

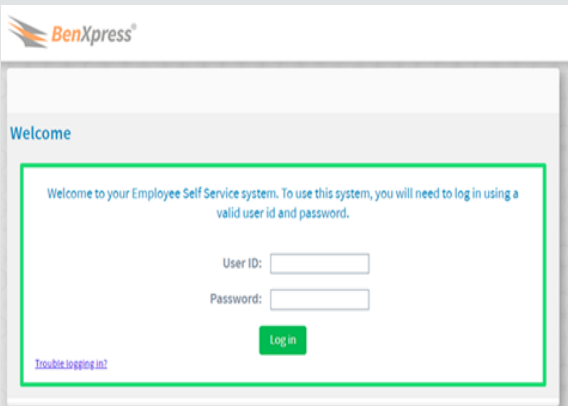


BENEFITS OFFERED

MY HEALTH

Medical | **Anthem**
Dental | **Delta Dental**
Vision | **VSP**

ONLINE ENROLLMENT THROUGH BENXPRESS



Who should you contact when you have questions about your benefits or claims? First, call the phone number on the back of your ID cards.

If you still have questions after you contacted the carrier, contact the NFP Benefits Team below.

Dawn Tremmel, Senior Benefit Coordinator
dawn.tremmel@nfp.com or 216-273-8550

Nancy Petel, Senior Account Executive
nancy.petel@nfp.com or 216-264-2726

OPEN ENROLLMENT DATES

May 17th through May 30th

You have access to our online benefits enrollment platform 24/7 where you can enroll, select or change your benefits online during the annual open enrollment period, new hire orientation, and for qualifying events.

- Accessible 24/7;
- View all benefit plan options and your elections;
- View important carrier forms and links;
- Report a qualifying life event.

Please note: It is the member's responsibility to notify the Benefits Administrator when there is a life event so that BenXpress can be updated with the change(s).

ENROLLMENT INSTRUCTIONS:

1. Go to https://www.benxpress.com/summit_regional
2. **Username:** First initial and last name (ex., John Smith login: jsmith)
 1. If you have a hyphenated last name, your Username will exclude the hyphen (ex., Jane William-Smith = jwilliamsmith.
 2. If you have a name suffix, your Username should be entered excluding the suffix (ex., John Smith Jr. = jsmith)
3. **Password:** Last 4 digits of your Social Security Number
4. System tips:
 1. Turn off your Pop-Up blocker
 2. The program works best in Mozilla Firefox
 3. Use the blue navigation arrows at the top of each screen and not the browser back arrows
 4. Once you have reviewed your Summary Screen and confirmed your benefit elections, click on the 'SAVE ELECTIONS' icon in the top right corner.
5. Follow instructions and enroll in your benefits
6. Make sure to save your elections and print your confirmation statement.

Reminder

Did you know you can now download the BenXpress app and make your open enrollment elections on your phone. Go to the Apple app store or the Google play store to download the app on your phone or tablet.



Helpful Tips To Consider Before You Enroll

1. **Do you plan to enroll an *eligible dependent(s)*?**
If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. **Have you recently been *married/divorced or had a baby*?**
If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
3. **Did any of your covered children reach their 26th birthday this *year*?**
If so, they may no longer be eligible for benefits, unless they meet specific criteria.

BENEFITS

MEDICAL & RX OFFERINGS



Medical – Anthem Base Plan

Each time you need medical care, you choose the provider you wish to see. The level of coverage is based on whether or not that provider is in the network. If the provider is In-Network, there is a higher level of coverage and lower costs to you. If the provider is Out-of-Network, there is a lower level of coverage which results in higher costs to you. Care and treatment by a provider who is NOT an Anthem provider may balance bill you for any amount the provider charges above the Anthem Reasonable and Customary charges. Visit www.anthem.com to find a network provider.

	IN-NETWORK BENEFITS	NON-NETWORK BENEFITS
DEDUCTIBLE		
Single Deductible	\$1,000	\$2,000
Two Person/Family Deductible	\$2,000	\$4,000
COINSURANCE (applies after deductible is met)		
Member Cost Share %	20%	30%
Single Maximum	\$2,250	\$4,500
Two Person/Family Maximum	\$4,500	\$9,000
MEMBER COPAYMENT(S)		
Primary Care (PCP) - Office Visit	\$20 copay	30% after deductible
Specialist - Office Visit	\$30 copay	30% after deductible
Urgent Care Facility	\$35 copay	30% after deductible
Virtual Online Visit (Specialist)	\$20 copay	30% after deductible
Emergency Room Visit	\$150 copay, then 10%	
OUT-OF-POCKET (OOP) MAXIMUM		
Single Maximum	\$6,300	
Two Person/Family Maximum	\$12,600	

Medical – Anthem MEC Plan

Barberton City Schools offers a Minimum Essential Coverage (MEC) Bronze plan that meets the Affordable Care Act requirements for having health coverage. This plan option is offered to all eligible employees that work an average of 30 hours per week. ***This plan is a high deductible plan and you will need to meet (pay the providers) the deductible (\$6,000 or \$12,000) BEFORE Anthem pays anything.***

