

Employee Benefits Guide



Shaker
Heights
Schools

2024

Medical Coverage

Medical coverage is through Medical Mutual of Ohio. Review the chart below for the amount you will pay for the medical service listed.

	PPO Plan ¹	
	In Network	Out of Network
Annual Deductible (Individual/Family)	\$250/\$500	\$500/\$1,000
Coinsurance	10%	30%
Annual Out-of-pocket Maximum (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000
Preventive Care	0%	30% after deductible
Office Visits Primary Care Urgent Care Specialist	 \$20 copay per visit \$35 copay per visit \$20 copay per visit	 30% after deductible \$35 copay per visit 30% after deductible
Emergency Room²	\$100 copay per visit	

¹ For complete benefit details, please refer to the Summary of Benefits & Coverage (SBC) and benefit booklet available on the See My Benefits Online Website or by contacting Human Resources .

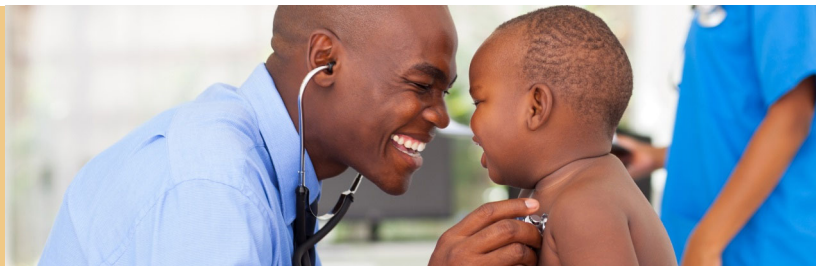
² Non-Emergency Use of the Emergency Room is Not Covered.

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs. The Out-of-Pocket Maximum for In-Network services includes deductible, coinsurance, and medical copays
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.medmutual.com or call **800.315.3137** to find providers in the Medical Mutual of Ohio network.



Prescription Drug Coverage

Prescription Drug Coverage is provided through Medical Mutual of Ohio in conjunction with Express Scripts. Review the chart below for the amount you will pay for the prescription drug service listed.

	Drug Plan
	In Network
RX-Out-of-pocket limit (Individual/Family)	\$8,950/\$17,900
Retail (30-day Supply) Generic Copay—Tier 1 Preferred Brand Copay—Tier 2 Non-Preferred Brand Copay—Tier 3	\$7 copay \$25 copay \$50 copay
Specialty Drugs (30-day Supply) Use of MMO’s Specialty Pharmacy is required	Applicable drug tier copay applies or the max of any available manufacturer-funded copay assistance
Mail-order (90-day Supply) Generic Copay—Tier 1 Preferred Brand Copay—Tier 2 Non-Preferred Brand Copay—Tier 3	\$17.50 copay \$62.50 copay \$125 copay

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug. Generic Drugs are typically Tier 1.

Preferred Drugs

Medical Mutual of Ohio regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs. Preferred Drugs are Tier 2.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you must use MMO’s Specialty Pharmacy which includes Accredo, Gentry, and University Hospitals. Specialty Drugs could be Tier 1, 2, or 3.



Spousal COB Coverage Requirement

If you would like to cover your spouse on Shaker's medical and prescription plan, your spouse is subject to the Spousal Coordination of Benefits Rule.

In summary, if your spouse is eligible for group health and prescription drug coverage through their own employer or retirement system, your spouse is required to be enrolled in that plan for primary coverage and can be on the Shaker plan for secondary coverage.

If your spouse is eligible for other coverage, but is not enrolled in such other coverage, he/she is not eligible for the Shaker medical and prescription drug plan. Some exceptions apply.

You and your spouse will be required to complete a Spouse COB certification form initially when first requesting enrollment, and during periodic re-certification audits.

If your spouse's employment and/or other coverage status changes, it is your responsibility to notify Human Resources and complete a new certification form within 30 days of such change so that the appropriate determination can be made.

The Spouse COB Certification Form is located on PowerSchool Records under available forms.

