

# Employee Benefits Guide



Shaker  
Heights  
Schools

# 2025

# Medical Coverage

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

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

<sup>1</sup> 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 .

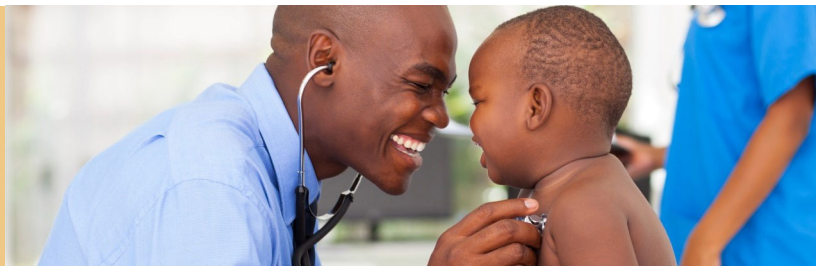
<sup>2</sup> Non-Emergency Use of the Emergency Room is Not Covered.

## 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](http://www.medmutual.com) or call **800.315.3137** to find providers in the Medical Mutual of Ohio network.



**IMPORTANT:** Medical and prescription drug coverage is required to be a bundled election. This means you must enroll in both medical and prescription drug, or waive both medical and prescription drug. Also, your election tier must either be single medical and prescription drug, or family medical and prescription drug, with all covered dependents enrolled in both plans.

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



**IMPORTANT:** Medical and prescription drug coverage is required to be a bundled election. This means you must enroll in both medical and prescription drug, or waive both medical and prescription drug. Also, your election tier must either be single medical and prescription drug, or family medical and prescription drug, with all covered dependents enrolled in both plans.

# 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.

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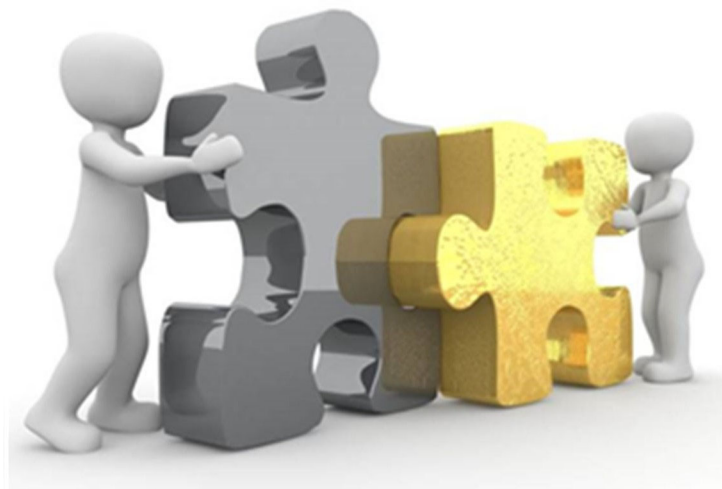
## What is Coordination of Benefits (COB)?

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.

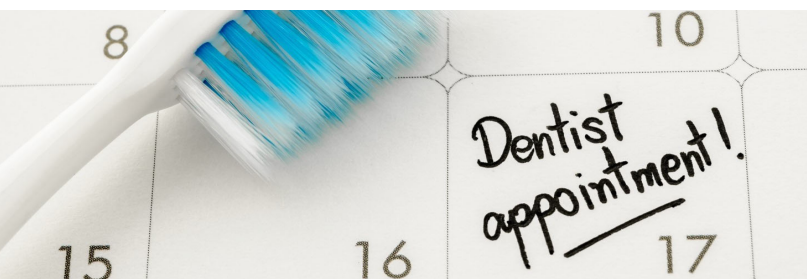




# Dental Coverage

Shaker Heights Schools offers a dental plan through Delta Dental of Ohio. Review the chart below for the amount you will pay for the vision services listed.

