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**BELIEVE
EMPOWER
ACHIEVE**

BenXpress

Welcome to...



**Open Enrollment
2025-26**



Contact Information

Bonnie Jeffries, Buckeye/Personnel

bjeffries@buckeyeschools.org

x1010

Robyn Watson, Buckeye/Payroll

rwatson@buckeyeschools.org

x1011



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This presentation will walk you through the Open Enrollment process, screen by screen.

The process is really quite easy, but our goal is that this presentation will help you with the navigation process.

LET'S GET STARTED!



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Logging In

Go to

www.benxpress.com/buckeye

User ID: First Initial and Last Name

Password: Last 4 Digits of your SSN

Welcome

Welcome to your Employee Self Service system. To use this system, you will need to log in using a valid user id and password.

User ID:

Password:

[Trouble logging in?](#)



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Navigation


Some screens will be completely visible on your screen, while others will require you to scroll down to see more items.



You can use the roller on your mouse or the slide bar on the right.





Terms & Conditions

After reading through the Terms & Conditions, scroll down and click the  button at the bottom.

Robyn Watson
Thursday, May 1, 2025, 11:40 am
Accessed by Admin Robyn Watson

TEST

BenXpress :: Terms and Conditions

Terms and Conditions

Legal Authorization

I acknowledge that I am eligible for all benefits in which I enroll (as are any dependents that I enroll) and that the information I provide during this enrollment is correct and truthful to the best of my knowledge.

I understand that I am making a binding election for my benefits, and that I may not change my elections during the plan year unless I experience a permitted qualified change in status as explained in my enrollment materials and as allowed by the benefit plan.

I hereby authorize my employer to take my required premium contributions from my earnings equal to the amount required for the benefit elections I will make. I further acknowledge that some contributions not denoted as Post-Tax on the Election Summary page will be made on a Pre-Tax basis to the extent permitted by IRS Section 125 regulations. I further understand that my deduction amounts may automatically change in subsequent plan years if the contribution amounts change, unless I change or revoke my election during the annual enrollment period. I authorize any health care professional, medical, dental or vision care institution or other provider of health care services or supplies to furnish my health plan information concerning services or supplies provided to me or other covered dependent(s) as requested and required.

I agree to complete and submit to my health plan any consent, releases and other assignments as are reasonably necessary to collect benefits for services from other parties.

Consent to Receive Plan Notices Electronically

I also consent to receive benefit plan information electronically through the BenXpress system or other electronic form. This information includes but is not limited to the following:

- Summaries of Benefits and Coverage (SBCs) for the available medical plans
- Notice of Creditable Coverage
- Notice of Privacy Practices
- Federal Exchange Notice
- CHIPRA notice, and any other federal notifications
- Insurer booklets, certificates, policies, and riders
- Summary Plan Descriptions
- Summaries of Material Modifications

If I prefer, I may request to receive paper copies of benefit plan information free of charge from the Human Resources Department at any time.

I agree that by clicking **Yes, I agree** below, my electronic authorization will serve in the same capacity as my personal signature would on a traditional paper enrollment form.

Privacy Statement

[View "Privacy Statement" \(Last Update: January 27th, 2025\)](#)

I affirmatively acknowledge and consent to the Terms and Conditions and Privacy Statement above.





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2025-26 Enrollment

Click the 2025/2026 Enrollment button to get started!




2025/2026 Enrollment

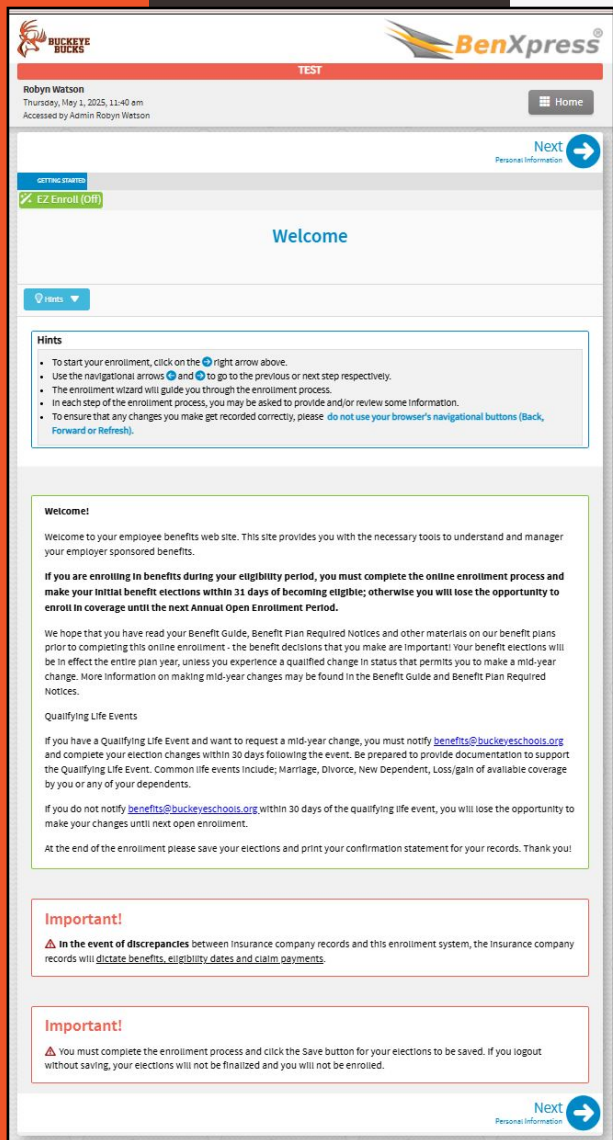
The screenshot shows the BenXpress user interface. At the top left is the Buckeye Bucks logo, and at the top right is the BenXpress logo. A red bar across the top contains the word "TEST". Below this, the user's name "Robyn Watson" is displayed, along with the date and time "Thursday, May 1, 2025, 11:40 am" and "Accessed by Admin Robyn Watson". A "Logout" button is in the top right corner. Below the user information is a navigation bar with "Privacy Policy" and "Terms and Conditions" links. A green notification box in the center contains an envelope icon, the text "2025-2026 Enrollment", and the dates "May 5th, 12:00 am - May 19th, 11:59 pm (Eastern Time)". At the bottom, there are four white buttons with icons: a play button for "2025/2026 Enrollment", a chain link for "Your Resources", a person with a pencil for "Fix/Provide Missing Dependent SSN", and a Wi-Fi symbol for "Link My App".



