



# Stark County Schools' Council of Governments

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To: All Enrollees of the  
Stark County Schools Council of  
Governments Health Insurance Program

From: Joe Chaddock COG Chairperson  
Alison Hoffa Ohio Education Association (OEA)  
Labor Relations Consultant

RE: COG Amendments

The COG has been in existence since 1984. Over the last thirty-seven years, there has been little change to the plan specifications. The deductibles and maximum coinsurance out of pocket limits have been the same amounts since July 1, 2015. In order to keep the plan viable and to still provide an excellent program for our employees, the COG Chairperson and the OEA Labor Relations Consultant have agreed to the below changes in the plan specifications. The agreed upon changes will be phased in beginning January 1, 2022, and continuing until January 1, 2027. All plan specifications not listed below will remain the same.

## 1. Dental Expense Benefits:

(only applicable if your employer offers this benefit)

|                                      | <u>Current</u>     | <u>Effective 1/1/2022</u> |
|--------------------------------------|--------------------|---------------------------|
| Calendar Year Maximum Benefit        | 2,500 per person   | \$3,000 per person        |
| Orthodontic Lifetime Maximum Benefit | \$1,200 per person | \$2,000 per person        |

## 2. Vision Expense Benefits:

(only applicable if your employer offers this benefit)

|   | <u>Current</u> | <u>Effective 1/1/2022</u> |
|---|----------------|---------------------------|
| Eye Examination<br>(Spectacle or contact lenses)<br>(Annual)              | \$40           | 100%                      |
| One pair of Single Vision Lenses<br>(In each 12 consecutive month period) | \$40           | \$75                      |

|   |                        |                                    |
|---|------------------------|------------------------------------|
| One pair of Bifocal Vision Lenses<br>(In each 12 consecutive month period)  | <u>Current</u><br>\$60 | <u>Effective 1/1/2022</u><br>\$100 |
| One pair of Trifocal Vision Lenses<br>(In each 12 consecutive month period)   | <u>Current</u><br>\$80 | <u>Effective 1/1/2022</u><br>\$125 |
| Contact Lenses<br>(In lieu of lenses and frames)  | <u>Current</u><br>\$70 | <u>Effective 1/1/2022</u><br>\$150 |
| One set of Frames<br>(Every 24 consecutive month period provided the frames are used with lenses prescribed after an eye examination. When new frames are not required, the payment allowed for frames may be applied toward the cost of contact lenses.) | <u>Current</u><br>\$30 | <u>Effective 1/1/2022</u><br>\$170 |

3. **Deductible\***:

|                |   |
|----------------|---|
| In Network     | <u>Current</u><br>\$250 single/\$500 family |
| Out of Network | \$500 single/\$1,000 family                 |
|                | <u>Effective 1/1/2023</u>                   |
| In Network     | \$300 single/\$600 family                   |
| Out of Network | \$600 single/\$1,200 family                 |
|                | <u>Effective 1/1/2025</u>                   |
| In Network     | \$350 single/\$700 family                   |
| Out of Network | \$700 single/\$1,400 family                 |
|                | <u>Effective 1/1/2027</u>                   |
| In Network     | \$400 single/\$800 family                   |
| Out of Network | \$800 single/\$1,600 family                 |

\*Deductible: If, during the last three months of a calendar year, a Covered Person/Family incurs medical expenses applicable to the deductible, such expense shall also be applicable to the deductible for the next succeeding calendar year. This is often referred to as "carry-over deductible".



4. **Maximum Coinsurance\*\*:**

|                |                               |
|----------------|-------------------------------|
|                | <u>Current</u>                |
| In Network     | \$750 single/\$1,500 family   |
| Out of Network | \$1,500 single/\$3,000 family |
|                | <br><u>Effective 1/1/2023</u> |
| In Network     | \$900 single/\$1,800 family   |
| Out of Network | \$1,800 single/\$3,600 family |
|                | <br><u>Effective 1/1/2025</u> |
| In Network     | \$1,050 single/\$2,100 family |
| Out of Network | \$2,100 single/\$4,200 family |
|                | <br><u>Effective 1/1/2027</u> |
| In Network     | \$1,200 single/\$2,400 family |
| Out of Network | \$2,400 single/\$4,800 family |

5. **Non-Emergency use of the Emergency Room:**

|   |                               |
|---|-------------------------------|
|   | <u>Effective 7/1/2022</u>     |
| All Non-Emergency use of the Emergency Room | \$175 Copay                   |
|   | <br><u>Effective 7/1/2023</u> |
| All Non-Emergency use of the Emergency Room | \$250 Copay                   |

The Copay will be incurred even after a member meets their deductible and coinsurance limit **IF** the visit is for Non-Emergency use of the Emergency Room. Members should utilize alternative treatment options such as Urgent Care, Convenience Clinics, Telehealth Services and Nurse Lines for services that are not limb or life threatening.

Based on the above plan changes for Dental and Vision Expense Benefits, the COG will have a secondary open enrollment period that will run from January 1, 2022, to January 31, 2022. This secondary open enrollment period is only applicable to members whose employer offers this benefit to its employees.

You will be receiving a revised Plan Booklet that will reflect these changes as well as any changes in State and Federal law that have occurred since the last printing.

**\*\*Coinsurance:** Coinsurance is separate from the deductible and is applied after the deductible is satisfied. Coinsurance is 10% In Network and 20% Out of Network and excludes the Deductible. The Calendar Year Maximum Out of Pocket Limit is the total of the Deductible and the Coinsurance. (Ex. A single person, In Network, after 1/1/2023, would be required to pay a yearly \$300 deductible and \$900 coinsurance. The Calendar Year Maximum Out of Pocket amount that single person would pay would be \$1,200.)