|  | Delta Dental PPO       |                            |                      |
|--|------------------------|----------------------------|----------------------|
|  | In Network (Delta PPO) | In Network (Delta Premier) | Out of Network       |
| <b>Deductible</b><br>(Single/Family)   | \$50/\$150             | \$50/\$150                 | \$50/\$150           |
| <b>Annual Maximum</b><br>(Per Person)  | \$1,500                | \$1,500                    | \$1,500              |
| <b>Preventive Care</b><br>(Oral Evaluations, X-rays, Cleanings, Space Maintainers, Other Selected Diagnostic and Preventive Services, X-ray (full mouth))  | 0%                     | 0%                         | 0%                   |
| <b>Basic Services</b><br>(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%                        | 15%                  |
| <b>Major Services</b><br>(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)),<br><b>Implants NOW COVERED</b>   | 20% after deductible   | 20% after deductible       | 20% after deductible |
| <b>Orthodontia</b><br>(all eligible employees, spouses, and children are eligible for ortho (children up to age 26))   | 50% after deductible   | 50% after deductible       | 50% after deductible |
| <b>Orthodontia Lifetime Maximum</b><br>(Per Person)  | \$1,500                | \$1,500                    | \$1,500              |



## Finding In-network Dentists

You pay less for services when you use a dentist in the Delta Dental PPO and Premier networks. You will save the most money and receive the highest level of coverage with a Delta PPO dentist. You can find an in-network dentist by visiting [www.deltadentaloh.com/findadentist](http://www.deltadentaloh.com/findadentist) or calling 800.524.0149.

# Vision Coverage

Shaker Heights Schools offers a vision plan through EyeMed's Insight network. Review the chart below for the amount you will pay for the vision services listed.

|   | EyeMed   |   |
|---|--|---|
|   | In Network   | Out of Network  |
| <b>Exam (including eyewear exam)</b><br>Frequency                                   | \$0 to PLUS Provider; \$10 to other<br>12 Months (Calendar Year)   | Up to \$40<br>12 Months (Calendar Year)   |
| <b>Lenses</b><br>Frequency<br>Single<br>Bifocal<br>Trifocal<br>Standard Progressive | 12 Months (Calendar Year)<br>\$25<br>\$25<br>\$25<br>\$80  | 12 Months (Calendar Year)<br>Up to \$30<br>Up to \$50<br>Up to \$70<br>Up to \$50 |
| <b>Frames</b><br>Frequency<br>Allowance   | 12 Months (Calendar Year)<br>\$0 copay; 20% off balance over \$190<br>Allowance (PLUS Provider)<br>\$0 copay; 20% off balance over \$140<br>allowance (network providers)  | 12 Months (Calendar Year)<br>Up to \$70   |
| <b>Contact Lenses</b><br>Frequency<br>Allowance                                     | 12 Months (Calendar Year)<br>\$0 copay; 15% off balance over \$190<br>Allowance (PLUS Providers)<br>\$0 copay; 15% off balance over \$140<br>allowance (network providers) | 12 Months (Calendar Year)<br>Up to \$70   |



## Finding In-network Providers

Find plenty of in-network eye doctors — including PLUS Providers — on EyeMed's Provider Locator by visiting [www.eyemed.com](http://www.eyemed.com) or calling 866.939.3633.

# 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<br>(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 \$660 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 <a href="http://www.medmutual.com">www.medmutual.com</a> )                                 |
| How much can I contribute each year?               | The maximum contribution is \$3,300  |
| 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 <a href="http://www.medmutual.com">www.medmutual.com</a> )                |
| 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<br>(Company-paid benefit*)   | Supplemental Life and AD&D<br>(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><b>Employees working 20 or more hours per week are eligible for the Dearborn voluntary life coverage -</b></p> <p><b>You:</b> 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><b>Your spouse:</b> Increments of \$5,000 up to \$150,000, not to exceed 50% of the employee amount. Guarantee Issue Amount: \$25,000.</p> <p><b>Your child(ren):</b> live birth to 15 days - \$0;<br/>15 days to 6 months - \$5,000;<br/>6 months to 26 years (or 26 years if full-time student) - Increments of \$5,000 up to \$10,000</p> |
| AD&D         |  |  | <p><b>You:</b> will match your voluntary life election amount</p> <p><b>Your spouse:</b> N/A</p> <p><b>Your child(ren):</b> 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 City School District 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  |
|--|-------------------|---|---|
| <b>Voluntary Short-Term Disability</b>               | Allstate          | Employee must work a minimum of 15 hours per week.<br><br>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.   |
| <b>Voluntary Long-Term Disability</b>                | Lincoln           | Employee must work a minimum of 25 hours per week.<br><br>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. |
| <b>Universal Life Insurance (Permanent Coverage)</b> | Allstate          | Employee must work a minimum of 15 hours per week.<br><br>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.                                      |
| <b>Critical Illness</b>                              | Allstate          | Employee must work a minimum of 15 hours per week.<br><br>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.   |
| <b>Identity Theft</b>                                | 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 City School District 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://ease.mylifeexpert.com/>.