	IN-NETWORK BENEFITS	NON-NETWORK BENEFITS
DEDUCTIBLE		
Single Deductible	\$6,000	\$10,000
Two Person/Family Deductible	\$12,000	\$20,000
COINSURANCE <i>(applies after deductible is met)</i>		
Member Cost Share %	100%	50%
Single Maximum	\$6,350	\$15,000
Two Person/Family Maximum	\$12,700	\$30,000
MEMBER COPAYMENT(S)		
Primary Care (PCP) - Office Visit	100% after deductible	50% after deductible
Virtual Visit with First Stop Health	\$0 copay	N/A
Specialist - Office Visit	100% after deductible	50% after deductible
Urgent Care Facility	100% after deductible	50% after deductible
Emergency Room Visit	100% after deductible	50% after deductible
OUT-OF-POCKET (OOP) MAXIMUM		
Single Maximum	\$6,350	
Two Person/Family Maximum	\$12,700	

WHERE CAN I FIND A DRUG LIST?

A full listing of covered drugs is found on your provider’s website at [Drug List Selection \(anthem.com\)](#). When you go to the link, scroll down to the Formulary / Drug Lists, and Barberton City Schools is on the National Drug 4-Tier list.

At the National Drug list, select 4-Tier (Searchable) and enter the name of the medication or alphabetical search or Therapeutic Class Search. When you enter the name of the medication, you can determine what tier the medication falls under and if there are any applicable pharmacy edits such as step-therapy, prior authorizations, quantity limits and clinical criteria.

Or, if you want to download the drug list that is current at that point and time, you can click on Anthem Blue Cross and Blue Shield PDF for the National Drug List 4-Tier.

PLEASE NOTE: this is a ‘live’ list at that point in time and there are formulary changes throughout the year. You should always pull the most updated formulary from the site vs. reviewing a saved pdf.

++Formulary changes, deletions occur twice a year, October & April. Additions and clinical edits may happen throughout the year++

Rx Copays	Base Plan (30-day retail fill) (1)	Base Plan (90-day mail order)	MEC
TIER 1	\$10	\$20	30% After Deductible
TIER 2	\$40	\$80	30% After Deductible
TIER 3	\$60	\$120	30% After Deductible
TIER 4	50% with \$200 max	50% with \$200 max	30% After Deductible

BENEFITS

DENTAL & VISION OFFERINGS



Dental – Delta Dental

You have the freedom to select the dentist of your choice; however, when you visit a participating in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

How do I find an In-Network Provider:

These plans offer deeper discounts when you visit a provider that is In-Network. You have access to the nation’s largest dental networks: Delta Dental PPO and Delta Dental Premier. These two networks provide superior access to care as well as reduced fees through their agreements with participating dentists.

To find a Delta Dental dentist, go to DeltaDentalOH.com/findadentist or call (800) 524-0149.

PPO Network		Premier Network	Out-of-Network
PLAN FEATURES			
Network Details	Delta Dental Network	Premier Network	Dentists who do not participate in either network.
Benefit Period	Calendar Year		
DEDUCTIBLE			
Single	\$25 In-network / \$25 out of network		
Two Person	\$50 In-network / \$50 out of network		
Family	\$50 In-network / \$50 out of network		
When does it apply?	When receiving Basic or Major services (Does not apply for Preventive services)		
COVERED SERVICES			
CLASS I: Preventive Services	Covered at 100%	Covered at 100%	Covered at 100% of UCR <i>With possible balance billing</i>
CLASS II: Basic Services	Covered at 80%	Covered at 80%	Covered at 80% of UCR <i>With possible balance billing</i>
CLASS III: Major Services	Covered at 60%	Covered at 60%	Covered at 60% of UCR <i>With possible balance billing</i>
CLASS IV: Ortho Services <i>*Lifetime Benefit \$1,500</i> <i>**Up to age 19</i>	Covered at 50%	Covered at 50%	Covered at 50% of UCR <i>With possible balance billing</i>
ANNUAL MAXIMUM			
Maximum Benefit <i>Allowed per Benefit Period</i>	\$2,500 per covered individual		

Vision - VSP

Your enhanced vision benefit through **VSP (Vision Service Plan)** is outlined below. Services rendered with a participating **VSP CHOICE network** provider will be paid at a higher level. To find a VSP Choice doctor, visit www.vsp.com or call 1-800-877-7195. When you see a VSP Choice doctor, you'll get the most out of your benefit and have lower out-of-pocket costs.

Reminder: Your dependent children are eligible until the end of the month in which they attain the age of 26, regardless of student status

Your VSP Vision Benefits Summary

Barberton City Schools and VSP provide you with an affordable eyecare plan.



VSP Provider Network: VSP Choice			
Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	\$20 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	• \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Costco® frame allowance	Combined with exam	Every 24 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Combined with exam	Every 12 months
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$55	Every 12 months
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings			
Glasses and Sunglasses			
• Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.			
• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.			
Retinal Screening			
• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam			
Laser Vision Correction			
• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities			
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business.			