Welcome

After reading through the welcome information AND the **IMPORTANT!** Information at the bottom, simply click  in the upper left or bottom right to continue!

The   buttons are used to go back or forward through the enrollment screens.





Personal Information

Verify your information for correctness and click



BUCKEYE BUCKS **BenXpress**

TEST

Robyn Watson
Thursday, May 1, 2025, 11:40 am
Accessed by Admin Robyn Watson

Home

Previous Welcome Next Dependents

13% COMPLETE

EZ Enroll (Off)

Personal Information

Hints

If this information is not accurate please contact Treasurer's Office at benefits@buckeyeschools.org.

Last Name	WATSON
First Name	ROBYN
Middle Name	
Address 1	
Address 2	
City	VALLEY CITY
State	Ohio
Zip Code	44280

Previous Welcome Next Dependents

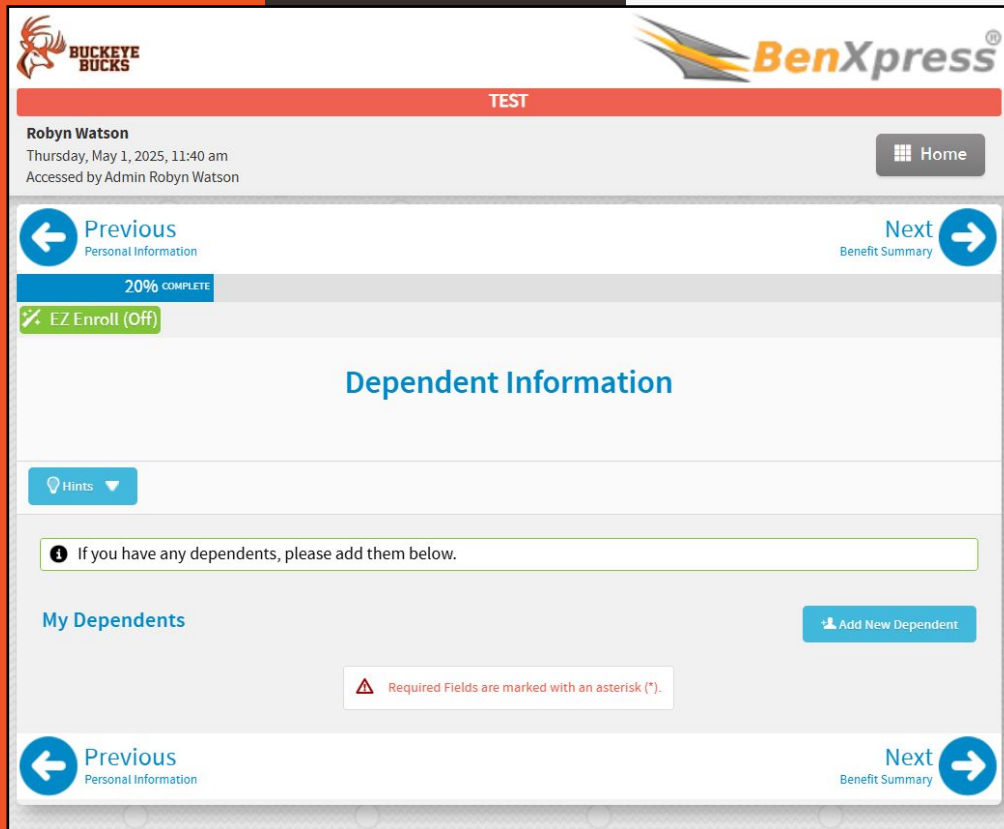


Dependent Information

This is where you will confirm or add your dependent(s).

If you have a dependent who is no longer eligible for benefits, they will remain on your dependent screen in BenXpress.

Eligible dependents must have a check mark next to their name for them to have active benefits. ✓





Dependent Information, Continued

BUCKEYE BUCKS

BenXpress

TEST

Robyn Watson
Sunday, May 4, 2025, 5:24 pm
Accessed by Admin Robyn Watson

Home

Previous Personal Information Next Benefit Summary

20% COMPLETE

EZ Enroll (Off)

Dependent Information

If you have any dependents, please add them below.

My Dependents [Add New Dependent](#)

WATSON, WILLIAM	VIEW / EDIT
WATSON, DYLAN	VIEW / EDIT

Required Fields are marked with an asterisk (*).

Previous Next

Whether you're enrolling your spouse or a dependent, this is the screen where you'll add them.

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BenXpress

Current 2024-25 Summary

This screen is a
summary of your
current enrollment
elections.

The screenshot shows the BenXpress enrollment summary page for Robyn Watson. The page is titled "Current 2024-25 Summary" and displays a progress bar at 26% complete. The main section is "Current Elections" with a "Hide" button. It lists four categories: Spousal Eligibility Declaration, Medical, Dental, and Vision. Each category shows the effective date (07/01/2024) and the selected option (Waive Coverage).

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TEST

Robyn Watson
Thursday, May 1, 2025, 11:40 am
Accessed by Admin Robyn Watson

Home

Previous Dependents Next Enrollment Introduction

26% COMPLETE

EZ Enroll (Off)

Current 2024-25 Summary

Current Elections

Spousal Eligibility Declaration

Effective 07/01/2024

Option I do not have a spouse or elect to not cover my spouse as a dependent.

