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BELIEVE
EMPOWER
ACHIEVE



HELPING YOU UNDERSTAND
Your Benefit Choices

2025

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This is a high-level benefits guide of certain benefits your employer offers. ***The information in this booklet is intended as a general outline of the benefits offered under your employers' benefits program and should not be considered legal, investment or other benefits advice.*** Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. ***In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.*** Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the "Notices" Section in the back of this benefits booklet.

**This guide may or may not be applicable to union employees.*

WELCOME

BENEFITS MENU | ENROLLMENT

BENEFITS OFFERED

MY HEALTH

Medical | **Mutual Health Services (MHS)**

Prescription | **CVS/caremark**

Vision | **EyeMed**

Dental | **MetLife**

Telehealth | **First Stop Health**

MY EXTRAS

Spousal Coordination

Life Benefits | **Lincoln**

Each year, as Buckeye Local Schools evaluates the employee benefit plans, it remains our intention to provide you and your families with a high level of benefits at an affordable cost.

BenXpress is mandatory for all employees, even if you do not participate in the district sponsored benefit programs

The Affordable Care Act includes requirements for employers regarding health care coverage. Employers are required to report to the IRS information about whether they offered health coverage to their employees and if so, information about the coverage offered. The BenXpress enrollment system allows employees to enroll, view and update their elections.

Specific instructions guiding you through BenXpress is included in this document.

Should you have any questions about the benefits, please contact one of the following:

Districts Benefits Team benefits@buckeyeschools.org

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: _____

BUCKEYE SCHOOLS ELIGIBILITY FORM

Working Spouse Coverage Section 2-Completed by Spouse's Employer

Spouse Name:

Buckeye Employee:

Employer Name or Company:

Employer or Company Address:

To Whom it May concern:

Buckeye Local School District employees are subject to a working spouse provision. 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 monthly premium to participate in his/her employer's group health insurance (or public retirement system) coverage.

It has been indicated by our employee that you are the employer of their spouse. Because of our spousal provisions indicated above, additional information is required to make a proper evaluation of the spouse's eligibility. Your assistance in completing the following is appreciated.

1. Do you provide Group Medical Coverage for your employees? Yes No
 1. If Yes, answer Question 2.
 2. If No, please sign, date and return
2. Is the above-named employee eligible to enroll in the Group Medical Program? Yes No
 1. If Yes, answer Question 3.
 2. If No, please indicate why: _____ Please sign, date and return.
3. Is the above-named employee required to pay more than \$350 for the single monthly premium (medical/Rx per month) for coverage? Yes No
4. Is the above-named employee covered under this Group Medical Program? Yes No
 1. If Yes, is the plan a High Deductible Health Plan with an HSA Option? Yes No

Authorized Representative:

Representative Title:

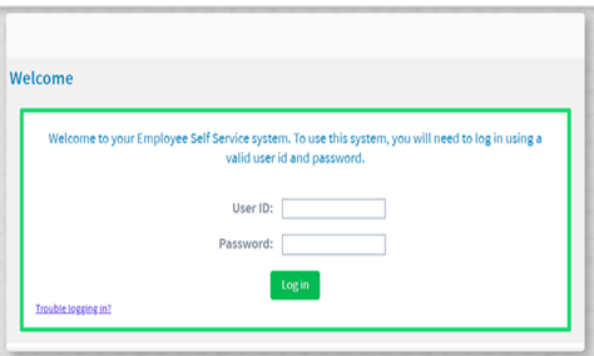
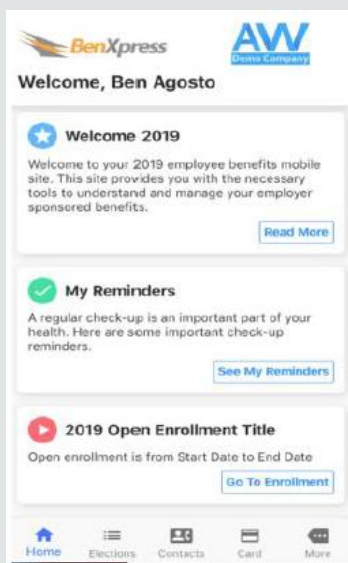
Please return this form to Buckeye Local Schools, 3044 Columbia Road, Medina, OH 44256 or email to the Treasurer's Office at benefits@buckeyeschools.org

If you have any questions, please contact the Treasurer's Office at benefits@buckeyeschools.org.