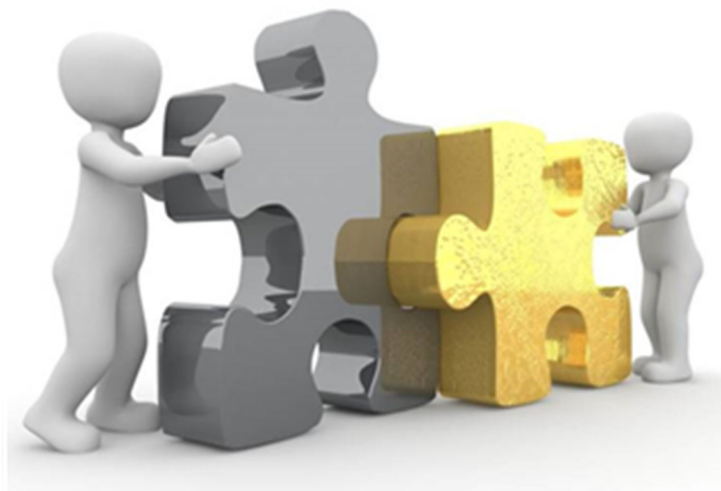
What is Coordination of Benefits (COB)?

When an individual is covered by more than one group health insurance plan, the two plans work together to pay claims for that individual. The process is called coordination of benefits (COB).

Insurance companies coordinate benefits to:

- Establish which plan is primary and which plan is secondary – the plan that pays first and the plan that pays some or all of the remaining balance after your share of costs is deducted
- Avoid duplicate payments by making sure the two plans don't pay more than the total amount of the claim
- Help reduce costs of insurance premiums

The objective of Shaker's Spousal COB rule is to require the spouse's employer plan to be the primary payer of their own employee's health and drug claims.

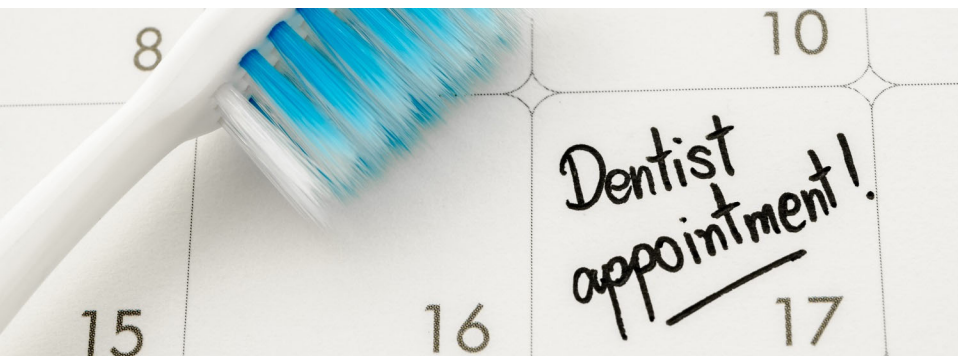


Dental Coverage

Shaker Heights Schools offers a dental plan through Anthem Blue Cross and Blue Shield. Review the chart below for the amount you will pay for the dental service listed.

	Anthem Dental Blue 100/200/300	
	In Network	Out of Network
Annual Deductible (Per Person)	\$50	\$50
Annual Maximum (Per Person)	\$1,500	\$1,500
Preventive Care (Oral Evaluations, X-rays, Cleanings, Space Maintainers, Other Selected Diagnostic and Preventive Services, X-ray (full mouth))	0%	0%
Basic Services (Amalgam and Composite Restorations, Pin Retention Procedures, Root Canal Therapy, Apexification, Therapeutic Pulpotomy, Other Selected Endodontic Services, Simple and Surgical Tooth Extractions, Other Selected Oral Surgery Services, Gingivectomy, Osseous Surgery, Other Selected Periodontal Services, Palliative Treatment)	15%	15%
Major Services (Crowns/Inlays/Onlays, Partial and Full Dentures, Other Selected Prosthodontics Services, Removable Prosthodontics (Partials or Dentures) Fixed Prosthodontics (Bridges) for the Replacement of Teeth (or Tooth))	20% after deductible	20% after deductible
Orthodontia (all eligible employees, spouses, and children are eligible for ortho (children up to age 26))	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	\$1,500	\$1,500

Note: There is no family maximum for deductible - the \$50 deductible applies to each covered member.



