	Ded & Coins
<b>Hospital Services</b>	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	0% after ded.	Ded & Coins
<b>Emergency Services</b>						
Urgent Care	\$75 Copay	Ded & Coins	Ded & Coins	Ded & Coins	0% after ded.	Ded & Coins
Emergency Room	\$350 Copay & 20% Coins	\$350 Copay & 20% Coins	Ded & Coins	Ded & 20% Coins	0% after ded.	0% after ded.
<b>Prescription Drugs: Retail</b>						
Tier 1	\$10 Copay	Not Covered	Ded & Coins	Not Covered	Ded then, \$10 Copay	Not Covered
Tier 2	\$50 Copay	Not Covered	Ded & Coins	Not Covered	Ded then, \$40 Copay	Not Covered
Tier 3	\$80 Copay	Not Covered	Ded & Coins	Not Covered	Ded then, \$70 Copay	Not Covered
Tier 4	25% w/\$350 Max	Not Covered	Ded & Coins	Not Covered	Ded then, 25% w/\$350 Max	Not Covered
<b>Prescription Drugs: Mail Order</b>						
Tier 1	\$25 Copay	Not Covered	Ded & Coins	Not Covered	Ded then, \$25 Copay	Not Covered
Tier 2	\$120 Copay	Not Covered	Ded & Coins	Not Covered	Ded then, \$120 Copay	Not Covered
Tier 3	\$210 Copay	Not Covered	Ded & Coins	Not Covered	Ded then, \$210 Copay	Not Covered
Tier 4	25% w/\$350 Max	Not Covered	Ded & Coins	Not Covered	Ded then, 25% w/\$350 Max	Not Covered
<b>Contract Type</b>	Employee Contributions by Plan Election					Plan C - Annual Employer H.S.A. Contribution
Employee	\$159.17		\$97.46		\$116.80	\$1,500.00
Employee Spouse	\$349.86		\$214.22		\$256.73	\$3,000.00
Employee Child(ren)	\$268.69		\$164.51		\$197.17	\$3,000.00
Family	\$491.37		\$300.86		\$360.57	\$3,000.00

This is a summary of information and does not guarantee benefits; It is not a detailed overview of benefits; limits and/or exclusions may apply. In the event a discrepancy exists, the policy provisions will prevail.



# Plan A: Medical Benefit Summary- PPO

Administered by: Mutual Health Services

Medical Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$500	\$1,000
Family	\$1,000	\$2,000
Coinsurance	20%	50%
<b>Out-of-Pocket Maximum</b>		
Single	\$2,750	\$5,500
Family	\$5,500	\$11,000
<b>Physician Office Visit</b>		
Primary Care	\$25 Copay	Deductible & Coinsurance
Specialist	\$50 Copay	Deductible & Coinsurance
Preventative	No Cost Share	Deductible & Coinsurance
Laboratory & X-Ray Office	No Cost Share	Deductible & Coinsurance
Laboratory & X-Ray Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
Imaging (CT/PET scans, MRIs)	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Services</b>		
Facility Fee (e.g., hospital room)	Deductible & Coinsurance	Deductible & Coinsurance
Physician/Surgeon Fee (inpatient)	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Services</b>		
Urgent Care	\$75 copay	Deductible & Coinsurance
Emergency Room	\$350 Copay + 20% coinsurance	\$350 Copay + 20% coinsurance
Copay Waived if Admitted	Yes	Yes
Emergency Ambulance Services	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health</b>		
Outpatient Mental Health	Benefits paid based on corresponding medical benefits	
Inpatient Mental Health	Benefits paid based on corresponding medical benefits	
<b>Other Services</b>		
DME & Prosthetics	Deductible & 50% Coinsurance	Deductible & Coinsurance
Outpatient Therapy: Physical	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Therapy: Occupational	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Therapy: Speech	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Skilled Nursing Care	Deductible & Coinsurance	Deductible & Coinsurance
Hospice Services	Deductible & Coinsurance	Deductible & Coinsurance

# Plan A: Prescription Drug Summary- PPO

Administered by: SaveRx

Medical Benefits	In-Network	Out-of-Network
Prescription Drug - Retail	30 Day Supply	
Tier 1	\$10 Copay	Not Covered
Tier 2	\$50 Copay	Not Covered
Tier 3	\$80 Copay	Not Covered
Tier 4	25% to a \$350 Maximum	Not Covered
Prescription Drug - Mail Order	90 Day Supply	
Tier 1	\$25 Copay	Not Covered
Tier 2	\$120 Copay	Not Covered
Tier 3	\$210 Copay	Not Covered
Tier 4	25% with \$350 Maximum	Not Covered

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# Plan B: Medical Benefit Summary- HDHP

Administered by: Mutual Health Services

Medical Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$5,000	\$15,000
Family	\$10,000	\$30,000
Coinsurance	20%	50%
<b>Out-of-Pocket Maximum</b>		
Single	\$6,900	\$20,700
Family	\$13,800	\$41,400
<b>Physician Office Visit</b>		
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	Deductible & Coinsurance	Deductible & Coinsurance
Preventative	No Cost Share	Deductible & Coinsurance
Laboratory & X-Ray	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Services</b>		
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Services</b>		
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & 20% Coinsurance
Emergency Ambulance Services	Deductible & Coinsurance	Deductible & Coinsurance
<b>Mental Health</b>		
Outpatient Mental Health	Benefits paid based on corresponding medical benefits	
Inpatient Mental Health	Benefits paid based on corresponding medical benefits	
<b>Other Services</b>		
DME & Prosthetics	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Therapy: Physical	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Therapy: Occupational	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Therapy: Speech	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Skilled Nursing Care	Deductible & Coinsurance	Deductible & Coinsurance
Hospice Services	Deductible & Coinsurance	Deductible & Coinsurance

# Plan B: Medical Benefit Summary- HDHP

Administered by: SaveRx

Medical Benefits	In-Network	Out-of-Network
Prescription Drug - Retail	30 Day Supply	
Tier 1	Deductible & Coinsurance	Not Covered
Tier 2	Deductible & Coinsurance	Not Covered
Tier 3	Deductible & Coinsurance	Not Covered
Tier 4	Deductible & Coinsurance	Not Covered
Prescription Drug - Mail Order	90 Day Supply	
Tier 1	Deductible & Coinsurance	Not Covered
Tier 2	Deductible & Coinsurance	Not Covered
Tier 3	Deductible & Coinsurance	Not Covered
Tier 4	Deductible & Coinsurance	Not Covered

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# Plan C: Medical Benefit Summary- HDHP with HSA