BenXpress

ONLINE ENROLLMENT GUIDE

ONLINE ENROLLMENT THROUGH BENXPRESS



ENROLLMENT

All employees have access to our online benefits enrollment platform 24/7 where you have the ability to 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). To notify the district, please email benefits@buckeyeschools.org.

ENROLLMENT INSTRUCTIONS:

1. Go to **www.benxpress.com/Buckeye**
2. Enter your User ID: **First initial and last name (example: John Doe login: jdoe)**
3. Password: **Last 4 digits of social security number**
4. Follow instructions and enroll in your benefits
5. Make sure to save your elections and print your confirmation statement.

Reminder

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.

READY TO ENROLL?

Go to www.benxpress.com/Buckeye



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.

Buckeye Local Schools BenXpress Online Enrollment Guide

What do you need to enroll online?

- **Your Benefit Choices**

- **Dependents Social Security Numbers and Dates of Birth**

System Tips

- Turn off your Pop-Up Blocker
- The system works best in Mozilla Firefox
- Use the Blue Navigation arrows at the top of each screen instead of the browser back arrows
- The enrollment process will take approximately 30-45 minutes
- **Please keep in mind, you can save your progress and continue the enrollment later**
- Once you have reviewed the Summary Screen and confirmed that all of the benefit elections are accurate, click on the 'SAVE Elections' icon in the top right corner
- ***Print the confirmation statement for your records***

Buckeye Local Schools BenXpress Online Enrollment Guide Continued

Start Enrolling

Go to www.benxpress.com/Buckeye

Log in using the following criteria:

- **Username:** First initial + last name (Example, John Doe= jdoe)
- If you have a hyphenated last name, your username should be entered excluding the hyphen (Example, John William-Doe = jwilliamdoe)
- If you have a suffix, your username should be entered excluding the suffix (Example, John Doe Jr. = jdoe)
- **Password:** Last 4 digits of your Social Security Number.
- Follow the prompts through the enrollment process to make your benefit changes/elections



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:

[Log in](#)

[Trouble logging in?](#)

Buckeye Local Schools BenXpress Online Enrollment Guide Continued

- Once you have successfully logged in, you will be asked to read and agree to the Legal Authorization and Terms and Conditions before entering the BenXpress system.
- Once you have read through the legal Authorization and if you agree with the Terms and Conditions, click on 'Yes, I Agree'. If you do not agree with the terms and choose 'No, I disagree', the session will end without electing benefits.

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 component 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 Welfare 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.

Do you agree with the terms and conditions listed above?

Yes. I agree.

No. I disagree.

Buckeye Local Schools BenXpress Online Enrollment Guide Continued

- To start the enrollment process, click on 'Get Started'
- Please note – A status bar will appear in the center of each screen that will let you know how much of the enrollment process you have completed.
- The Welcome screen will display a 'Hints' section which will provide you with instructions on how to navigate through the BenXpress system.
- The Welcome screen will also provide you with important items for using the system. Please be sure to read through all of the sections on the page to ensure you do not overlook pertinent information.
- Once you have read through all sections on the page, click on the 'Next' arrow in the bottom right corner to proceed to the next page.



Hints

- To start your enrollment, click on the → arrow above.
- Use the navigational arrows ← and → to go to the previous or next step respectively.
- The enrollment wizard will guide you through the enrollment process.
- In each step of the enrollment process, you may be asked to provide and/or review some information.
- To ensure that any changes you make get recorded correctly, please **do not use your browser's navigational buttons (Back, Forward or Refresh).**

Welcome to your employee benefits web site. This site provides you with the necessary tools to understand and manage your employer sponsored benefits.

Important!

⚠ **In the event of discrepancies** between insurance company records and this enrollment system, the insurance company records will dictate benefits, eligibility dates and claim payments.

Important!

⚠ You must complete the enrollment process and click the Save button for your elections to be saved. If you logout without saving, your elections will not be finalized and you will not be enrolled.

Buckeye Local Schools BenXpress Online Enrollment Guide Continued

Personal Information Screen

- Review your personal information
- Contact the Treasurer's Office at Benefits@buckeyeschools.org if any of your personal information is incorrect, including dependent information.
- If all the information is correct, click on the 'Next' arrow in the top right corner of the screen.