Finding In-network Dentists

You pay less for services when you use a dentist in the Anthem Blue Cross & Blue Shield network. You can find an in-network dentist by visiting www.anthem.com or calling 866.589.0578.

Spending Accounts

Paying for Health Care

Shaker Heights School offers several ways to set aside pre-tax dollars to pay for medical, prescription drug and dental expenses. The FSA plan is administered by Medical Mutual.

Health Care Flexible Spending Account (FSA)	
What medical plan can I choose?	PPO plan
What expenses are eligible?	Medical, prescription drug and dental (See IRS publication 502 for a full list of eligible expenses)
When can I use the funds?	All of the funds you elect for the year are available January 1
Can I roll over funds each year?	Yes, you may carry over up to \$640 if you have funds remaining at the end of the year.
How do I pay for eligible expenses?	With your Medical Mutual of Ohio debit card (you can also submit claims for reimbursement online at www.medmutual.com)
How much can I contribute each year?	The maximum contribution is \$3,200
Can I change my contributions throughout the year?	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

Dependent Care FSA	
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year. However, there is a 2 ½ month grace period in which to use remaining funds from the prior year.
How do I pay for eligible expenses?	With your Medical Mutual of Ohio debit card (you can also submit claims for reimbursement online at www.medmutual.com)
How much can I contribute each year?	The maximum contribution is \$5,000



Important Note

If you have questions about your FSA account, you may contact Medical Mutual's customer service at 800.525.9252.

Note: Due to IRS regulations, it's important to keep all receipts and paperwork in case a claim needs to be verified as an eligible expense.

Life and AD&D Insurance

Life and AD&D Insurance

Shaker Heights School provides basic life and accidental death and dismemberment (AD&D) insurance through Dearborn at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

How it Works		Basic Life and AD&D (Company-paid benefit*)	Supplemental Life and AD&D (Employee-paid benefit)
Life	All eligible employees will be covered for Basic Life and AD&D insurance on the first day of the month following date of hire. Your designated beneficiary will receive a life insurance benefit if you pass away.	Please see Human Resources for information on your specific life insurance benefit amount.	<p>Employees working 20 or more hours per week are eligible for the Dearborn voluntary life coverage -</p> <p>You: Increments of \$10,000 up to \$300,000, not to exceed 5 times annual earnings. Guarantee Issue Amount: \$50,000, not to exceed 3 times salary.</p> <p>Your spouse: Increments of \$5,000 up to \$150,000, not to exceed 50% of the employee amount. Guarantee Issue Amount: \$25,000.</p> <p>Your child(ren): live birth to 15 days - \$0; 15 days to 6 months - \$5,000; 6 months to 26 years (or 26 years if full-time student) - Increments of \$5,000 up to \$10,000</p>
AD&D			<p>You: will match your voluntary life election amount</p> <p>Your spouse: N/A</p> <p>Your child(ren): N/A</p>

Note:

For Supplemental Life and AD&D, if you do not elect coverage when you are first eligible and wish to apply later, you will be required to provide evidence of insurability (EOI) and are subject to approval by Dearborn. There is no annual open enrollment for Supplemental Life and AD&D. You can obtain an EOI form on the See My Benefits Online website or by contacting HR. Completed forms must be submitted to Dearborn for consideration.

*For part-time staff, there will be a cost for the Basic Life and AD&D coverage.



Keep Your Beneficiaries Up to Date

It is important to make sure that your designated beneficiary (the person who will receive the benefit) is up-to-date with accurate information so that your benefit is paid according to your wishes. You can check your beneficiary information and make updates by calling See My Benefits Online at 877.282.0808.

Voluntary Insurance Benefits

Voluntary Insurance Benefits

Shaker Heights Schools also offers several voluntary insurance products. Voluntary means that it is optional to enroll, you choose which product(s) is right for you, and **you pay for the entire premium cost** through payroll deduction. It's important to enroll when you are first eligible for benefits (within 30 days of hire date). If you wish to enroll at a later date, you will be required to provide Evidence of Insurability (EOI) and subject to the insurance company's approval. There is no annual open enrollment for voluntary benefits.