Administered by: Mutual Health Services

Medical Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$3,200	\$9,000
Family	\$6,000	\$18,000
Coinsurance	0%	30%
<b>Out-of-Pocket Maximum</b>		
Single	\$4,200	\$12,000
Family	\$8,000	\$24,000
<b>Physician Office Visit</b>		
Primary Care	Deductible then 100%	Deductible & Coinsurance
Specialist	Deductible then 100%	Deductible & Coinsurance
Preventative	No Cost Share	Deductible & Coinsurance
Laboratory & X-Ray	Deductible then 100%	Deductible & Coinsurance
<b>Hospital Services</b>		
Inpatient Hospital	Deductible then 100%	Deductible & Coinsurance
Outpatient Hospital	Deductible then 100%	Deductible & Coinsurance
<b>Emergency Services</b>		
Urgent Care	Deductible then 100%	Deductible & Coinsurance
Emergency Room	Deductible then 100%	Deductible then 100%
Emergency Ambulance Services	Deductible then 100%	Deductible & Coinsurance
<b>Mental Health</b>		
Outpatient Mental Health	Benefits paid based on corresponding medical benefits	
Inpatient Mental Health	Benefits paid based on corresponding medical benefits	
<b>Other Services</b>		
DME & Prosthetics	Deductible then 100%	Deductible & Coinsurance
Outpatient Therapy: Physical	Deductible then 100%	Deductible & Coinsurance
Outpatient Therapy: Occupational	Deductible then 100%	Deductible & Coinsurance
Outpatient Therapy: Speech	Deductible then 100%	Deductible & Coinsurance
Home Health Care	Deductible then 100%	Deductible & Coinsurance
Skilled Nursing Care	Deductible then 100%	Deductible & Coinsurance
Hospice Services	Deductible then 100%	Deductible & Coinsurance

# Plan C: Medical Benefit Summary- HDHP with HSA

Administered by: SaveRx

Medical Benefits	In-Network	Out-of-Network
Prescription Drug - Retail	30 Day Supply	
Tier 1	Deductible then \$10	Not Covered
Tier 2	Deductible then \$40	Not Covered
Tier 3	Deductible then \$70	Not Covered
Tier 4	Deductible then 25% to \$350 Max	Not Covered
Prescription Drug - Mail Order	90 Day Supply	
Tier 1	Deductible then \$25	Not Covered
Tier 2	Deductible then \$120	Not Covered
Tier 3	Deductible then \$210	Not Covered
Tier 4	Deductible then 25% to \$350 Max	Not Covered

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# Health Savings Account Eligibility

## Eligibility

To be eligible for a Health Savings Account (HSA), you must be covered under an HSA-qualified plan on the first day of the month. Also, you must not be:

- Covered by any other health plan, including a spouse's health insurance
- Covered by your own or a spouse's medical flexible spending account (FSA) or health reimbursement account (HRA)
- Enrolled in any part of Medicare, Medicaid or Tricare
- Claimed as a dependent on another person's tax return

## Benefit Overview

**Ohio Valley ESC** provides employees who meet the eligibility requirements and are enrolled in **HSA Medical Plan C** the option to open a Health Savings Account through American Fidelity.

A health savings account (HSA) is a savings and investment account that can be used to reimburse eligible medical expenses such as: doctor's office visits, prescriptions, vision and dental expenses.

Unlike a generic savings account, the money is deposited tax free or is tax deductible if contributed after tax. Those funds remain tax free when used to pay or reimburse for eligible healthcare expenses.

Health Savings Accounts are employee owned and more importantly, unused funds carry over each year and continue to earn interest tax-free.

## Contributions

For 2024, employees enrolled in the medical plan with single coverage will receive an employer contribution of \$4,150 annually and those enrolled in family coverage will receive an employer contribution of \$3,000 annually. These deposits will be made in two separate equal payments— half at the end of January and half at the end of July. The maximum amount (including employer contributions) you can deposit into your account for 2024 is \$3,850 if you have single coverage and \$8,300 for family coverage, even if your policy's deductible is less than that. If you are age 55 or older, you can also make additional 'catch-up' contributions up to \$1,000 per year.

## Tax Benefits

- Cash contributions you make to a HSA during the tax year are deductible from your federal gross income. Contributions made through payroll deduction are made pre-tax and not subject to Federal, State, Local or FICA taxes. Contributions made by your employer are not included in your gross income.
- Interest earnings are tax-deferred meaning you will not pay taxes on the contributions if the funds are used for qualified medical expenses
- Withdrawals from your HSA for qualified medical expense are free from taxation. Withdrawals for non qualified medical expenses are subject to ordinary income tax and a 20% penalty.

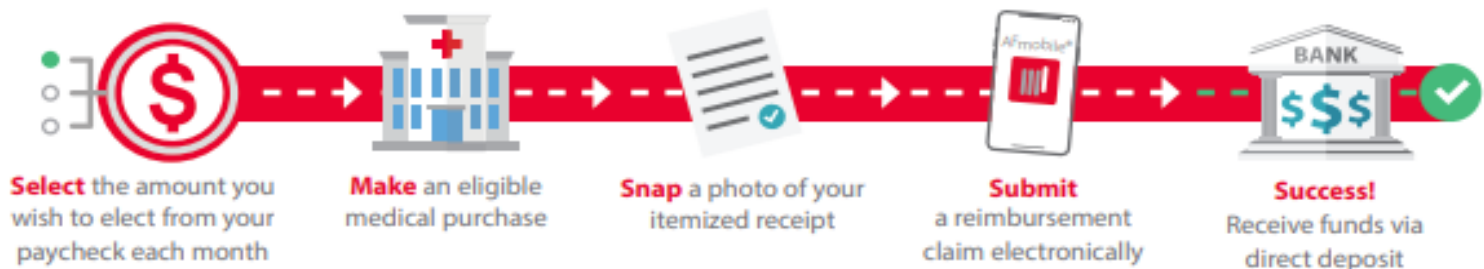
# Flexible Spending Eligibility

## Plan Today for Tomorrow's Costs.

With medical costs continuing to rise, tools to help manage out-of-pocket medical expenses can be a popular choice.

One option is a Healthcare Flexible Spending Account (HCFSAs). Healthcare FSAs allow you to set aside money tax-free for eligible medical costs, such as doctor visits, prescription drugs, prescription contact lenses, and dental procedures. Additionally, your entire election amount is available to you at the beginning of your plan year.

### Here's How It Works



Learn how to file reimbursement claims at [americanfidelity.com/fileclaim](https://americanfidelity.com/fileclaim)

### Paycheck Savings Example

In the example to the right, Jane makes \$4,000 per paycheck and is paid monthly. By participating in an HCFSAs, she would save \$82.96 a month.

That's a savings of \$995.52 a year.

