

OPEN ENROLLMENT 2021

Stark County Schools COG

Welcome to the Stark County Schools COG open enrollment period for 2021. The following information is designed to keep you informed so you can make the best benefit decision for you and/or your family.

The month of November is Open Enrollment. During November you can choose to:

1. For those of you who live in an area where the Aultcare network is available, you can change your medical carrier for the coming year. Aultcare is typically available in Stark County and the five surrounding counties.
2. Add eligible dependents that are not currently on your plan.
3. Add coverage if you currently don't carry coverage and are eligible for coverage.
4. Enroll in a Flexible Spending Account (informational materials will be in a separate document). You don't have to carry insurance to carry Flexible Spending.

Effective July 1, 2020, your dependent children are eligible to remain on the medical, dental, and vision coverages until the end of the month they turn 26. Previously, once a dependent turned 19, they had to be a full-time student to remain on the dental and vision coverages, this is no longer the case. If your dependent was previously termed from dental and/or vision coverage and is under the age of 26, you can put them back on at this time for an effective date of January 1, 2021.

Even if you are not planning on making any changes, you should review your current coverage and make sure you are electing what is best for you. If you don't want to make any changes, there are no forms or paperwork for you to complete, everything will remain the same for 2021.

Enrollment in the Flexible Spending Accounts (FSA) is separate and will need to be completed each year. If you do not enroll for the coming year, your FSA will not be active for 2021.

Below you will find an overview of the benefits for your review.

DEDUCTIBLES - **\$250/person** **\$500/family**

Once you have met your deductible, claims will be paid at 90% (as long as you are in-network). Prescription claims do NOT go toward this deductible. You pay 20% for prescriptions all the time, they are not subject to the deductible.

OUT-OF-POCKET (OOP) - \$750/person \$1,500/family

After deductible is met you will pay 10% for medical claims. This 10% automatically goes toward your OOP max. The 20% you pay for prescriptions also goes toward this OOP max. When the combination of the 10% you pay for medical claims and the 20% you pay for prescriptions meets the OOP max listed above, all claims (medical and prescription) are covered at 100% for the remainder of the calendar year (as long as you are in-network).

DEPENDENTS

Dependents can be covered under the medical, dental, and vision plans until the end of the month they reach age 26. They do not have to be a student, they can be married or have a job that offers insurance. As long as they are your child, they can be covered.

PREVENTIVE CARE

The plan covers many eligible preventive care services. Remember Preventive Care services are covered at 100% with no deductible. Preventive visits should be an important part of your continued wellness plan. Routine covered services include but are not limited to:

Routine Physical Exam- adults and children – one per calendar year

Prostate Screen – one per calendar year

Adult and Child Immunizations

Routine Mammogram – one per calendar year

Pap Test – one per calendar year

Well Child Care (including immunizations)

Colon Cancer Screening (beginning at age 50)

Bone Density Testing

Prenatal Services, Breast Feeding Counseling and rental of equipment, Lactation Classes

SPOUSE/DEPENDENT COVERAGE

If you were hired after June 30, 2015 and your spouse is eligible for insurance through their own employer, they will be required to take their employer's insurance as primary. There are two ways your spouse can be on your insurance and not take their own employer's insurance:

1) They are required to pay more than 40% of the cost of the single premium of their employer's plan or 2) they are ONLY offered a High Deductible Health Plan with a HSA. If your spouse is required to be primary on their employer's plan, you can cover them as secondary on your plan unless they have a HSA. Under HSA rules, you cannot be secondary on our plan.

You can carry your children as primary on your plan, regardless if your spouse has to carry their own insurance.

PROGRAMS AND SERVICES

This is also a good time to familiarize yourself with the programs and services available through Medical Mutual and Aultcare. These programs are voluntary and are designed to support and educate our members. These are just some of the services available to you through the plans.

<u>MEDICAL MUTUAL</u>	<u>AULTCARE</u>
<p><u>Weight Watchers Reimbursement</u> Receive up to \$150 of the registration fees per calendar year. For information, call 866-204-2878</p>	<p><u>Aultman WeightManagement</u> Receive a 30% discount on the initial screening at Aultman Weight Mgmt. and Free access to any Aultman Fitness Facility</p>
<p><u>Smoking Cessation</u> Four- to eight-week supply of nicotine replacement therapy at no out-of-pocket expense. For information, call 866-845-7702</p>	<p><u>Tobacco Cessation</u> 5 week free “Give it up” program at Aultman Hospital. For information, call 330-363-7848 or go to www.aultman.org</p>
<p><u>Nurse Line</u> You can call a nurse 24/7 for medical advice – 888-912-0636</p>	<p><u>Nurse Line</u> You can call a nurse 24/7 for medical advice – 866-422-9603 or 330-363-7620</p>
<p><u>Hearing Aids</u> Beltone offers up to a 20% discount on all hearing aid models. Simply show your ID card at a participating Beltone location (found at Beltone.com) or call 800-235-8663</p>	<p><u>Education & Support Services</u></p> <ul style="list-style-type: none"> - AultLine - 24-hour Nurse Hotline: 866-422-9603 - Health Talks – Community educational sessions on a variety of topics
<p><u>MedMutual.Com Online Services</u></p> <ul style="list-style-type: none"> - Locate SuperMed Plus network providers - Log onto <i>My Health Plan</i> to: <ul style="list-style-type: none"> • Review claims status • Order ID cards • Take a Health Assessment • Health Resource Center 	<p><u>Aultcare.Com Online Services</u></p> <ul style="list-style-type: none"> - Locate Aultcare network providers - Log onto <i>Manage My Account</i> <ul style="list-style-type: none"> • Review claims history • Access Explanantion of Benefits • Order ID Cards • Download Forms - Access to HealthFinder.gov
<p><u>Disease Management Programs</u> Help with managing the follow conditions: Asthma <u>C</u>hronic <u>O</u>bstructive <u>P</u>ulmonary <u>D</u>isease Congestive Heart Failure Coronary Artery Disease Diabetes</p>	<p><u>Disease Management Programs</u> Help with managing the follow conditions: <u>C</u>hronic <u>O</u>bstructive <u>P</u>ulmonary <u>D</u>isease Congestive Heart Failure Diabetes Mental Health Complex Medical Conditions</p>