Coverage	Insurance Company	Eligibility	Benefit Provided
Voluntary Short-Term Disability	Allstate	Employee must work a minimum of 15 hours per week. Coverage for Employee Only.	Protection for loss of income due to a short-term disability. Employee chooses a maximum monthly benefit ranging from \$400 to \$5,000, not to exceed 60% of monthly earnings. Plan 1 Option: 7-day elimination period and 3-month maximum benefit. Plan 2 Option 14-day elimination period, with a 6-month benefit period maximum. There is a 12/12 pre-existing condition limitation. Coverage is portable if you leave employment.
Voluntary Long-Term Disability	Lincoln	Employee must work a minimum of 25 hours per week. Coverage for Employee Only.	Protection for loss of income due to a long-term disability. Provides 60% of earnings to a maximum of \$5,000 per month. If vested under STRS or SERS, this policy will pay up to 100% of pre-disability earnings, when combined with STRS or SERS disability payments. There is a 180-day elimination period. The maximum benefit period depends upon your age at disability and the Social Security Normal Retirement Age. There is a 3/12 pre-existing condition limitation.
Universal Life Insurance (Permanent Coverage)	Allstate	Employee must work a minimum of 15 hours per week. Coverage for Employee, Spouse or Children under 19.	Permanent life insurance: the insured person is covered for the duration of their life as long as they pay premiums and fulfill any other policy requirements. Coverage amount and guaranteed issue limit is based upon the weekly premium selected. Premium is based upon tobacco status. Maximum benefit amounts are \$150,000 for employee, \$100,000 for spouse, and \$50,000 for child. Coverage is portable if you leave employment.
Critical Illness	Allstate	Employee must work a minimum of 15 hours per week. Coverage for Employee, Spouse or Children under 19.	This type of insurance can offer peace of mind when diagnosed with a critical illness, paying benefits directly to you to use as you wish. You choose a benefit maximum of \$10,000 or \$20,000, and paid benefit amounts are a percentage of this maximum based upon the specific condition. Employee must enroll for coverage in order for spouse and/or children to obtain coverage. Coverage is portable if you leave employment.
Identity Theft	Legal Shield	Offered to benefit-eligible employees	A service to help protect you against identity theft by monitoring your identity (SSN, credit cards, bank accounts, social media), provides counsel when you need it, helps restore your identity, and more.

The cost for coverage is calculated at the time of enrollment through the See My Benefits Online Call Center

Additional Benefits



Employee Assistance Program

To help you with personal issues and concerns, Shaker Heights School provides you and your family with an employee assistance program (EAP) at no cost to you. Call Ease@Work 24/7 for confidential assistance with personal matters like family, finances, health and work. Experienced consultants are available to listen and help you find solutions. They can also set up in-person sessions with local behavioral health counselors if needed. Find more information at

<https://mylifeexpert.com/login>.

Health Advocate

Employees and dependents on the Shaker health plan have access to Health Advocate, a health care concierge service. Health Advocate has been helping Americans navigate the complexity of the healthcare system for over 20 years. There is no cost to you for using this service!

Their experts can:

- Support medical issues, from common to complex
- Answer questions about diagnoses and treatments
- Research the latest treatment options
- Research and arrange expert second opinions
- Facilitate pre-authorizations and coordinate benefits
- Resolve insurance claims and billing issues
- Find the right in-network doctors and make appointments
- Explain benefits and your share of the costs
- Find lower cost health care options

Web: HealthAdvocate.com/members

Email: answers@HealthAdvocate.com

Phone: 866.695.8622

See page 12 for additional details

Fitness Center Discounts

District employees also have access to membership discounts at The Mandel JCC fitness center. As a corporate partner, you can enjoy discounted monthly rates of:

- Individual: \$64.80
- Couple: \$124.20
- Family: \$135.00

The JCC has group exercise classes, personal trainers, more than 200 cardio, free-weight and specialty equipment items, an indoor track, an indoor basketball and pickle ball court, indoor and outdoor pools, plus much more. For more information, please contact Josh Kammer at 216.593.6260 or jkammer@mandeljcc.org.