Medical

Effective 07/01/2024

Option Waive Coverage

Dental

Effective 07/01/2024

Option Waive Coverage

Vision

Effective 07/01/2024

Option Waive Coverage

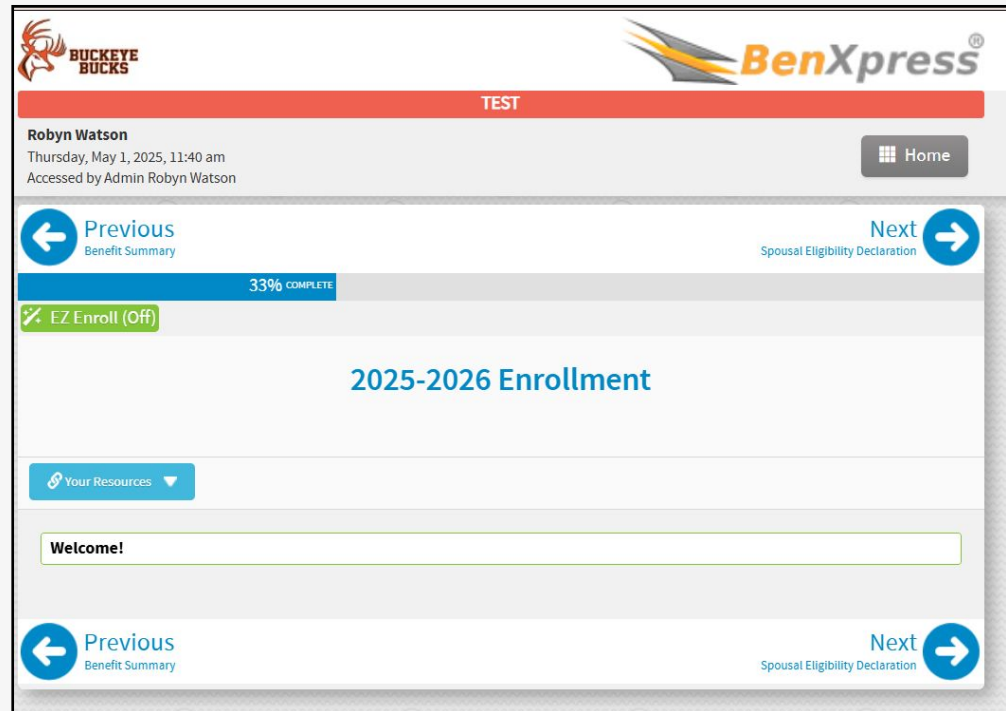
Previous Dependents Next Enrollment Introduction



2025-2026 Enrollment

This is where the enrollment process truly begins!

Click  to continue.





Spousal Eligibility Declaration

PLEASE READ this section carefully and select your answer accurately.

Spousal Eligibility Declaration

Effective: 07/01/2025

Your Resources

If an employee's spouse is eligible to participate as a current employee or retiree in group health insurance sponsored by his/her employer or any public retirement plan, the spouse must enroll in such coverage. This requirement does not apply to any employee's spouse who is required to pay more than \$350 of the single premium to participate in his/her employer's group health insurance (or public retirement system) coverage. This provision is for medical/prescription coverage only and does not affect dental or vision coverage.

- **If you have a spouse that you would like to carry medical/Rx insurance for (either primary or secondary) you must take action and complete Section 1 and Section 2 of the Spousal Eligibility form located in the BenXpress portal.**
- Section 1 is completed by you, the employee.
- Section 2 is completed by the spouse's employer, retirement system or other agency and sent directly to benefits@buckeyeschools.org.
- The completed form must be returned to benefits@buckeyeschools.org, email address by the last teacher workday of **May 24, 2024**.
This is a requirement of both collective bargaining agreements. **Failure to return the completed form, both Sections 1 & 2, can result in a lapse of coverage and/or disruption of benefits for your spouse.**

I do not have a spouse or elect to not cover my spouse as a dependent.
 Not employed (working spouse language does not apply).
 Employed
 Self-employed and does not have group health insurance (working spouse language does not apply).
 Retired under a public retirement system

If an employee's spouse is eligible to participate as a current employee or retiree in group health insurance sponsored by his/her employer or any public retirement plan, the spouse must enroll in such coverage. This requirement does not apply to any employee's spouse who is required to pay more than \$350 of the single premium to participate in his/her employer's group health insurance (or public retirement system) coverage. This provision is for medical/prescription coverage only and does not affect dental or vision coverage.

- **If you have a spouse that you would like to carry medical/Rx insurance for (either primary or secondary) you must take action and complete Section 1 and Section 2 of the Spousal Eligibility form located in the BenXpress portal.**
- Section 1 is completed by you, the employee.
- Section 2 is completed by the spouse's employer, retirement system or other agency and sent directly to benefits@buckeyeschools.org.
- The completed form must be returned to benefits@buckeyeschools.org, email address by the last teacher workday of **May 24, 2024**.
This is a requirement of both collective bargaining agreements. **Failure to return the completed form, both Sections 1 & 2, can result in a lapse of coverage and/or disruption of benefits for your spouse.**

- I do not have a spouse or elect to not cover my spouse as a dependent.
- Not employed (working spouse language does not apply).
- Employed
- Self-employed and does not have group health insurance (working spouse language does not apply).
- Retired under a public retirement system



Medical

Select the Medical coverage you wish to elect.

In order to elect Single or Family coverage, you must have a dependent(s) selected. Simply check the box for each dependent and then make your election.

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TEST

Robyn Watson
Sunday, May 4, 2025, 5:24 pm
Accessed by Admin Robyn Watson

Home

Previous Spousal Eligibility Declaration Next Dental

46% COMPLETE

EZ Enroll (Off)

Medical

Effective: 07/01/2025

Edit Dependents Your Resources

Please select your coverage option:

* Current Coverage:
Effective : 07/01/2024 to 06/30/2025
Option : Waive Coverage

Dependents Edit Dependents

Please select the dependents you wish to cover. To add new dependents click on the [Edit Dependents](#) button.

Spouse WILLIAM WATSON Child DYLAN WATSON

PPO
Tier
 Single
 Family

Waive Coverage
Your Active Option
Tier
 Waive Coverage

Dependents Edit Dependents

Please select the dependents you wish to cover. To add new dependents or modify existing dependent information, click on the [Edit Dependents](#) button.

Spouse WILLIAM WATSON Child DYLAN WATSON

PPO
Tier
Single \$90.74
 Family \$270.04

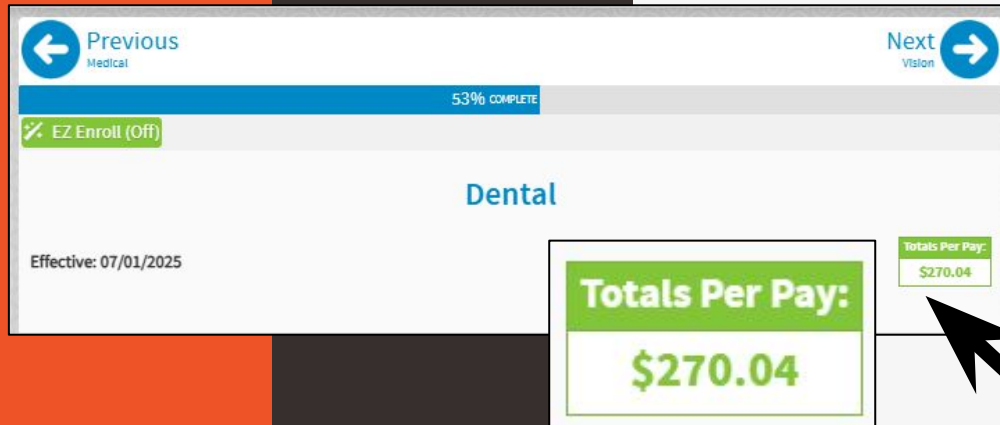
Waive Coverage
Your Active Option
Tier
Waive Coverage \$0.00

NOTE: You can also edit your dependent(s) if necessary.