Call 800-861-4826, Option 2, to enroll in a program	
<p><u>Fitness Discounts</u> Membership discounts at various fitness centers including Curves, Anytime Fitness, FitWorks Fitness Centers and Snap Fitness</p>	<p><u>Weight Management Discount</u> If you join the Aultman Weight Management Program, you get a 30% Discount. Insurance does not cover the program, but if you join as an Aultcare member, you would get this discount.</p>
<p><u>TeleMedicine</u> You can have an online appointment with a Cleveland Clinic physician for non-emergency issues.</p>	<p><u>Teledoc</u> You can have an online appointment with a U.S. board certified physician for non-emergency issues.</p>
<p><u>My Care Compare</u> Access to cost comparison tool to find estimates for medical services like lab work, x-rays, MRI, etc.</p>	<p><u>Medical Cost Estimator</u> This tool can help compare the cost of a certain procedure with different providers.</p>
<p><u>Urgent Care Facilities</u> Urgent care visits and Minute Clinic visits are covered under the plan just like regular office visits.</p>	<p><u>Urgent Care Facilities</u> Urgent care visits and Minute Clinic visits are covered under the plan just like regular office visits.</p>

MOBILE APPS

Both Aultcare and Medical Mutual have mobile apps. You can download your insurance card to the mobile app, check claims, obtain eligibility information, look at the provider directory, as well as deductible and out of pocket information.

DENTAL PLAN

As a Stark County Schools member, you have the freedom to choose any dentist you wish. You have the *option* to receive covered dental services from a dentist who participates in the SuperDental Network. Choosing to receive dental services from a SuperDental network provider protects you from balance bills (the difference between the amount billed by the provider and the amount allowed by Medical Mutual). SuperDental providers agree to accept Medical Mutual’s payment and not bill for the balance.

Coverage Information

Check-Ups – 2 per calendar year (they do not need to be six months apart) Paid at 100%

Deductible - \$25/person and \$75/family

Basic and Major Services – Paid at 80% of usual and customary charges after deductible

Annual Maximum - \$2,500 is the maximum paid for dental claims per person per year

Orthodontics – Lifetime Maximum of \$1,200 per person

To find a SuperDental provider:

1. Go to www.medmutual.com
2. Click “Find a Doctor or Hospital”
3. Click “Dental”
4. Select “SuperDental” Network
5. Enter search requirements
6. Or call 866-336-8251

VISION PLAN

Under the plan, you don’t have to choose a vision care provider from a network, you can go to any provider you choose. Dependents are covered until the end of the month they turn 26.

Coverage Information

- \$40 toward a vision exam every 12 months – has to be at least 12 months between exams.
- Lenses – 1 pair of lenses every 12 months – has to be at least 12 months between the purchase of lenses
 - Single Vision Lenses - \$40 per pair
 - Bifocal Lenses - \$60 per pair
 - Trifocal Lenses - \$80 per pair
- \$30 toward frames every 24 months – has to be at least 24 months between purchases.

Please have provider bill the lenses as either single, bifocal or trifocal, NOT progressive lenses. Since our plan pays different amounts for different lenses, Medical Mutual needs to know exactly what the lenses are.

- Contact Lenses – you get \$70 every 12 months towards the cost of contact lenses. If you purchase contacts, lenses in a pair of glasses will not be covered in the same year. You get one or the other each year.
 - Every other year, you will get the \$30 frame allowance towards your contact lenses.
- Medically Necessary Contact Lenses - \$400 per pair. Eligible for Medically Necessary Contacts are:
 - Lenses that are necessary after cataract surgery;
 - Visual acuity cannot be correct to 20/70 in either eye with other lenses, but can be correct to at least 20/70 in either eye with contact lenses, or;

- **The lenses are necessary for the treatment of anisometropia for keratoconus.**

This information is meant to help you understand your benefits and is by no means a complete explanation of your benefits. Look in your Stark County Schools Health Benefit Plan booklet for additional information or look at a Schedule of Benefits. If you don't have either of these and want a copy, please contact your benefit official.