Previous Welcome

Next Dependents

11% COMPLETE

Personal Information

Last Name	Doe
First Name	John
Middle Name	
Home Phone No. *	(999) 555-1212
Phone Format (999) 555-1212	
Email *	
Address 1 *	1234 Street
Address 2	
City *	Hometown
State *	Michigan
Zip Code *	48227

 Required Fields are marked with an asterisk (*).

Buckeye Local Schools BenXpress Online Enrollment Guide Continued

Dependent Information Screen

- Click on the 'Add New Dependent' to enter dependents into the system.
- If you have a spouse/dependent(s) to be added, enter all the fields marked with an asterisk (*) as they are a required field.
- Continue clicking on 'Add New Dependent' until your spouse/dependent(s) have been added and appear under the 'My Dependents' section.
- Once the spouse/dependent(s) have been successfully added, click on the 'Next' arrow.

PLEASE NOTE: You must add a spouse and/or dependent(s) on this screen in order to cover them under any benefits in future screens.

Previous Personal Information

Next Enrollment Introduction

Dependent Information

My Dependents Add New Dependent

Please review your dependents below for accuracy.

Add New Dependent

SSN *	<input type="text"/>
<small>SSN Format 999-99-9999</small>	
Last Name *	<input type="text"/>
First Name *	<input type="text"/>
Middle Name	<input type="text"/>
Date of Birth *	<input type="text"/>
<small>Date Format MM/DD/YYYY</small>	
Gender *	Please Select... ▾
Relationship *	Please Select... ▾
Disabled	<input type="radio"/> Yes <input checked="" type="radio"/> No

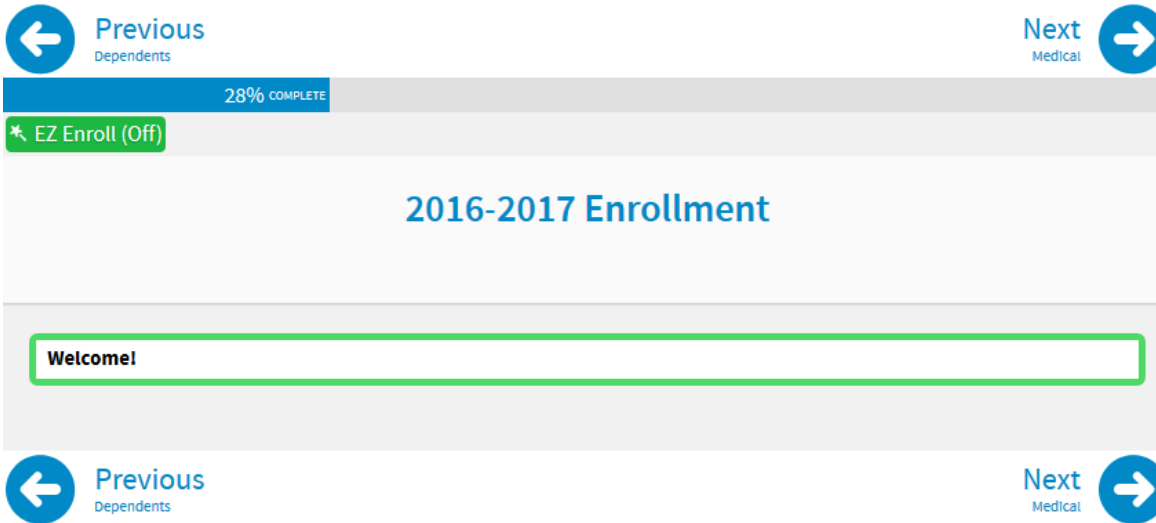
Cancel Add

⚠ Required Fields are marked with an asterisk (*).

