

Insurance

Current rates in effect for 2022-2023 as of 1/1/2023 and 2023-2024 are as follows:

	Healthcare Rates	Vision Rates	Employee Contribution Monthly
Single	\$833.32	\$7.72	\$126.16
Employee + Spouse	\$1,661.04	\$15.39	\$251.47
Employee + Children	\$1,512.05	\$14.01	\$228.91
Family	\$2,157.67	\$19.99	\$326.65

The School District purchases a high deductible insurance plan through Medical Mutual of Ohio Insurance. The plan covers major medical and prescription coverage. The District then funds the employee claims as they occur through a 3rd party administrator: Barrett Benefits.

The current plan has deductibles as follows for inside network:

	<u>Deductible</u>	<u>Max Out of Pocket</u>	<u>Reimbursement Deductible</u>
Single:	\$5,000	\$1,000	\$ 500
Family:	\$10,000	\$2,000	\$1,000

Once the employee reaches the reimbursement deductible, Barrett Benefits reimburses the employee directly 80% of their carrier approved claim cost until they reach the max out of pocket and then Barrett will reimburse 100% of the employee claims. The maximum out of pocket that an employee will pay is Single: \$1,000 and Family: \$2,000. After the deductible is reached, Berkshire pays 100% towards claims. Out of Network claims are subject to network prices and the out of network deductibles. Co-pays are not applied towards deductibles.

Claims can be processed by Barrett Benefits two ways:

1. You can fax or mail your Explanation of Benefits (EOB) to Barrett at:
Fax (866) 539-5643
Mail to: Barrett Benefits
593 Broadway Ave
Cleveland OH 44146
(866) 845-8600 Option 1
Sharefund@bbginc.net
2. You can complete Medical Mutual Authorization that will allow Barrett Benefits to retrieve your EOBs from the Anthem's website on a weekly basis.

Prescription Drug Reimbursements require that you submit a copy of the pharmacy tag (usually comes stapled to your prescription) and the receipt to Barrett Benefits. Prescription reimbursements expire 6 months after receipt of payment date.

Any questions regarding claims for Barrett Benefits can be emailed to Kathy Salsbury at ksalsbury@bbginc.net or she can be reached by phone at (866) 845-8600 Option 1

The Treasurer's office, once a week, receives a list of claims that will be paid by Barrett Benefits. The Treasurer's office does not see any claim detail, they only see the employee's name and a dollar amount. The Treasurer's office then forwards payment to Barrett Benefits, and they in turn process a check to the employee. Please note Barrett Benefits is a licensed 3rd party administrator through the State of Ohio. Barrett Benefits is subject to strict audit and

bonding requirements from the State of Ohio. Your claims are held in the strictest confidence and actual claims are never seen by staff in the Treasurer's Office.

A copy of the Medical Mutual of Ohio insurance coverage summary is attached.

Dental Insurance

Dental Insurance is provided by MedMutual Dental. The Berkshire Board of Education pays the premiums with zero out of pocket contribution costs from Berkshire Schools' employees.

A copy of the Medical Mutual of Ohio insurance coverage summary is attached.

Optical Insurance

Optical Insurance is provided by VSP. Employees contribution is 15% of the Board's premium. The current plan provides for in network copay amounts and out of network reimbursed amounts.

A copy of the Medical Mutual of Ohio coverage summary is attached.

Life Insurance

Life insurance coverage is available to employees of the District. Employees should consult their negotiated agreement for coverage amounts.

Important Dates

Medical Insurance Coverage Period:

Coverage Year – January 1 through December 31

Dental Insurance Coverage Period:

Coverage Year – January 1 through December 31

Vision Insurance Coverage Period:

Coverage Year – January 1 through December 31

Flexible Savings Account: January 1st through December 31

With a grace period until March 15

Waiver Deadline: August 25th of the new School Year

Waiver Payment: The First pay date in September of the following year