To calculate your possible savings, visit [americanfidelity.com/s125-calculator](https://americanfidelity.com/s125-calculator)

Earnings & Hours	Without FSA	With FSA
Gross Pay	\$4,000	\$4,000
Health Insurance	-\$300	-\$300
Health FSA Contribution	N/A	-\$300
<b>Taxable Income</b>	<b>\$3,700</b>	<b>\$3,400</b>
Taxes (Federal & State @ 20%)	-\$740	-\$680
Less Estimated FICA (7.65%)	-\$283.05	-\$260.10
Out-of-Pocket Medical Expenses	-\$300	N/A
<b>Take Home Pay</b>	<b>\$2,376.95</b>	<b>\$2,459.90</b>

### Examples of Eligible Expenses

Over-the-counter drugs and medicines without a prescription

Prescription contacts  
Prenatal care  
Copays/Co-insurance  
Physical exams

Asthma treatments  
Dental services  
Laser eye surgery  
Chiropractic care

Eye exams/eyeglasses  
Physical therapy  
Deductibles  
Menstrual products

For a list of eligible expenses visit [americanfidelity.com/eligible-expenses](https://americanfidelity.com/eligible-expenses)

**AMERICAN FIDELITY**  
a different opinion



# Flexible Spending Eligibility

## Internal Revenue Code (IRC) Requirements

IRC guidelines are strict where tax breaks are made available. As your plan provider, we are required to follow IRC rules.

**First, the money you set aside operates under a "use or lose" system.** That means you'll want to use all of your funds prior to the next plan year or you will lose whatever amount is left.

Ask if your employer's plan includes a Runoff Period and Carryover Provision or Grace Period.

- **Runoff Period**  
A period typically up to 90 days after the plan year ends when you can submit claims that you incurred during the previous plan year, but have not been submitted for reimbursement.
- **Carryover Provision**  
This provision allows you to carry over up to \$500 of unused contributions from one plan year to the next.
- **Grace Period**  
An additional two and a half months following the end of the plan year in which you can incur claims and receive reimbursement.

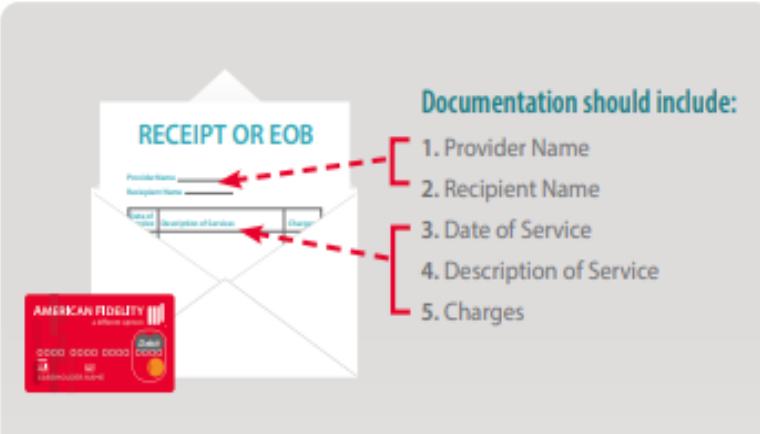
**Second, the IRC requires proof for eligible expenses.** For expenses that aren't validated at the time of debit card swipe, an itemized receipt or Explanation of Benefits (EOB) must be submitted to prove eligibility of the expense. Submitting documentation through AFmobile® or online is the fastest way to validate a claim.

## Using your Benefits Debit Card

A Benefits Debit Card allows you to pay for eligible medical expenses using the funds in your Healthcare FSA. The card may be used at locations who accept Mastercard® and have been identified as an authorized medical merchant.

To verify transactions, submit an EOB or itemized receipt after your transaction or if you receive a documentation request letter.

Learn more about your debit card at [americanfidelity.com/debit-card](https://americanfidelity.com/debit-card)



**RECEIPT OR EOB**

Documentation should include:

1. Provider Name
2. Recipient Name
3. Date of Service
4. Description of Service
5. Charges



American Fidelity Assurance Company  
[americanfidelity.com](https://americanfidelity.com)

# Dental Summary

Administered by: Superior Dental

	In Network	Out of Network
<b>Preventive</b> <i>oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment, sealants for children, space maintainers</i>	100%	100%
<b>Basic</b> <i>fillings, root canal therapy, oral surgery, extractions, repairs &amp; recementation, periodontal treatment</i>	80%	80%
<b>Major</b> <i>crowns, onlays, bridges, dentures, implants</i>	50%	50%
<b>Contract Maximum</b> <i>per member, per contract period; applies to Preventive, Basic &amp; Major services</i>	\$1,000.00	\$1,000.00
<b>Orthodontia</b> <i>limited to members under 20</i>	50%	50%
<b>Orthodontia Maximum</b> <i>lifetime maximum applies to Orthodontic services</i>	\$750.00	\$750.00
<b>Deductible</b> <i>applies to Basic &amp; Major services and follows the contract period</i>	\$25/\$75	\$25/\$75
<b>Copay</b> <i>applies to Preventive exams</i>	N/A	N/A
<b>Network Access</b>	No Balance Billing	Balance Billing Possible

Any out of network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds SDC's then current allowable amount for an eligible service.

# Dental Summary

Administered by: Superior Dental

*Enroll today to protect your smile  
and support your overall health  
and wellness*



## Care for your smile, **PROTECT YOUR HEALTH**

When not kept under control by brushing, flossing, and regular dental check-ups, bacteria in your mouth may cause gum disease that leads to problems in other parts of your body. Heart disease, strokes, Alzheimer's disease and other health issues have all been linked to oral bacteria that can be controlled by caring for your smile and routine visits to the dentist.

### Dental check-ups go way beyond your smile

During a dental check-up, your dentist can detect much more than just problems with your teeth, including:

**Oral cancer:** Lesions in the mouth can be a sign of oral cancer.

**Heart disease:** Inflamed gums and loose or missing teeth can be signs of heart disease.

**High blood pressure:** Red, swollen gums can indicate high blood pressure.

**Osteoporosis:** Accelerated bone loss around teeth may be associated with osteoporosis.

**Acid reflux:** Erosion of the enamel on the back of teeth can indicate acid reflux.

**Diabetes:** Discolored gums that pull away from the teeth, bad breath and dry mouth can signal diabetes.

**Sleep apnea:** Dry mouth, red inflamed gums and increased rate of decay or wear on the teeth can signal sleep apnea.

**Kidney disease:** Sweet-smelling breath can be a sign of kidney disease.

**Crohn's disease:** Swelling and lesions in the mouth are early signs of Crohn's disease, an inflammatory bowel disorder.

### Convenient online access

Easy-to-use online tools and resources give you quick access to your plan information.



#### ONLINE ACCESS

Superior Direct Connect, our secure online account management system, allows you to view benefit levels, check claim status, make changes to contact information, view and print EOB's (Explanation of Benefits), print a temporary ID card, request a new ID card and more.



#### FIND-A-DENTIST

Available from any page at [superiordental.com](http://superiordental.com), our Find-A-Dentist tool allows you to find a network dentist near you or quickly determine if your current dentist participates in SDC's network.



#### SDC MOBILE

Our app, SDC Mobile, provides you 24/7 access to your Mobile ID card and more! Through the app, ID cards can be printed, saved to photos, and even sent via text or email to covered dependents. You can also view plan information, see claims, find a participating network dentist, and call or chat online with an SDC member service representative.

SDC Mobile is available for iOS through the Apple App Store and for Android™ devices on Google Play™—search "Superior Dental Care".