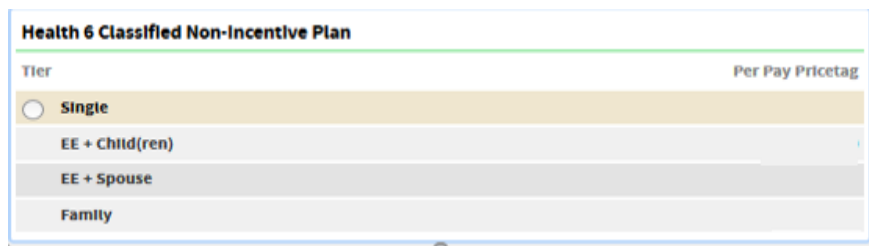
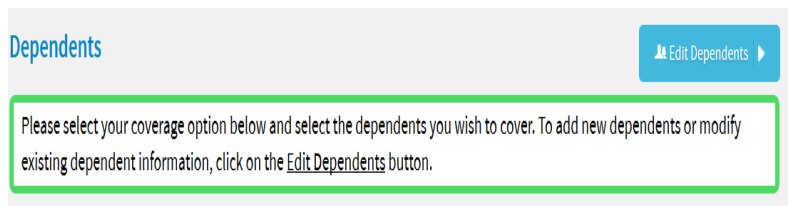
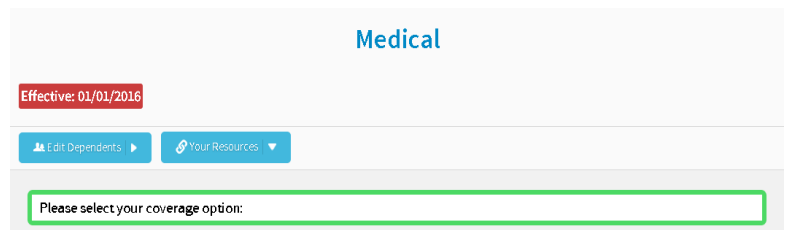
Buckeye Local Schools BenXpress Online Enrollment Guide Continued

Enrollment & Election Screens

Click on the 'Next' arrow to continue to advance to the next benefit screen.



- Once you have made your selection, click on the 'Next' arrow.
- Check the box(es) of the spouse and/or dependent(s) that you wish to cover under the plan.
- Once the dependents to cover are selected, the appropriate tier radio button will be available for each plan option.
- Select the tier of coverage option you wish to enroll in or select 'Waive Coverage' if you don't want to enroll in this benefit.
- Once you have made your selection, click on the 'Next' arrow in the top right corner of the screen.
- Continue this process for each benefit that is presented to you through the enrollment system. Some benefits may have additional pop-ups with instructions along the way.



Buckeye Local Schools BenXpress Online Enrollment Guide Continued

Enrollment Preview Screens

- At the Summary screen, you need to review all the elections you made and confirm their accuracy.
- The dependent(s) you entered and the benefits that they are enrolled/not enrolled in are shown by:
 - Green check mark indicating that they are enrolled in that benefit
 - Red no symbol indicating that they are not enrolled in that benefit

- If you need to change the election(s) you made for a benefit, click on the benefit name (medical, dental, vision, etc.) and you will be taken back to the corresponding benefit screen. From there you will make your new election and click on the 'Save' button in the top right corner. You will then be brought back to the preview screen.
- Once you have reviewed this screen and have confirmed that all of the benefit elections are accurate, click on the 'SAVE Elections' icon in the top right corner.

PLEASE NOTE

If you do not click on the **SAVE Elections** icon, your elections will not be saved, and you will not be enrolled in the benefits that you elected.

2015 Enrollment Preview

Important!
 Please review your elections below for accuracy.
 You may change your election by clicking on the name of the benefit below.
 To finalize your changes and view a new confirmation statement, you must click on the **SAVE Elections** icon.

Dependent Coverages*	Medical	Dental	Vision
Jane Doe (Child) **	⊘	⊘	⊘
Jane Doe (Child) **	⊘	⊘	⊘
Jane Doe (Child) **	⊘	⊘	⊘

* To add/change dependent coverage, click on the name of the benefit below. ** Dependent is not covered under any listed benefit!

New Elections Summary

- Medical** (Selected)
 - Effective: 07/01/2016
 - Option: Bronze Plan
 - Tier: Single
 - Per Pay: \$369.03
- Dental**
 - Effective: 07/01/2016
 - Option: Delta Dental PPO
 - Tier: Single
 - Per Pay: \$41.49
- Vision**
 - Effective: 07/01/2016
 - Option: VSP Vision
 - Tier: Single
 - Per Pay: \$5.72
- Group Term Life**
 - Effective: 07/01/2016
 - Option: \$50,000
 - Per Pay: \$0.00
- Voluntary Employee Life**
 - Effective: 07/01/2016
 - Option: Waive Coverage
 - Per Pay: \$0.00


Buckeye Local Schools BenXpress Online Enrollment Guide Continued

Summary Screen

- Once you have reached the Summary screen, you may have two types of documents to print out:
 - Follow up documents must be completed and returned to the Treasurer's Office at Benefits@buckeyeschools.org. (Spouse COB Form, overage dependent documents, Affidavits, etc.)
 - Your confirmation statement with a breakdown of all the benefits that you either enrolled or waived.
- Click on the 'Logout' to end your enrollment session.