Price Tag

Once you make your first election, a PER PAY price tag will show up on subsequent screens.



When we selected “Family” Medical coverage, the price tag appeared on the next “Dental” screen.

Your Price Tag will update each time you make an election and click NEXT.



Dental

Select the Dental coverage you wish to elect.

This sample shows **WAIVED** coverage. When “Waive Coverage” is unchecked the other options become available for you to check.

The screenshot shows a user interface for selecting dental coverage. At the top, it says 'TEST' and 'BenXpress'. The user is identified as Robyn Watson, accessed on Sunday, May 4, 2025. A progress bar indicates '53% COMPLETE' for 'EZ Enroll (Off)'. The main heading is 'Dental' with an effective date of 07/01/2025 and a 'Totals Per Pay' of \$270.04. Below this, there are buttons for 'Edit Dependents' and 'Your Resources'. A section titled 'Please select your coverage option:' contains a box for '* Current Coverage:' with 'Effective : 07/01/2024 to 06/30/2025' and 'Option : Waive Coverage'. A 'Dependents' section below has an 'Edit Dependents' button and instructions to select dependents to cover.

Totals Per Pay:
\$270.04



Updated Price Tag

This detailed screenshot shows the 'Dental' and 'Waive Coverage' options. Under 'Dental', there are three tiers: 'Single' with a price tag of \$3.63 and 'Family' with a price tag of \$12.70. The 'Family' option is selected with a green checkmark. Below this, the 'Waive Coverage' option is also selected with a green checkmark and labeled as 'Your Active Option'. The 'Dependents' section shows 'Spouse WILLIAM WATSON' and 'Child DYLAN WATSON' both checked.



Vision

Select the Vision coverage you wish to elect.

This sample shows **WAIVED** coverage. When “Waive Coverage” is unchecked the other options become available for you to check.

The screenshot shows the BenXpress Vision coverage selection page. At the top, it displays the user's name (Robyn Watson) and the date (Sunday, May 4, 2025, 5:24 pm). The page is titled "Vision" and shows the current coverage option as "Waive Coverage" with an effective date of 07/01/2025. Below this, there is a section for "Dependents" where two dependents, William Watson (Spouse) and Dylan Watson (Child), are listed and checked. The "Vision" section shows the "Family" option selected, and the "Waive Coverage" option is also selected. A "Totals Per Pay" box shows a value of \$282.74.

Totals Per Pay:
\$282.74



Updated Price Tag

This inset screenshot shows a detailed view of the "Vision" and "Waive Coverage" sections. Under "Vision", the "Family" option is selected with a per pay price tag of \$1.78. Under "Waive Coverage", the "Waive Coverage" option is selected with a per pay price tag of \$0.00.



Basic Employee Life and AD&D ✓

This is your \$50,000 **100% EMPLOYER PAID** life insurance coverage.

This **CURRENT** Open Enrollment period is your **ONLY OPPORTUNITY** to **OPT IN** without having to complete a medical eligibility form.

BUCKEYE BUCKS BenXpress

Robyn Watson
Monday, May 5, 2025, 6:05 pm EDT

← Previous Vision 66% COMPLETE Next → Voluntary Employee Life and AD&D

Basic Employee Life and AD&D

Effective: 07/01/2025

[Edit Beneficiaries](#)

Please select your coverage option:

Option	Annual Imputed Income	Per Pay Pricetag
<input checked="" type="checkbox"/> \$50,000	\$0.00	\$0.00

← Previous Vision Next → Voluntary Employee Life and AD&D

You **MUST** designate a beneficiary(ies)!

✓ **MAKE SURE YOU OPT IN!**



Beneficiary Designation

+ Add New Beneficiary

Click the button and enter your beneficiary(ies) information.

BUCKEYE BUCKS BenXpress®

Robyn Watson
Monday, May 5, 2025, 6:05 pm EDT

Cancel

66% COMPLETE

Beneficiary Information

Hints

Please review your beneficiary designations below for accuracy.

Basic Employee Life and AD&D

+ Add New Beneficiary

Primary	
Beneficiary Name	Type
None Listed	

Secondary	
Beneficiary Name	Type
None Listed	

Cancel

BUCKEYE BUCKS BenXpress®

Robyn Watson
Monday, May 5, 2025, 6:05 pm EDT

Home

Add New Beneficiary

Beneficiary Type : Individual
: Trust/Estate
: Charity

Designation : Primary

SSN :

SSN Format 999-99-9999

Last Name * :

First Name * :

Relationship * : Please Select...

Individual Note :

Cancel Add

Required Fields are marked with an asterisk (*).



Beneficiary Designation

You can designate Primary and Secondary beneficiaries and set percentages for each or split percentages evenly.

When you're done, don't forget to click the green SAVE button!

66% COMPLETE

Beneficiary Information

Hints

Please review your beneficiary designations below for accuracy.

Basic Employee Life and AD&D

Add New Beneficiary

Primary			Split % Equally: <input type="checkbox"/>
Beneficiary Name	Type	Percentage	
[Redacted]	Individual	100 %	

Secondary			Split % Equally: <input type="checkbox"/>
Beneficiary Name	Type	Percentage	
[Redacted]	Individual	50 %	
[Redacted]	Individual	50 %	

Cancel Save





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Voluntary Employee Life and AD&D

Please note that this is additional life and AD&D coverage.

This **VOLUNTARY** benefit is for **YOU, the employee**, and is **100% EMPLOYEE PAID.**

You can elect up to five (5) times your current salary.

BUCKEYE BUCKS BenXpress

TEST

Robyn Watson
Sunday, May 4, 2025, 5:24 pm
Accessed by Admin Robyn Watson

Home

Previous Basic Employee Life and AD&D Next Voluntary Spouse Life

73% COMPLETE

EZ Enroll (Off)

Voluntary Employee Life and AD&D

Effective: 07/01/2025

Totals Per Pay: \$302.97

Please select your coverage option:

⚠ Your Voluntary Spouse Life election is dependent on this election. Your Voluntary Spouse Life volume may not be more than 50% of your volume for this benefit. You may need to reduce or eliminate your Voluntary Spouse Life election to reduce this election.