#### ONLINE CHAT

Communicate directly with SDC's in-house support from our website at [superiordental.com](http://superiordental.com) or the mobile app.

## Value-added Benefits

SDC's dental and other ancillary plans offer a superior value, but the benefits don't stop there! All SDC plans include the following value-added benefits at no extra cost with easy access for members at [SuperiorDental.com/member-support](https://SuperiorDental.com/member-support).



### Free Second Opinions

Members have the option to get a no-cost second opinion for covered extensive dental treatment plans that include numerous or costly services. Before seeing a second dentist/specialist, the free second opinion must be coordinated with SDC's Member Services Team by calling **(800) 762-3159** (Monday–Friday, 7:30am–5:00pm).



### Discount on Cosmetic Dental Services

SDC's SmileRider program provides a 15% discount on cosmetic or other non-covered dental services from a participating subset of SDC's network.



### Savings on Vision Services

SDC's EyeMed Vision Discount Plan offers savings on eye exams, frames, lenses and contact lenses from participating providers, and up to 15% savings off the retail price of Lasik and PRK procedures at all U.S. Laser Network Centers.



### Savings on Prescriptions

SDC's prescription discount card provides up to 20% off the regular retail price of many prescription drugs at participating pharmacies. The card may be used anytime a prescription isn't covered by insurance or as an alternative to insurance for better savings.



### Hearing Aid Discount Program

Members have access to a comprehensive hearing aid program through TruHearing®, which includes savings of 30-60% off average retail prices of the latest brand-name hearing aids.



## Value-added Benefit: ID Theft Resolution

### WRAP™ Service from ID Resolution

Every SDC dental plan comes with access to ID theft resolution services from **ID Resolution**. In a world of relentless attacks on personal information, ID Resolution's WRAP™ service provides "one stop" comprehensive support in the event of identity theft and fraud. This program, which covers SDC members and up to five of their immediate family members, offers assistance to those individuals who have had their personal information fraudulently used by identity thieves.

#### Fraud Resolution

ID Resolution's experienced fraud resolution specialists can help resolve financial identity theft, criminal identity theft, and medical identity theft. Victims of identity fraud will interact with a single dedicated fraud specialist who knows the details of the case and manages it from beginning through final resolution. The fraud specialist will work with all creditors, agencies, law enforcement, professional associations, credit reporting agencies and collection companies. In addition, fraud alerts, credit freezes and suppressions with the three credit bureaus will be placed as necessary.

Where appropriate, and at no extra charge, an extensive suite of monitoring products are provided to the victim and include:

- Triple bureau credit report
- Triple bureau credit monitoring
- Cyber monitoring of credit cards, bank accounts, medical ID, drivers license, etc.
- Social security number trace
- Court records monitoring
- Pay day loan monitoring

#### Additional Services

ID Resolution's WRAP™ service offers the following additional assistance to help victims recover from identity theft.

- Infant and minor identity risk mitigation
- Deceased and estate services
- Personal document replacement assistance
- Home and auto invasion
- Deployed military personnel identity risk mitigation
- Relocation services



#### About ID Resolution

ID Resolution is an innovative, client-focused company that provides a full suite of identity management solutions. Formed by people at the forefront of the industry, ID Resolution is committed to combating and resolving the fallout from identity theft.

For more than 10 years, the team at ID Resolution has been developing services to meet the changing needs of their clients, as well as the constant morphing of identity theft techniques. Company leaders come from the identity theft resolution, financial services, and fraud investigation industries. All of ID Resolution's fraud advocates work directly for the company and are based in the USA. Similarly and where appropriate, all have the necessary industry accreditations including membership in the Association of Certified Fraud Examiners.



1-877-308-9169



[idresolution.net/  
superior-dental-care  
-med-mutual/](https://idresolution.net/superior-dental-care-med-mutual/)

# Vision Benefit Summary

Administered by: Anthem BCBS

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$0 Copay	Reimbursed Up To \$42	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every other calendar year
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses <ul style="list-style-type: none"><li>Single vision lenses</li><li>Bifocal lenses</li><li>Trifocal lenses</li></ul>	\$0 Copay \$0 Copay \$0 Copay	Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80	Once every calendar year
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost			
<ul style="list-style-type: none"><li>Transitions Lenses (for a child under age 19)</li><li>Standard polycarbonate (for a child under age 19)</li><li>Factory Scratch Coating</li></ul>	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (instead of eyeglass lenses)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"><li>Elective conventional (non-disposable) OR</li><li>Elective disposable OR</li><li>Non-elective (medically necessary)</li></ul>	\$130 Allowance, then 15% off any remaining balance  \$130 Allowance (no additional discount)  Covered in full	Reimbursed Up To \$105  Reimbursed Up To \$105  Reimbursed Up To \$210	Once every calendar year
OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)			In-Network Member Cost (after any applicable copay)
Retinal Imaging - at member's option, can be performed at time of eye exam			Not More Than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"><li>Transitions lenses (Adults)</li><li>Standard Polycarbonate (Adults)</li><li>Tint (Solid and Gradient)</li><li>UV Coating</li><li>Progressive Lenses<sup>1</sup><ul style="list-style-type: none"><li>Standard</li><li>Premium Tier 1</li><li>Premium Tier 2</li><li>Premium Tier 3</li><li>Premium Tier 4</li></ul></li><li>Anti-Reflective Coating<sup>2</sup><ul style="list-style-type: none"><li>Standard</li><li>Premium Tier 1</li><li>Premium Tier 2</li><li>Premium Tier 3</li></ul></li><li>Other Add-ons (i.e. high index lenses, anti-fog coating)</li></ul>	\$75 \$40 \$15 \$15  \$55 \$85 \$95 \$110 \$175  \$45 \$57 \$68 \$85  20% off retail price	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"><li>Complete Pair</li><li>Eyeglass materials purchased separately</li></ul>	40% off retail price 20% off retail price	
Eyewear Accessories	<ul style="list-style-type: none"><li>Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</li></ul>	20% off retail	
Conventional Contact Lenses (non-disposable type)	<ul style="list-style-type: none"><li>Discount applies to materials only</li><li></li></ul>	15% off retail price	
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"><li>Standard contact lens fitting<sup>3</sup></li><li>Premium contact lens fitting<sup>4</sup></li></ul>	Up to \$55 10% off retail price	

# Basic Life and AD&D

Administered by: OneAmerica



## Basic Term Life and Accidental Death & Dismemberment (AD&D) Benefits

Benefit Amount	
Basic Term Life and AD&D	Your employer provides \$50,000 Basic Term Life coverage for all eligible full-time employees working 32.5 hours or more per week. Your Accidental Death and Dismemberment (AD&D) coverage is equal to 1 times of your life benefit.
Reduction Schedule	
	Life insurance and AD&D Benefits are both reduced by 35% at age 65 and to 50% the amount in effect immediately prior to age 65 at age 70 for active employees; however, all benefits terminate at retirement.
Additional Features	
Portability	Allows you to take your coverage with you if you terminate employment. (Age and other restrictions may apply including evidence of insurability).
Conversion	Allows you to continue your coverage after your group plan has terminated. (Restrictions may apply; refer to your certificate of benefits).
Waiver of Premiums	Premium will not need to be paid if you are totally disabled. (For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met).