Employees can access ease@work online:

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

Company Code: shaker

Employees may also call 800.521.3273 - 24 hours a day - 7 days a week. See page 14 for additional details

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## 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](https://HealthAdvocate.com/members)

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)

Phone: 866.695.8622

See page 13 for additional details

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## 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: \$65.00
- Couple: \$125.00
- 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 Membership Services at 216.831.0700.



Your Health Advocate services give you access to Personal Health Advocates who can support you in handling a wide range of healthcare-related and insurance issues **to save you time, money and worry.**



#### Find doctors and arrange second opinions

We can help locate in-network doctors and specialists, as well as coordinate the transfer of medical records and all aspects related to your care.



#### Resolve claims and billing issues

We'll research the claim or bill, and work on your behalf to sort out the issue with your insurance company and healthcare provider.



#### Clarify health conditions

We answer questions about diagnoses, test results, treatment options, medications, and more to help you make informed decisions.



#### Help you understand your insurance

We will answer questions about your coverage, including medical, prescription, dental and vision.



#### Explain costs for services you may need

This includes the deductibles you have to meet, as well as the copays/coinsurance for doctor and medical appointments.



#### Support for the whole family

We can help you, your spouse, dependent children, parents and parents-in-law.



#### Help when you need it most

Quickly reach us by phone, email, live chat online or through our mobile app.

**We'll work on your behalf to get to the heart of your issue, no matter how complex.**



**HealthAdvocate<sup>SM</sup>**

Financial worries, aging parents, job stress, health issues - Everyone faces challenges from time to time, with your EAP you don't have to face these things alone.

***This includes solutions such as:***

**PERSONAL ASSISTANT**

Our Personal Assistant helps individuals with their "to do" list. It can be difficult to find extra time in the day to manage everyday tasks. We help lighten the load through researching the best options to benefit you and your loved ones.

**COACHING**

We help employees and their household members achieve their personal and professional goals by providing coaching that meets needs in many of life's domains. A coach works actively to help individuals assess their current situation then develop goals to meet their stated expectations.

**MEDICAL ADVOCACY**

Medical Advocacy is a new approach to maneuvering through the healthcare system. It offers strategies to promote employee health, productivity, and well-being by serving patient populations throughout the entire lifespan.

**ANYTIME, ANYWHERE**

INCLUDES: 24/7/365 Telephone Support, Mobile App with Chat Functionality, Video Counseling and Web Portal

**MENTAL HEALTH COUNSELING**

When overwhelmed with personal, work or life stressors, mental health counseling can be a lifesaver. Our licensed master's level counselors support you and your household members through difficult times providing confidential assistance 24/7.

**WORK/LIFE RESOURCES**

Navigating the practical challenges of life, while handling the demands of your job can be stressful. Work/Life resources and referral services are designed to provide knowledgeable consultation and customized guidance to assist with gaining resolution to everyday hurdles.

**LEGAL/FINANCIAL RESOURCES**

Legal and Financial resources and referrals are available to connect employees with experienced, vetted professionals in their topical area of legal and financial needs. Financial topics include identity theft, savings, debt reduction and more.

**PRIVATE, CONFIDENTIAL, & AT NO COST TO YOU, FOR YOU AND YOUR HOUSEHOLD MEMBERS**

Your participation with your EAP is voluntary and strictly confidential. We do not report back to your employer about the things you discuss in private counseling conversations.

WEBSITE: [easeatwork.com](http://easeatwork.com)

• COMPANY ACCESS CODE: Shaker

TOLL-FREE: 800-521-3273







This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

#### The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.