Option	Per Pay Pricetag
Waive Coverage	\$0.00
\$10,000	\$4.10
\$20,000	\$8.20
<input checked="" type="radio"/> \$30,000	\$12.30
<input type="radio"/> \$40,000	\$16.40
<input type="radio"/> \$50,000	\$20.50
<input type="radio"/> \$60,000	\$24.60
<input type="radio"/> \$70,000	\$28.70
<input type="radio"/> \$80,000	\$32.80
<input type="radio"/> \$90,000	\$36.90
<input type="radio"/> \$100,000	\$41.00
<input type="radio"/> \$110,000	\$45.10
<input type="radio"/> \$120,000	\$49.20
<input type="radio"/> \$130,000	\$53.30
<input type="radio"/> \$140,000	\$57.40



Voluntary Employee Life and AD&D

One more thing...

Lincoln will be the District's new board-paid life and voluntary employee-paid life carrier.

This transition opens some great opportunities for all of us, but **only during this Open Enrollment period.**

You'll have the chance to purchase additional voluntary life insurance for yourself, your spouse and your dependents, up to the guaranteed issue amount, **WITHOUT having to answer an medical questions!**

BUCKEYE BUCKS

BenXpress

TEST

Robyn Watson
Sunday, May 4, 2025, 5:24 pm
Accessed by Admin Robyn Watson

Home

Previous Basic Employee Life and AD&D Next Voluntary Spouse Life

73% COMPLETE

EZ Enroll (Off)

Voluntary Employee Life and AD&D

Effective: 07/01/2025

Totals Per Pay: \$302.97

Please select your coverage option:

⚠ Your Voluntary Spouse Life election is dependent on this election. Your Voluntary Spouse Life volume may not be more than 50% of your volume for this benefit. You may need to reduce or eliminate your Voluntary Spouse Life election to reduce this election.

Option	Per Pay Pricetag
Waive Coverage	\$0.00
<input type="radio"/> \$10,000	\$4.10
<input type="radio"/> \$20,000	\$8.20
<input checked="" type="radio"/> \$30,000	\$12.30
<input type="radio"/> \$40,000	\$16.40
<input type="radio"/> \$50,000	\$20.50
<input type="radio"/> \$60,000	\$24.60
<input type="radio"/> \$70,000	\$28.70
<input type="radio"/> \$80,000	\$32.80
<input type="radio"/> \$90,000	\$36.90
<input type="radio"/> \$100,000	\$41.00
<input type="radio"/> \$110,000	\$45.10
<input type="radio"/> \$120,000	\$49.20
<input type="radio"/> \$130,000	\$53.30
<input type="radio"/> \$140,000	\$57.40



Voluntary Spouse Life

Please note that this is a **VOLUNTARY** benefit for **YOUR SPOUSE** and is **100% EMPLOYEE PAID**.

Voluntary Spouse Life is available up to 50% of the **ADDITIONAL LIFE** you elect for yourself.

If you don't elect additional **Voluntary Employee Life**, you cannot elect this for your spouse.

Robyn Watson
Sunday, May 4, 2025, 3:24 pm
Accessed by Admin Robyn Watson

Previous Next

80% complete

Voluntary Spouse Life

Effective: 07/01/2025 **Benefits Per Pay: \$296.82**

Please select your coverage option:

⚠️ You are required to enroll in Voluntary Employee Life and AD&D in order to enroll in Voluntary Spouse Life. You may only purchase up to 50% of your Voluntary Employee Life and AD&D election.

Dependents

Please select the dependents you wish to cover. To add new dependents or modify existing dependent information, click on the **Edit Dependents** button.

Spouse	(Not Applicable)
<input checked="" type="checkbox"/> WILLIAM WATSON	<input type="checkbox"/> DYLAN WATSON

Tier	Per Pay Pricetag
Waive Coverage	\$0.00
\$5,000	Per Pay Pricetag
<input type="radio"/> Spouse	\$2.05
\$10,000	Per Pay Pricetag
<input type="radio"/> Spouse	\$4.10
\$15,000	Per Pay Pricetag
<input checked="" type="radio"/> Spouse	\$6.15
\$20,000	Per Pay Pricetag
Spouse	\$8.20



Voluntary Dependent Life

Please note that this is a **VOLUNTARY** benefit for **YOUR DEPENDENT(S)** and is **100% EMPLOYEE PAID.**

Voluntary Dependent Life is available up to 25% of the **ADDITIONAL LIFE** you elect for yourself.

If you don't elect additional **Voluntary Employee Life**, you cannot elect this for your dependent(s).

The screenshot shows a web interface for 'Voluntary Dependent Life' enrollment. At the top, it identifies the user as 'Robyn Watson' and shows the date 'Sunday, May 4, 2025, 5:24 pm'. The page title is 'Voluntary Dependent Life' with an effective date of '07/01/2025'. A 'Tests Per Pay' section shows '\$302.97'. Below this, there is a section for 'Dependents' with a warning: 'You are required to enroll in Voluntary Employee Life and AD&D in order to enroll in Voluntary Dependent Life. You may only purchase up to 25% of your Voluntary Employee Life and AD&D election.' Under 'Dependents', 'WILLIAM WATSON' is marked '(Not Applicable)' and 'DYLAN WATSON' is marked 'Child' and checked. The 'Walt Coverage' section lists five options: '\$0.00', '\$2,500' (Child(ren) \$0.26), '\$5,000' (Child(ren) \$0.53), '\$7,500' (Child(ren) \$0.79), and '\$10,000' (Child(ren) \$1.05). The '\$7,500' option is selected with a green checkmark.



Let's Take a Closer Look at that...

If you elect an additional \$30,000 Voluntary Employee Life & AD&D:

- You can elect up to 50% of what you elected for your Voluntary Life and AD&D, or in this example, \$15,000.
- You can elect up to 25% of what you elected for your Voluntary Life and AD&D, or in this example, \$7,500.

Robyn Watson
Sunday, May 4, 2025, 3:24 pm
Accessed by Admin Robyn Watson

Previous Voluntary Employee Life and AD&D Next Voluntary Spouse Life

80% covered

EZ Enroll (Off)

Voluntary Spouse Life

Effective: 07/01/2025 **Enroll Per Pay: \$30,000**

Edit Dependents

Please select your coverage option:

⚠ You are required to enroll in Voluntary Employee Life and AD&D in order to enroll in Voluntary Spouse Life. You may only purchase up to 50% of your Voluntary Employee Life and AD&D election.

Dependents

Please select the dependents you wish to cover. To add new dependents or modify existing dependent information, click on the **Edit Dependents** button.