# Voluntary Life and AD&D

Administered by: OneAmerica



## Voluntary Life and Accidental Death & Dismemberment (AD&D) Benefits

Benefit Amount	
Employee Voluntary Life	You may elect an amount in increments of \$10,000 up to \$300,000 (Guarantee Issue: \$20,000)
Spousal Voluntary Life	You may elect one of the following benefit options: \$5,000, \$10,000, \$20,000 (Guarantee Issue: None)
Child (ren) Voluntary Life	You may elect one of the following benefit options \$10,000 (Guarantee Issue: None)
Reduction Schedule	
	Lie insurance and AD&D Benefits are both reduced by 35% at age 65 and to 50% the amount in effect immediately prior to age 65 at age 70 for active employees; however, all benefits terminate at retirement.
Additional Features	
Portability	Allows you to take your coverage with you if you terminate employment. (Age and other restrictions may apply including evidence of insurability).
Conversion	Allows you to continue your coverage after your group plan has terminated. (Restrictions may apply; refer to your certificate of benefits).
Waiver of Premiums	Premium will not need to be paid if you are totally disabled. (For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met).
Accelerated Life Benefit	A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.



# Voluntary Life and AD&D

Administered by: OneAmerica

## Employee Monthly Premium

	0 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
\$10,000	\$0.75	\$0.75	\$0.95	\$1.35	\$1.95	\$3.25	\$5.25	\$6.95	\$10.45	\$24.15
\$20,000	\$1.50	\$1.50	\$1.90	\$2.70	\$3.90	\$6.50	\$10.50	\$13.90	\$20.90	\$48.30
\$25,000	\$1.88	\$1.88	\$2.38	\$3.38	\$4.88	\$8.13	\$13.13	\$17.38	\$26.13	\$60.38
\$30,000	\$2.25	\$2.25	\$2.85	\$4.05	\$5.85	\$9.75	\$15.75	\$20.85	\$31.35	\$72.45
\$40,000	\$3.00	\$3.00	\$3.80	\$5.40	\$7.80	\$13.00	\$21.00	\$27.80	\$41.80	\$96.60
\$50,000	\$3.75	\$3.75	\$4.75	\$6.75	\$9.75	\$16.25	\$26.25	\$34.75	\$52.25	\$120.75
\$60,000	\$4.50	\$4.50	\$5.70	\$8.10	\$11.70	\$19.50	\$31.50	\$41.70	\$62.70	\$144.90
\$70,000	\$5.25	\$5.25	\$6.65	\$9.45	\$13.65	\$22.75	\$36.75	\$48.65	\$73.15	\$169.05
\$75,000	\$5.63	\$5.63	\$7.13	\$10.13	\$14.63	\$24.38	\$39.38	\$52.13	\$78.38	\$181.13
\$80,000	\$6.00	\$6.00	\$7.60	\$10.80	\$15.60	\$26.00	\$42.00	\$55.60	\$83.60	\$193.20
\$90,000	\$6.75	\$6.75	\$8.55	\$12.15	\$17.55	\$29.25	\$47.25	\$62.55	\$94.05	\$217.35
\$100,000	\$7.50	\$7.50	\$9.50	\$13.50	\$19.50	\$32.50	\$52.50	\$69.50	\$104.50	\$241.50
\$110,000	\$8.25	\$8.25	\$10.45	\$14.85	\$21.45	\$35.75	\$57.75	\$76.45	\$114.95	\$265.65
\$120,000	\$9.00	\$9.00	\$11.40	\$16.20	\$23.40	\$39.00	\$63.00	\$83.40	\$125.40	\$289.80
\$125,000	\$9.38	\$9.38	\$11.88	\$16.88	\$24.38	\$40.63	\$65.63	\$86.88	\$130.63	\$301.88
\$130,000	\$9.75	\$9.75	\$12.35	\$17.55	\$25.35	\$42.25	\$68.25	\$90.35	\$135.85	\$313.95
\$135,000	\$10.13	\$10.13	\$12.83	\$18.23	\$26.33	\$43.88	\$70.88	\$93.83	\$141.08	\$326.03
\$140,000	\$10.50	\$10.50	\$13.30	\$18.90	\$27.30	\$45.50	\$73.50	\$97.30	\$146.30	\$338.10
\$150,000	\$11.25	\$11.25	\$14.25	\$20.25	\$29.25	\$48.75	\$78.75	\$104.25	\$156.75	\$362.25
\$175,000	\$13.13	\$13.13	\$16.63	\$23.63	\$34.13	\$56.88	\$91.88	\$121.63	\$182.88	\$422.63
\$200,000	\$15.00	\$15.00	\$19.00	\$27.00	\$39.00	\$65.00	\$105.00	\$139.00	\$209.00	\$483.00
\$250,000	\$18.75	\$18.75	\$23.75	\$33.75	\$48.75	\$81.25	\$131.25	\$170.75	\$261.25	\$603.75
\$300,000	\$22.50	\$22.50	\$28.50	\$40.50	\$58.50	\$97.50	\$157.50	\$208.50	\$313.50	\$724.50

## Dependent Coverage Options

Dependent Type	Option 1	Option 2	Option 3	Option 4
Spouse	\$5,000	\$10,000	\$15,000	\$20,000
Dependent Child(ren) - live birth to age 26	\$2,500	\$5,000	\$7,500	\$10,000
<b>MONTHLY Dependent Group</b>				
<b>Voluntary Term Life Insurance Premiums<sup>1</sup></b>				
Family	\$2.00	\$4.00	\$6.00	\$8.00



# Plan for tomorrow, Today.

Everyone knows health insurance doesn't pay for everything. Do you feel fully protected? Reviewing and updating your coverage each year is important.

Get help with your options. Stop by and see an American Fidelity account manager.



## Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

[americanfidelity.com/info/disability](https://americanfidelity.com/info/disability)



## Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

[americanfidelity.com/info/cancer](https://americanfidelity.com/info/cancer)



## Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

[americanfidelity.com/info/accident](https://americanfidelity.com/info/accident)



## Critical Illness Insurance

AF™ Limited Benefit Critical Illness Insurance

- pays a benefit upon diagnosis of certain covered life-altering illnesses
- helps with costs not covered by medical insurance

[americanfidelity.com/info/critical-illness](https://americanfidelity.com/info/critical-illness)

**AMERICAN  
FIDELITY**   
a different opinion

EMPLOYER BENEFIT  
SOLUTIONS  
FOR EDUCATION

An unintentional injury  
averages **\$4,339** in  
medical expenses.