Summary

Important!

 You have completed your enrollment process.

Outstanding Action Items For 2016-2017

You do not have any outstanding action items.

Confirmation Statements

2016-2017 Confirmation Statement:

 [Click Here to download and save or print a copy of your confirmation statement.](#)

ELIGIBILITY

RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY

All employees are eligible for group health benefits on date of hire.

DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or **'dependent child(ren)'** of the plan participant or the spouse. Dependent age limit is end of month that they turn 26.

The term 'child' refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner; or
- Disabled dependents may be eligible if requirements set by the plan are met.



Please note: It is the member's responsibility to notify the Benefits Administrator when this time is occurring. To notify the district of your dependent's age reaching 26, please email benefits@buckeyeschools.org.

Qualifying Life Events

If you want to make changes to your coverage this is the time to do so. After this open enrollment period, a Qualifying Event is required to make a mid-year change to your coverage. If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Treasurers Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Examples of Qualifying Life Events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

****A full list of qualifying events can be found in the 'Required Notices' section of this benefits guide.***

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). To notify the district, please email benefits@buckeyeschools.org.

HEALTH

COMMON TERMS | PREVENTIVE SERVICES

COMMON INSURANCE TERMS

A **PREMIUM** is the amount you pay for insurance, using pre-tax or post-tax dollars.

A **COPAYMENT (COPAY)** is a fixed amount you pay to receive services. Your co-payment(s) will count towards your out-of-pocket maximum but not your deductible. (e.g., \$30 for every visit to the doctor), while your insurance company pays the rest.

A **DEDUCTIBLE** is the amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

Your plan has an Embedded deductible. One individual must meet the single deductible. A combination of two or more members can meet a family deductible.

COINSURANCE This is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

OUT-OF-POCKET (OOP) MAXIMUM is the most you pay per Plan Year for health care expenses and applies to deductibles, flat-dollar copays and coinsurance for all covered services – including cost-sharing amounts for prescription drugs.

Once this limit is met, the plan will cover all in-network services at 100% until the end of the plan year.

NETWORK

The PPO option offers the freedom to see any provider when you need care. When you use providers from within the PPO network, you receive benefits at the discounted network cost. Most expenses, such as office visits, emergency room and prescription drugs are covered by a copay. Other expenses are subject to a deductible and coinsurance.

OUT-OF-NETWORK charges are subject to reasonable and customary limitations, which means you are responsible for any charges that exceed the carrier's contracted amount (often referred to as balance billing). In addition, charges will be paid at the non-network deductible and coinsurance. Call your insurance carrier or refer to your provider's network directory to verify if the provider is in network – this includes all providers of care: radiologists, pathologist or any referrals from physicians.

To look up a network provider, go to [mutualhealthservices.com](https://www.mutualhealthservices.com) and select the SuperMed Plus network.

Preventive Services | Covered at 100% NO COST SHARE

All routine preventive services are covered at 100%, no coinsurance, no deductible as long as the claim is submitted as "routine or preventive" and the services performed falls within the approved list of preventive services. For a complete and updated listing, please go online and search uspstf-a-and-b recommendations or visit <https://www.uspreventiveservicestaskforce.org>.

During your wellness visit, please remind your physician that you are visiting for the purpose of a wellness visit and proactively remind your physician to submit and code your wellness visit as preventive in nature. If your visit is submitted with a diagnosis, the wellness visit will not be paid at 100%, but instead, will be subject to deductible and coinsurance. Below are a few examples of services that can be recognized as preventive:

- Routine Wellness Exams, including well baby & child routine exams
- Cholesterol and lipid level screening
- Pelvic exam, pap test and screening mammograms
- Colorectal cancer screening, colonoscopies, sigmoidoscopies (age limit applies)
- Vaccines & immunizations: Hepatitis A & B, Influenza, Pneumonia, Shingles
- Contraceptives (specific list applies)
- Diabetes screenings

PRESCRIPTION

CVS/Caremark FAQ's

CVS/Caremark is the prescription benefit manager (PBM). Visit [caremark.com](https://www.caremark.com) to check coverage and cost information for specific medicine.