Spouse (Not Applicable)

WILLIAM WATSON DYLAN WATSON

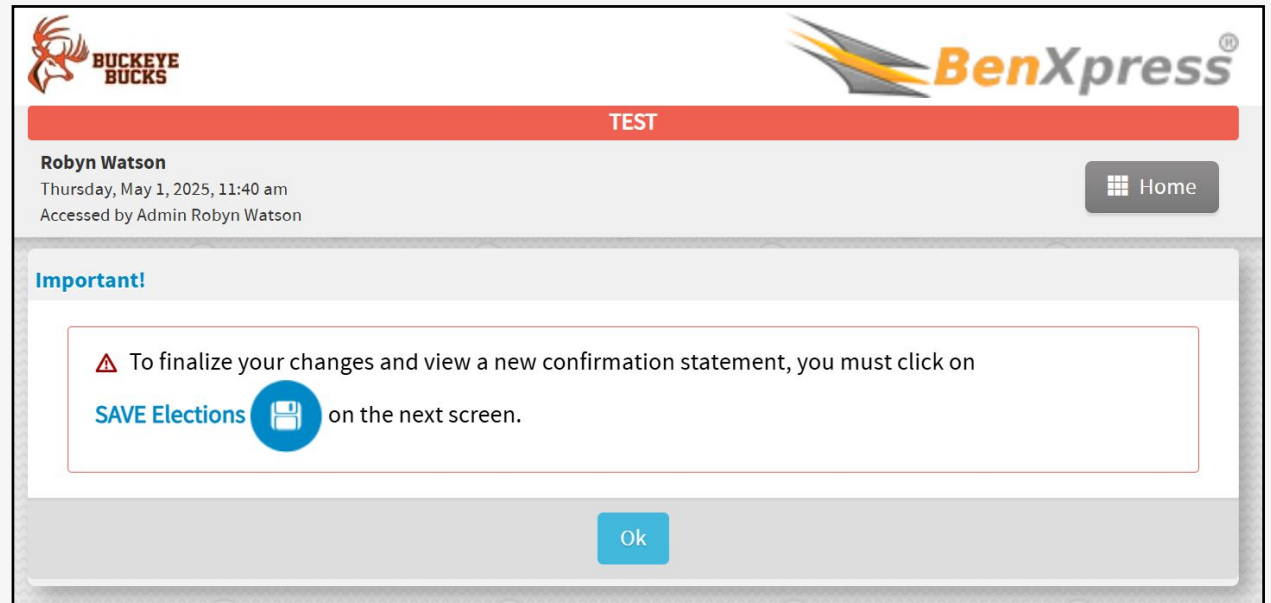
Tier	Per Pay Pricetag
Waive Coverage	\$0.00
\$5,000	\$2.05
\$10,000	\$4.10
\$15,000	\$6.15
\$20,000	\$8.20

Notice this next amount is grayed out because it's over the 50% of what was elected for Voluntary Life and AD&D.



Finalize Your Changes!

This screen simply tells you that after clicking OK, you need to **SAVE** your changes on the next screen.



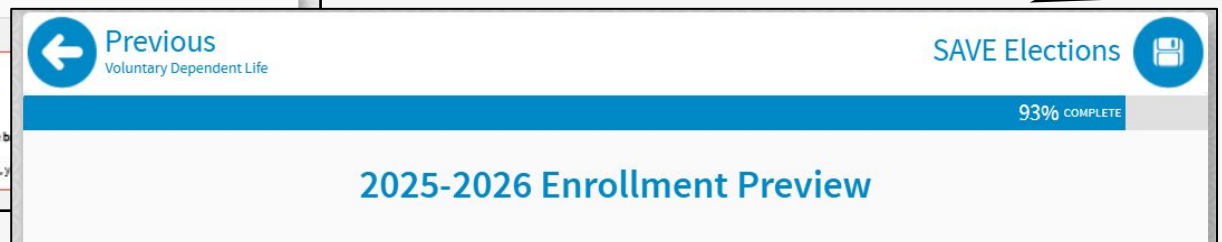
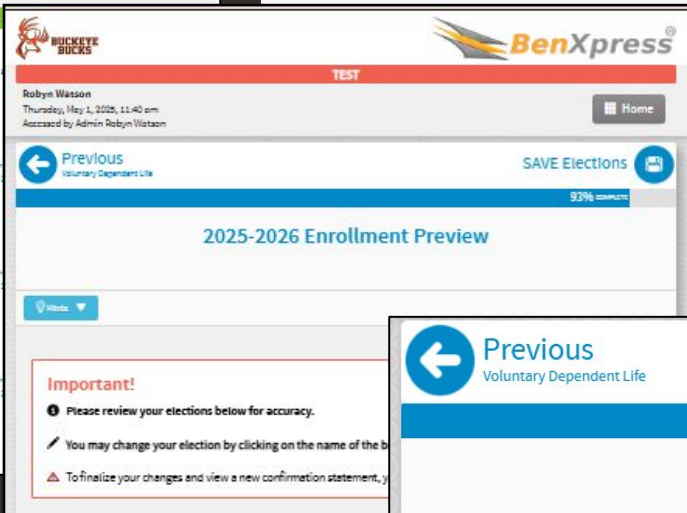
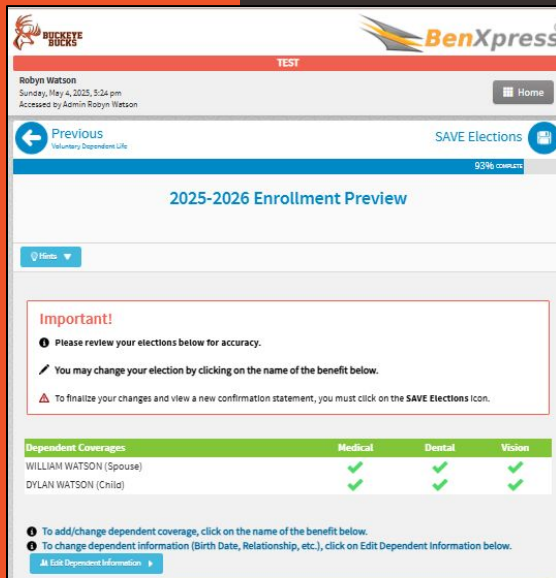


2025-2026 Enrollment Preview

This is your final screen where you can preview your elections and the price tag.

You can click  to make any changes.

When you're done with all of your elections click the **SAVE** button!