*National Safety Council, Injury Facts, 2019 Web.*



## Term Life Insurance

### AF™ Term Life Insurance

- is a renewable and convertible term life insurance policy for which rates are guaranteed not to increase during the initial term
- allows you to choose from 10, 20, or 30-year term periods
- is owned by you, so you can take it with you to a different job or into retirement

[americanfidelity.com/info/life](https://americanfidelity.com/info/life)



## Whole Life Insurance

### AF™ Whole Life Insurance

- provides a guaranteed death benefit, cash value, and premiums up to age 121
- allows for full cash value flexibility to stop paying premiums and still have some life insurance coverage in force
- is owned by you, so you can take it with you to a different job or into retirement

[americanfidelity.com/info/life](https://americanfidelity.com/info/life)



## Hospital Indemnity Insurance

### AF™ Limited Benefit Hospital Indemnity Insurance

- helps pay for out-of-pocket costs, like a hospital stay
- when used with a Health Savings Account allows for a tax benefit and potential savings

[americanfidelity.com/info/hospital-indemnity](https://americanfidelity.com/info/hospital-indemnity)



## Educational Videos

Through short videos, we offer multiple ways to learn about your benefits options.

This video library includes enrollment tips, insurance information, stories, and support options.

[americanfidelity.com/videos](https://americanfidelity.com/videos)

# Flexible Spending Accounts

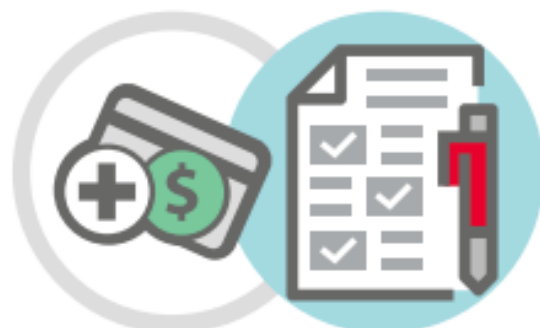
## Everyone likes saving money.

Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

### Types of Accounts

- Healthcare FSAs
- Limited Purpose FSAs
- Dependent Care Accounts

Explore your savings options at [americanfidelity.com/info/fsa](https://americanfidelity.com/info/fsa)



To calculate medical costs that may not be covered by insurance, visit [americanfidelity.com/fsa-worksheet](https://americanfidelity.com/fsa-worksheet)

### Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter bandages
- Physical exams
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Walkers/wheelchairs

[americanfidelity.com/eligible-expenses](https://americanfidelity.com/eligible-expenses)



# Health Savings Accounts

## Save money wisely for healthcare costs.

Health Savings Accounts (HSA) allow people who are covered by a qualified High Deductible Health Plan (HDHP) to pay for eligible medical costs tax-free\* or save the account balance for later years.

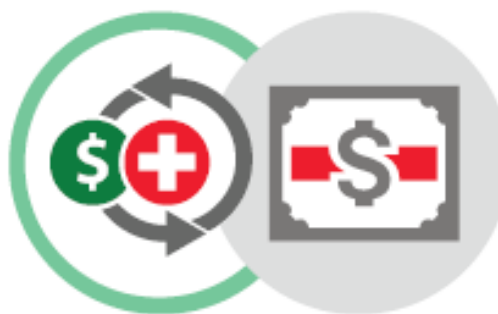
You earn interest, which you can invest once a required balance is reached, and any unused money can carry over year after year.

Your HSA is yours! If you leave your current employer or retire, you can take it with you wherever you go.

Learn all about HSAs at [americanfidelity.com/info/hsa](https://americanfidelity.com/info/hsa)

*\* HSA contributions are not subject to federal income tax and most states income tax.*

*State income tax may apply in California and New Jersey. Please consult a tax advisor for your state's specific rules.*



### Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter bandages
- Physical exams
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Walkers/wheelchairs

[americanfidelity.com/eligible-expenses](https://americanfidelity.com/eligible-expenses)

## Online Account Support

### Your Benefits, Your Account

Within your online account, you'll find all your benefits and reimbursement information in one place.



#### File a Claim

Submit claims for your insurance benefits or reimbursement accounts



#### Track Claims

View the status of your benefits and reimbursements claims



#### Upload Documentation

Attach receipts and documentation for claims



#### Manage Preferences

Edit your profile, enroll in direct deposit, and elect communication preferences



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SB-33041-0120

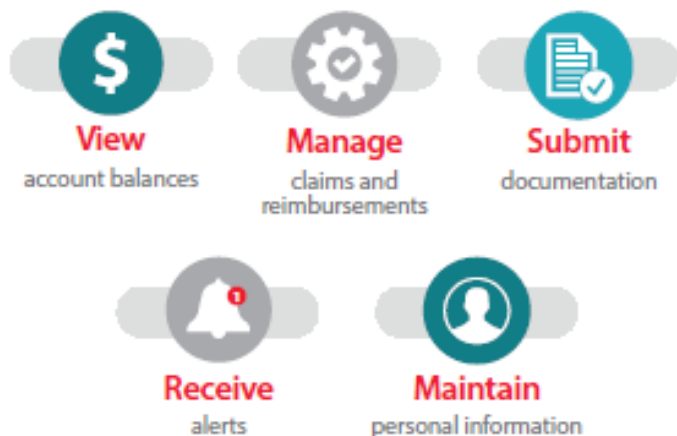


American Fidelity Assurance Company  
[americanfidelity.com](https://americanfidelity.com)

*Limitations, exclusions and waiting periods may apply.*

## 24/7 Access with AFmobile®

Manage your insurance benefits and reimbursement accounts all from the palm of your hand.



### Get Started

Register at [americanfidelity.com/register](https://americanfidelity.com/register) or download AFmobile and select the New User link.

*Please allow one business day after you enroll before registering for an online account. If you already have an account, your username and password will be the same for AFmobile.*



## File Your Claims Faster

### AFmobile\*

Our mobile app is the easiest way to submit your claims and documentation. Upload documentation\* directly from your device's picture gallery.

### americanfidelity.com\*

Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation\*.

### Need assistance?

Visit [americanfidelity.com/fileaclaim](https://americanfidelity.com/fileaclaim)

*\*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.*



Personal issues, planning for life events or simply managing daily life can affect your work, health and family. The GuidanceResources program provides support, resources and information for your personal and work-life issues. This program is company-sponsored, confidential and provided at no charge to you and your dependents.

## ComPsych GuidanceResources Program

Call: (855) 387-9727 or TDD: (800) 697-0353

Online: [www.guidanceresources.com](http://www.guidanceresources.com)

Your Web ID: ONEAMERICA3

### Call for immediate assistance at anytime for help with the following:

- |                                   |                            |                              |
|-----------------------------------|----------------------------|------------------------------|
| • Stress, anxiety, depression     | • Tax questions            | • Civil and criminal actions |
| • Relationships/marital conflicts | • Retirement planning      | • Contracts                  |
| • Problems with children          | • Estate planning          | • Child & elder care         |
| • Job pressures                   | • Saving for college       | • Moving & relocation        |
| • Grief & loss                    | • Divorce & family law     | • Making major purchases     |
| • Substance abuse                 | • Debt & bankruptcy        | • Home repair                |
| • Getting out of debt             | • Landlord/tenant issues   |                              |
| • Credit card/loan problems       | • Real estate transactions |                              |

- **Confidential Counseling**

3 Session Plan— This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by Guidance Consultants—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per year) and other resources.