GENERIC: Most drugs in this category are generic drugs. Members pay the lowest cost for generics, making these drugs the most cost-effective option for treatment.

Preferred Brand: This category includes preferred, brand name drugs that don't yet have a generic equivalent. These drugs are more expensive than generics, and a higher cost.

Non-Preferred Brand: : In this category are nonpreferred brand name drugs for which there is either a generic alternative or a more cost-effective preferred brand. These drugs have the highest cost.

Specialty Drugs Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through Caremark specialty pharmacy by calling Caremark at 1.800.237.2767. Some exceptions apply. These medications are limited to a 1-30 day supply.

Some key points to consider:

What is Prior Authorization?

Prior Authorization (PA) makes sure that you're getting the right medication for your condition. It may also help keep costs down, so you don't overpay.

When is a PA required?

Here are common reasons a PA is needed:

- There may be a lower cost option that's just as effective.
- The medication has potential for misuse or abuse.
- The medication is for certain conditions or diagnoses.

How does a PA get started?

You or your pharmacy can ask your doctor to start a PA. Then, your doctor sends CVS/Caremark a PA by phone, fax or electronically. (CVS/Caremark offers electronic PA submission that often provides a decision instantly.)

How does it work?

CVS/Caremark gathers additional information from your doctor that's required by your benefit plan. This information helps determine if the prescription is covered. CVS/Caremark will notify you and your doctor whether your PA is approved or denied as soon as possible – usually within a few days.

Mail Order 90-day supply

Your plan covers three 30-day fills of your long-term medications at any pharmacy in the CVS/Caremark network. After that, you can choose to have 90-day supplies of your long-term medications delivered by CVS/Caremark Mail Service Pharmacy or pick them up at any CVS Pharmacy+ (including those inside Target stores).

After three fills, you can continue to receive 30-day supplies of long-term medications at any network pharmacy. You must first contact CVS/Caremark at the number on your prescription card to opt-out of 90-day refills.

To get started, visit online at [Caremark.com/mailservice](https://www.caremark.com/mailservice) or call the number on the back of your ID card. Make sure to have a prescription bottle in hand, all the information to get started is on the label.

MEDICAL

Mutual Health Services Overview

To look up an in-network provider, go to mutualhealthservices.com and select the SuperMed Plus network.

	Network	Non-Network
DEDUCTIBLE		
Single Deductible	\$350	\$450
Family Deductible	\$700	\$900
COINSURANCE <i>(applies after deductible is met)</i> & Out-of-Pocket Max <i>(includes coinsurance and deductible and medical copays)</i>		
Plan Pays	80%	70%
Single Out of Pocket Maximum	\$850	\$2,600
Family Out of Pocket Maximum	\$1,700	\$5,200
Primary Care (PCP) - Office Visit	\$10 copay	70% after deductible
Preventive Services	100%	70% after deductible
Specialist - Office Visit	\$10 copay	70% after deductible
Urgent Care Facility	\$10 copay	70% after deductible
Emergency Room Visit (True Emergency Only)	\$100 copay	\$100 copay

Prescription Drugs*	Retail		Mail-Order
	Rx Fill	30 days	90 days
Generic Drug		\$10 copay	\$20 copay
Preferred Brand		\$20 copay	\$40 copay
Non-Preferred Brand		\$35 copay	\$70 copay
Specialty Drugs		30-day supply only	
Generic Drug		\$10 copay	
Preferred Brand		\$20 copay	
Non-Preferred Brand		\$35 copay	
		Single	Family
Prescription Out-of-Pocket Maximum		\$8,350	\$16,700

Telemedicine

24/7 | First Stop Health

For questions regarding First Stop Health, contact:

1-888-691-7867 or fshealth.com



Care you will love. | (888) 691-7867 | fshealth.com

Care You Will Love— Anytime, Anywhere



Telemedicine from Buckeye Local Schools

Getting the care you need shouldn't be a pain. With First Stop Health from Buckeye Local Schools you can talk to a doctor via phone or video for treatment in MINUTES.



Talk to a doctor 24/7

Talk to a doctor in minutes for a wide variety of health concerns.