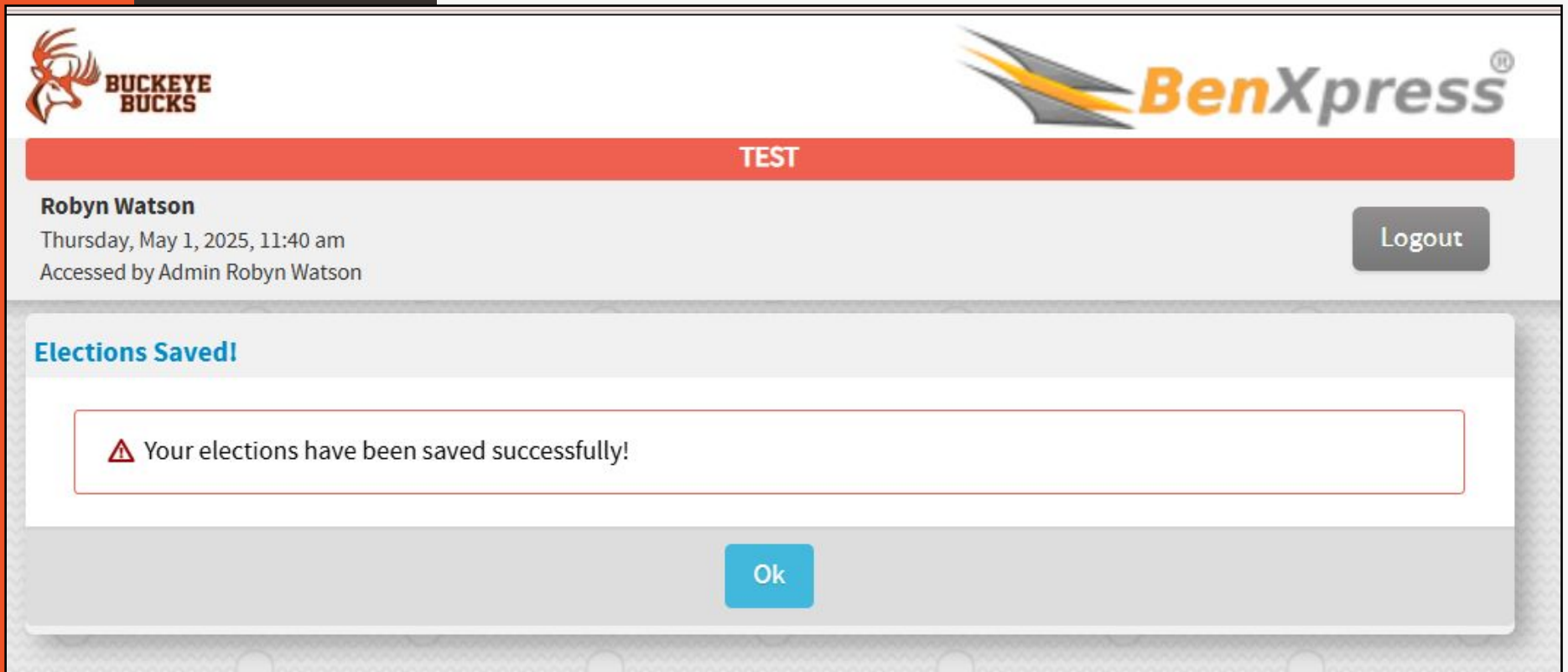


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SAVED!

This screen confirms your elections have been saved successfully! Click OK to get a printed copy of your elections.

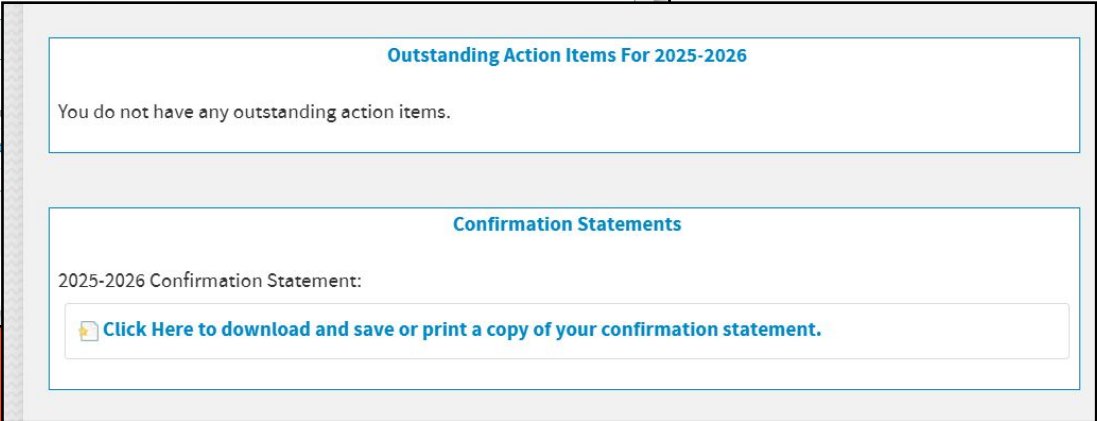
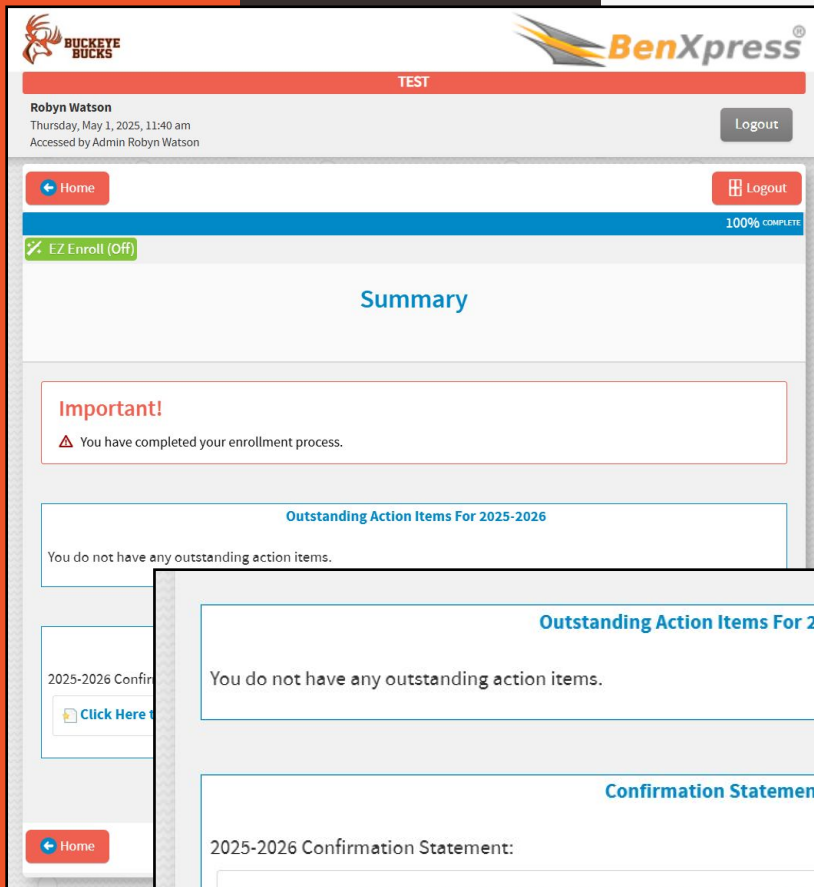




Two more VERY IMPORTANT steps...