- **Financial Information & Resources**

Speak by phone with Certified Public Accountants and Certified Financial Planners on a wide range of financial issues.

- **Legal Support & Resources**

Talk to attorneys by phone. If you require representation, we’ll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary fees thereafter.

- **Work-Life Solutions**

Work-Life Specialists will do the research for you, providing qualified referrals and customized resources.

## ComPsych GuidanceResources Program

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Online: [www.guidanceresources.com](http://www.guidanceresources.com)

Your Web ID: ONEAMERICA3

- **GuidanceResources Online**

GuidanceResources Online is your one stop for expert information on the issues that matter most to you; relationships, work, schools, children, wellness, legal, financial, free time and more.

- **Free Online Will Preparation**

EstateGuidance lets you quickly and easily write a will on your computer. Just visit [www.guidanceresources.com](http://www.guidanceresources.com) and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filling your will are included you can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify your wishes for your property
- Provide funeral and burial instructions

- **Work-Life Solutions**

Work-Life Specialists will do the research for you, providing qualified referrals and customized resources.

## Travel Assistance Services

Employees covered under the OVESC's group term life insurance are also eligible for EA USA's Travel Assistance program. If an emergency happens while traveling (100 miles or more away from home), employees have access to 24 – hour medical and transportation services. The EA USA can also provide pre-trip assistance to help prepare and plan for an eligible employee's trip. Contact a representative at (866) 294-2469 or via email at [OPS@europassistance-usa.com](mailto:OPS@europassistance-usa.com) for assistance.





# Voluntary benefits portfolio

Protection for when the unexpected happens



Colonial Life provides benefits that your employees want for those unexpected moments in life, whether that's an accident, illness or injury.



## DISABILITY

Provides financial protection to cover income loss from a covered disability.

**Individual and Group Short Term Disability:** Replaces a portion of your employees' income if they have an accident or illness and can't work. Optional features include protection for psychiatric and psychological conditions and waiver of elimination period for hospitalization.



## LIFE

Provides financial protection and peace of mind for an employee's family in the event of a death.

**Individual Term Life:** Term life is ideal for high demand working years. Flexible benefit design offers four term options (10-, 15-, 20- and 30-year), family coverage and a set death benefit payment. It can be renewed or converted to a whole life policy.

**Group Term Life:** Flexible benefit designs with both employer and employee-paid options. Allows employees to purchase additional coverage at group rates. It's portable and convertible to a whole life policy under certain conditions.

**Individual Whole Life:** Provides protection for a lifetime. Features guaranteed level premiums and increasing cash values over time. Option to increase coverage on the second, fifth and eighth year of the policy's anniversary.

## BENEFITS AT A GLANCE



Accident Insurance



Cancer Insurance



Critical Illness Insurance



Dental Insurance



Disability Insurance



Hospital Confinement Insurance



Life Insurance

80%

of all employers recognize voluntary benefits and services as an important part of their employee value proposition.

Source: Willis Towers Watson, 2018 Emerging Trends: Voluntary Benefits and Services Survey, 2018.





## DENTAL

Provides coverage for a wide range of dental services, from routine cleanings to root canals. There are no waiting periods for preventive or basic services, such as fillings and simple extractions. Offers additional savings through a large national network of providers. Options available for orthodontia, vision and an annual maximum rollover benefit.



## ACCIDENT

From a fall to a car accident, this coverage offers a range of benefits to help cover medical or non-medical related expenses due to a covered accident.

**Individual and Group Accident:** Provides benefits to help cover initial care, such as ER visits or x-rays, as well as more serious needs, such as fractures and dislocations. Includes follow-up care, like doctor's visits, and physical therapy to assist with recovery. Optional features include active lifestyle benefits and wellness.



## SPECIAL RISK

Pays lump-sum benefits for a diagnosis of a critical illness or cancer, as well as ongoing benefits for treatment.

**Individual and Group Cancer:** Provides benefits for a cancer diagnosis and treatment. Option to add cancer screening benefit.

**Individual and Group Critical Illness:** Provides lump-sum benefits for a covered critical illness, such as a heart attack or stroke. Optional features include cancer treatment, cancer reoccurrence and a subsequent diagnosis benefit. Group critical illness also has a heart benefits rider and an infectious diseases rider available.



## HOSPITAL CONFINEMENT

Medical Bridge<sup>SM</sup>, also called hospital confinement, provides benefits to help cover the cost of a hospital stay and other medical procedures, regardless of what health insurance pays.

**Individual and Group Medical Bridge:** Provides benefits for a range of procedures and medical events, such as hospitalization, surgeries, diagnostic procedures, ICU and wellness screenings.

## What is the difference between Individual and Group benefits?



### INDIVIDUAL BENEFITS:

- Employee-owned
- Rate stable
- Portable (employee can continue coverage after leaving the company)
- Coverage is guaranteed renewable
- No minimum participation requirement



### GROUP BENEFITS:

- Employer-owned with flexible underwriting
- Guaranteed-issue options
- Rate flexibility
- Limited portability options

## Common features across multiple products<sup>1</sup>

- Coverage is available for spouses and eligible dependent children
- Guaranteed issue with easy participation requirements<sup>2</sup>
- Benefit is paid directly to the insured<sup>3</sup>
- Employees can continue coverage with no increase in premiums if they retire or change jobs
- Employees may receive benefits in addition to other insurance benefits
- Premiums can be deducted from payroll for easy administration
- HSA compliant



Learn more about what we have to offer at [ColonialLife.com](https://ColonialLife.com)

ACCIDENT, CANCER, CRITICAL ILLNESS, AND HOSPITAL CONFINEMENT INSURANCE ARE LIMITED BENEFIT POLICIES.

1. Eligibility may vary.
2. Benefits may be subject to a preexisting condition provision.
3. Except dental and vision.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC. Dental plans are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC. Some dental plans are administered by Starmount Life Insurance Company. ©2020 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

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[ColonialLife.com](https://ColonialLife.com)

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### Annual Eligibility Notice

#### **Did you know that Ohio Valley ESC sponsors 403(b) and 457(b) tax deferred plans?**

You have the opportunity to save for retirement by participating in Ohio Valley ESC's 403(b) and 457(b) plans. You can participate in the 403(b) and 457(b) plans by electing to make pre-tax contributions.