- Sore Throat
- Earache
- Cough
- Urinary Tract Infection
- Sinus Infection
- Aches and Pains
- Skin Rash
- Medical Question
- Eye Infection
- Medication Refill*

*Doctors can write prescriptions when needed. Prescription costs are applicable to your medical plan.

No cost to you

There are no fees or copays! Buckeye Local Schools foots the bill.

Care for your family

Provided to medical-enrolled employees and their covered dependents

"Fast and easy experience! Saved me the trouble of having to drive to an urgent care, not to mention the long waits."

— First Stop Health Member

Get the app 



You can also call 888-691-7867

DENTAL

MetLife Coverage Overview

COMMON TERMS

PRE-TREATMENT ESTIMATE

If your dental care is extensive and you want to plan ahead for the cost, you can ask your dentist to submit a pre-treatment estimate. While it is not a guarantee of payment, a pre-treatment estimate can help you predict your out-of-pocket costs.

DUAL COVERAGE

You might have benefits from more than one dental plan, which is called dual coverage. In this situation, the total amount paid by both plans can't exceed 100% of your dental expenses. And in some cases, depending on the specifics of the plans, your coverage may not total 100%.

LIMITATIONS AND EXCLUSIONS

Dental plans are intended to cover part of your dental expenses, so coverage may not extend to your every dental need. A typical plan has limitations such as the number of times you can receive a cleaning each year. In addition, some procedures may be not be covered under your plan, which is referred to as an exclusion.

PREVENTION FIRST!

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits.

Preventive care services are covered at 100% if you visit an In-Network provider. They are also not subject to the annual deductible.

The Preferred Dentist Program (**PDP Plus**) is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network.

If you receive in-network services, you will be responsible for applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount (balance billing) and charges for non-covered services.

Coverage Type:	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	60%	60%
Type D - Orthodontia	60%	60%
Deductible³		
Individual	\$25	\$25
Family	3 Individual Deductibles	3 Individual Deductibles
Annual Maximum Benefit:		
Per Individual	\$2500	\$2500
Orthodontia Lifetime Maximum - Ortho applies to Adult and Child		
	Up to dependent age limit	
	\$1200 per Person	\$1200 per Person
Dependent Age:		
	Eligible for benefits until the day that he or she turns 26.	
<p>¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</p> <p>² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.</p> <p>³ Applies to Type B and C services only.</p> <p>⁴ Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:</p> <ul style="list-style-type: none">• the dentist's actual charge (the 'Actual Charge'),• the dentist's usual charge for the same or similar services (the 'Usual Charge') or• the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.		



How do I find an In-Network Provider?

This dental plan offers deeper discounts when you visit an in-network **PDP Plus** provider. PDP Plus providers can be found on metlife.com/dental or call (800) 275-4638, under "Find a Dentist".

VISION

EyeMed Coverage Overview

Under this plan, you may use the eye care professional of your choice. However, when you visit a participating in-network provider under the **Insight** network, you receive higher levels of coverage. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form for reimbursement.

	IN-NETWORK Insight PROVIDER	OUT-OF-NETWORK PROVIDER
PLAN FEATURES		
Vision Exam	\$0 copay	Up to \$40
COVERED SERVICES – LENSES / FRAMES		
Single Lenses	\$20 copay	Up to \$30
Bifocals	\$20 copay	Up to \$50
Trifocals	\$20 copay	Up to \$70
Frames	\$0 copay; \$150 retail allowance; 20% off balance over \$150	Up to \$105
COVERED SERVICES		
Contact Lenses	\$0 copay; \$150 retail allowance; 15% off balance over \$150	Up to \$150
Contact Lens Evaluation Fitting	Up to \$40 copay	Not covered
BENEFIT FREQUENCY		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 12 Months	
Contacts	Once every 12 Months <i>(contacts in lieu of frames/lenses)</i>	



Did you know your eyes can tell an eye care provider a lot about you?

In addition to eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

Need to locate a participating Insight In-Network provider?

For a complete list of Insight network providers near you, use the Enhanced Provider Locator at eyemed.com or call (866) 804-0982

BASIC LIFE & SUPPLEMENTAL LIFE

Lincoln Financial | COVERAGE OVERVIEW

BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction. Updates to your beneficiary can be done anytime on BenXpress. Please contact your administrator.

A Beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

Board Paid - BASIC LIFE/AD&D INSURANCE

All eligible employees are automatically enrolled in the plan with Lincoln Financial.