On this Summary screen you will see a link for:

- Spousal Declaration Form
- Confirmation Statement



Be sure to click each of these links. Each file will be saved to your **DOWNLOAD** folder on your computer.



Spousal Declaration Form

This is a 2-page form.

Forgot to download it or have misplaced it?

Don't worry! We've got your back!

Contact us at benefits@buckeyeschools.org and we'll email you a copy!

BUCKEYE SCHOOLS ELIGIBILITY FORM
Working Spouse Coverage –Section 1-Employee Completes this form

Employee Name: _____
Spouse Name: _____

If unit member's spouse is eligible to participate as a current employee or retiree in group health insurance sponsored by his/her employer or any public retirement plan, the spouse must enroll in such coverage. This requirement does not apply to any employee's spouse who is required to pay more than \$350 of the single monthly premium to participate in his/her employer's group health insurance (or public retirement system) coverage. This provision is for medical/prescription coverage only and does not affect dental or vision coverage. Upon enrollment in any such employer sponsored (or public retirement) plan that coverage will become the primary payer of benefits and the coverage sponsored by the Board will become the secondary payer of benefits. Any other dependents of the District employee are subject to the Birthday Rule (i.e. the dependents will be primary on the coverage of the employee or spouse based on whose birthday falls first in the calendar year).

My spouse is:

Not employed (working spouse language does not apply)

Self-employed and does not have group health insurance (working spouse language does not apply)

(Please provide the name of the company owned by spouse) _____

*If any of the above apply, check the applicable box, sign the bottom of form and return to the Treasurer's Office. You **do not** need to complete the box below or Section 2.*

Employed

Retired or retired under a public retirement system

If this condition applies, check the box, sign the bottom of form and have spouse's employer complete Section 2.

Employee Acknowledgement of Responsibility: I have read the above information regarding the spousal requirement for medical coverage. I acknowledge the information on this form is accurate to the best of my knowledge. I understand if I submit false information or fail to timely advise the Buckeye Local School District Plan Administrator of a change in the employee's spouse's eligibility for employer (or public retirement plan) sponsored group health insurance and/or prescription drug insurance and such false information or such failure by the employee results in the Buckeye Local School District Base Medical Insurance Plan providing benefits to which the employee's spouse is not entitled, the employee will be personally liable to the Buckeye Local School District for reimbursement of benefits and expenses, including attorneys' fees and costs, incurred by the Buckeye Local School District Medical Insurance Plan. Any amount to be reimbursed by the employee may be deducted from the benefits to which the employee would otherwise be entitled. Falsification may also result in disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

5 | BENEFITS GUIDE

FORM
Spouse's Employer

an employee's spouse is
sponsored by his/her employer or
does not apply to any em-
ployee to participate in his/her

use of our spousal provisions
spouse's eligibility. Your as-

No

Please sign, date and

premium (medical/Rx per

No

es No

PH 44256 or email to

[buckeyeschools.org](mailto:benefits@buckeyeschools.org).



Confirmation Statement

This is your confirmation statement. Keep it for your records.

Remember, you can go back and make any changes to your elections any time DURING this Open Enrollment period.

Just log in, make your changes and SAVE!

BUCKEYE BUCKS 2025 - 2026 Confirmation Statement

Robin Watson [REDACTED]
Valley City, OH 44280 [REDACTED]
Plan Period: 07/01/2025 - 06/30/2026

Spousal Eligibility Declaration Effective: 07/01/2025-06/30/2026 **Per Pay Pricetag**
Employed

Medical Effective: 07/01/2025-06/30/2026 **Per Pay Pricetag**
You elected PPO, Family coverage. \$270.04 Pre-tax

Dental Effective: 07/01/2025-06/30/2026 **Per Pay Pricetag**
You elected Dental, Family coverage. \$12.70 Pre-tax

Vision Effective: 07/01/2025-06/30/2026 **Per Pay Pricetag**
You elected Vision, Family coverage. \$1.78 Pre-tax

Basic Employee Life and AD&D Effective: 07/01/2025-06/30/2026 **Per Pay Pricetag**
You elected \$50,000. \$0.00 Pre-tax

Voluntary Employee Life and AD&D Effective: 07/01/2025-06/30/2026 **Per Pay Pricetag**
You elected \$30,000. \$12.30 Post-tax

Voluntary Spouse Life Effective: 07/01/2025-06/30/2026 **Per Pay Pricetag**
You elected \$15,000. \$6.15 Post-tax

Voluntary Dependent Life Effective: 07/01/2025-06/30/2026 **Per Pay Pricetag**
You elected Waive Coverage. \$0.00 Post-tax

ADDING IT ALL UP

Total Spent will be subtracted from each paycheck during the year (assuming any pending evidence of insurability is approved). **Total Spent \$302.97**

Dependents

Name	DOB	Relationship	Medical Effective	Dental Effective	Vision Effective
William B Watson	[REDACTED]	Spouse	Yes: 07/01/2025	Yes: 07/01/2025	Yes: 07/01/2025
Dylan R Watson	[REDACTED]	Child	Yes: 07/01/2025	Yes: 07/01/2025	Yes: 07/01/2025

Beneficiaries



**BELIEVE
EMPOWER
ACHIEVE**



IMPORTANT THINGS TO REMEMBER!

You may only make changes to your elections DURING Open Enrollment OR if you have a Qualifying Life Event, such as the birth of a child, a marriage, etc. Please contact the Benefits Department if you unsure if your event qualifies as life event.

No changes can be made during the Plan Year (July 1 to June 30) without a Qualifying Life Event.



Contact Information

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x1011