#### **What do I have to do to contribute to the 403(b) and 457(b) plans?**

To start your contributions, you will need to contact one of the vendors listed on the back of this sheet to establish an account. The selected vendor will provide you with a salary reduction agreement that you will complete. The salary reduction agreement will be sent to Amy Buchtel, Fiscal Assistant/Payroll to set up the payroll deduction beginning with the pay that is specified on the salary reduction agreement. **Enrollment and changes are accepted at any time during the year by following this same procedure.**

#### **How much can I contribute?**

In general, you may elect to contribute up to \$23,000 in 2024. This amount is the general limit on what you can elect to defer under the 403(b) plan and such amount may be adjusted annually. Additional catch-up contributions may be permitted if certain criteria are met. Specifically, if you have at least 15 years of service with Ohio Valley ESC and/or you are at least 50 years old by year's end, you may also be able to make additional catch-up contributions. Each catch-up has its own limits.

This Notice is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products under the plan can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.

A list of approved product providers for your plan may be found at [www.ovesc.org](http://www.ovesc.org). Click on the "Employee" tab/Forms and Documents/ESC Employee Forms/Annuity Vendor List.

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**Start Participating in Ohio Valley Educational Service Center's 403(b)  
and 457(b) Plans Today**  
**OHIO VALLEY ESC**  
**403(b) Annuity Vendors**

1. **Ameriprise Financial Services, Inc.**  
70205 Ameriprise Financial Center  
Minneapolis, MN 55474  
(724) 260-0731 or (216) 447-0900 – Edward Chess, Representative
2. **VOYA**  
Reliastar Life Insurance Co.  
P.O. Box 5060  
Minot, ND 58702-5060  
(877) 866-5225 – Tom Lackman, Representative
3. **Brighthouse Financial / Met Life**  
1549 Boettler Road, Suite A  
Green, OH 44685  
(855) 222-0776 – William Ahonen, Representative
4. **PenServ**  
P.O. Box 3109  
West Columbia, SC 29171  
(803) 354-5084 – John Riley, Representative  
(803) 354-5060 Fax  
Website: [www.penserv.com](http://www.penserv.com)
5. **Great American Plans, Inc.**  
P.O. Box 5420  
Cincinnati, OH 45201  
(800) 789-6771  
(877) 866-5225 – Tom Lackman, Representative

**457(b) Annuity Vendor**

6. **Ohio Public Employees Deferred Compensation Program**  
250 Civic Center Drive  
Suite 350  
Columbus, OH 43215  
(877) 644-6457



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

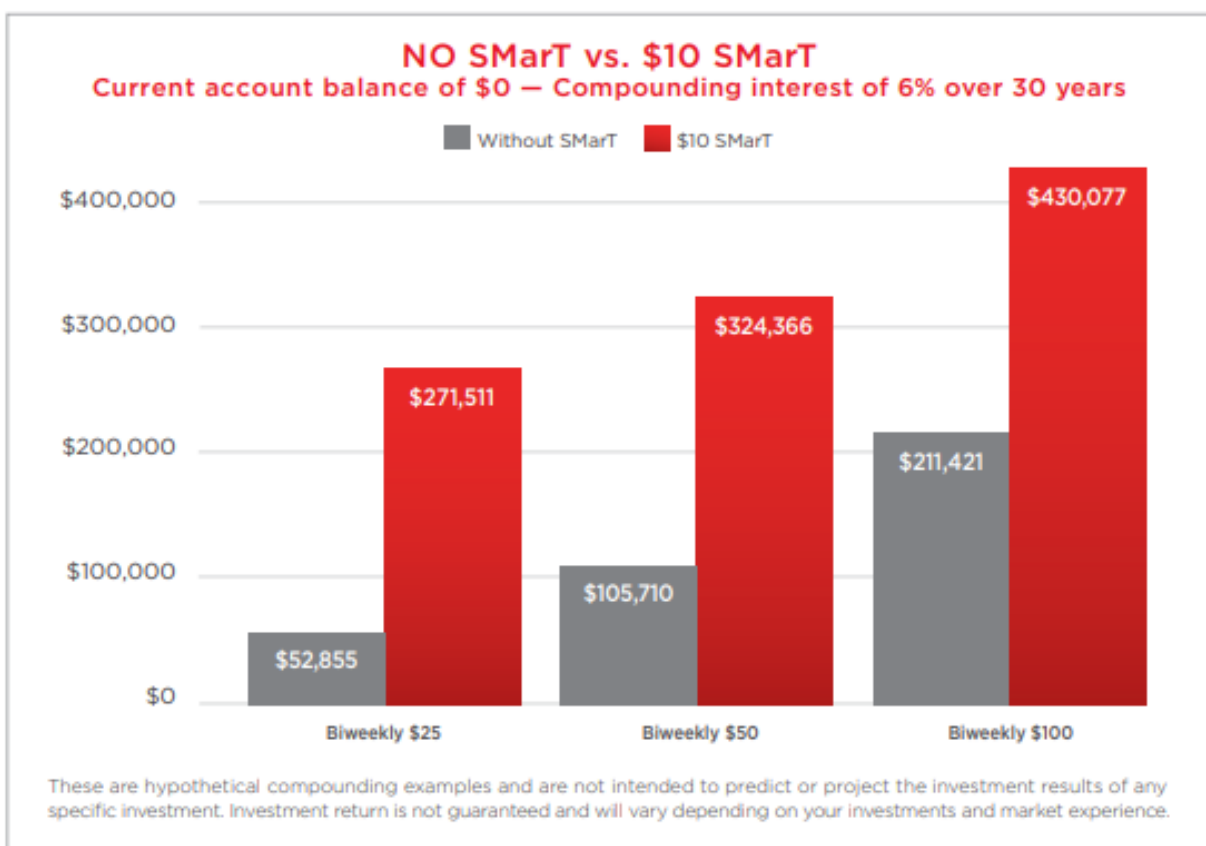
Ohio Deferred  
Compensation

Enrollment EZ Form

## Investing for Retirement Is Smart. Now is the time to **GET STARTED.**

Your pension and your Ohio Deferred Compensation account are here to provide you retirement income when you stop working. Simply enroll, choose how much you want to save from each paycheck, and then let your money go to work for you.

- **A program designed to help you supplement your pension.** Pensions are not designed to replace 100% of your pre-retirement income.
- **It's easy, tax deferred and flexible.** Contributions are payroll deducted prior to federal and state tax withholding and the contributions can be changed throughout the year.
- **Your money is available when you separate from your employer.** There is NO penalty for withdrawals prior to age 59 1/2.



To enroll today, use this form, call **877-644-6457**, or visit **Ohio457.org**.

Neither Nationwide nor plan representatives may offer investment, legal or tax advice. Please contact your investment, legal or tax advisor for such services. Investing involves market risk, including possible loss of principal.

Account Executives are Registered Representatives of Nationwide Investment Services Corporation, Member FINRA. Information provided by Account Executives is for educational purposes only and not intended as tax, legal, or investment advice.

[illegible]



## Employee Benefits Guide

This employee benefits guide presents an overview of your current benefits, but is not a contract. This guide does not include all plan rules and details and is not considered a summary plan description or a certificate of coverage. The terms of your benefits are governed by legal plan documents including insurance contracts. If there are any differences between the benefit descriptions in this guide and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts are the final authority. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.



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