Life insurance is an important part of your financial security. It helps protect your family from financial risk and sudden loss of income in the event of your death.

AD&D insurance is equal to your Life benefit in the event of your death being a result of an accident and may also pay benefits for certain injuries sustained.

SUPPLEMENTAL (VOLUNTARY) INSURANCE

The Guarantee Issue amount for new hires is \$200,000 without medical underwriting. This is your opportunity to take advantage of this enrollment and elect additional life insurance to meet your needs. Life coverage can be purchased in \$10,000 increments with medical underwriting.

- You may select life coverage for yourself in increments of \$10,000 up to \$200,000 not to exceed the lesser of 5 times your earnings. Guarantee issue is \$200,000 for new hires. **Proof of insurability is required if you did not enroll when you were first eligible.**
- You may select life coverage for your *spouse* in increments of \$5,000 not to exceed the lesser of 2.5 times annual earnings rounded to the next higher \$10,000 or \$50,000. Guarantee issue is \$25,000 for new hires. **Proof of insurability is required if you did not enroll when you were first eligible.**
- You may purchase life coverage for your *dependent child(ren) in the amounts of* \$2,500, \$5,000, \$7,500, or \$10,000 for each child up to age 26.

Age Reduction

Your Voluntary Life and AD&D benefit will reduce 33% at age 70 and an additional 17% reduction or the original amount at age 75.

Accelerated Benefits

You can receive up to 75% of your Basic and Voluntary Term Life insurance proceeds to a maximum of \$500,000 in the event that you become terminally ill and are diagnosed with less than 12 months to live.

Conversion

Should you retire or terminate employment you can generally convert your Life benefits into an Individual Whole Life policy. Please note that conversion is **not** available on AD&D coverage.

Portability

Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. Your coverage must be in force for at least 12 months. A written application must be made within 31 days of your termination.



WHAT WILL MY BENEFICIARY RECEIVE?

In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.

GLOSSARY OF TERMS

Dependent Verification Services (DVS) – Service used to verify dependent proof of relationship when adding dependents to benefit plans.

Beneficiary – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- **Primary Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- **Contingent Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

Charges – The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinsurance – The percentage of charges for covered expenses that an insured person is required to pay under the plan (separate from copayments)

Deductible – The amount of money you must pay each year to cover eligible expenses before your insurance policy starts paying.

Dependents – Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.

Proof of relationship documentation will be required in order to add dependents to your plan(s). Employees will receive request for documentation.

Emergency Services – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

Evidence of Insurability (EOI) – Proof that you are insurable based on the requirements of the insurance carrier. *For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.*

Explanation of Benefits – The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

Health Reimbursement Account (HRA) – The Health Reimbursement Account (HRA) is an employer-funded account that reimburses you for eligible out-of-pocket medical expenses. The HRA is only available to employees who are enrolled in the HRA Plan.

In-Network – The term "in-network" refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

Emergency Care that meets the definition of "emergency services" and is authorized as such by either the PCP or the review organization is considered in-network.

Out-of-Network - The term "out-of-network" refers to care that does not qualify as in-network.

Maximum Out of Pocket – The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Medically Necessary/Medical Necessity – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Participating Provider – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

Post-Tax – An option to have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

Pre-Tax – An option to have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

Primary Care Dentist (PCD) – The term "Primary Care Dentist" means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

Primary Care Physician (PCP) – The term "Primary Care Physician" means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any of your insured dependents.

Proof of Relationship Documentation – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

IMPORTANT CONTACT INFORMATION

PROVIDER	CONTACT INFORMATION
Medical Plan: Mutual Health Services Group Number: 917367547	(800) 367-3762 www.mutualhealthservices.com
Prescription Drug Plan: CVS/Caremark	(800) 334-8134 www.caremark.com
Dental Plan: MetLife Group Number: 5959447	(800) 988-8333 www.metlife.com/mybenefits.com
Vision Plan: EyeMed Group Number: 1011843	(866) 268-4063 www.eyemed.com
Online Benefit Enrollment: BenXpress	www.benxpress.com/Buckeye
Telemedicine: First Stop Health	(888) 691-7867 www.fshealth.com

Have Questions?

Please see the chart above for provider customer service phone numbers and website addresses.

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 Districts Benefits Team benefits@buckeyeschools.org.



B BELIEVE EMPOWER ACHIEVE

This Benefit Enrollment Guide Is Provided By:

