



Open Enrollment 2026-27



May 11 thru May 22



Contact Information

Bonnie Jeffries, Buckeye/Personnel

bjeffries@buckeyeschools.org

x1010

Robyn Watson, Buckeye/Payroll

rwatson@buckeyeschools.org

x1011

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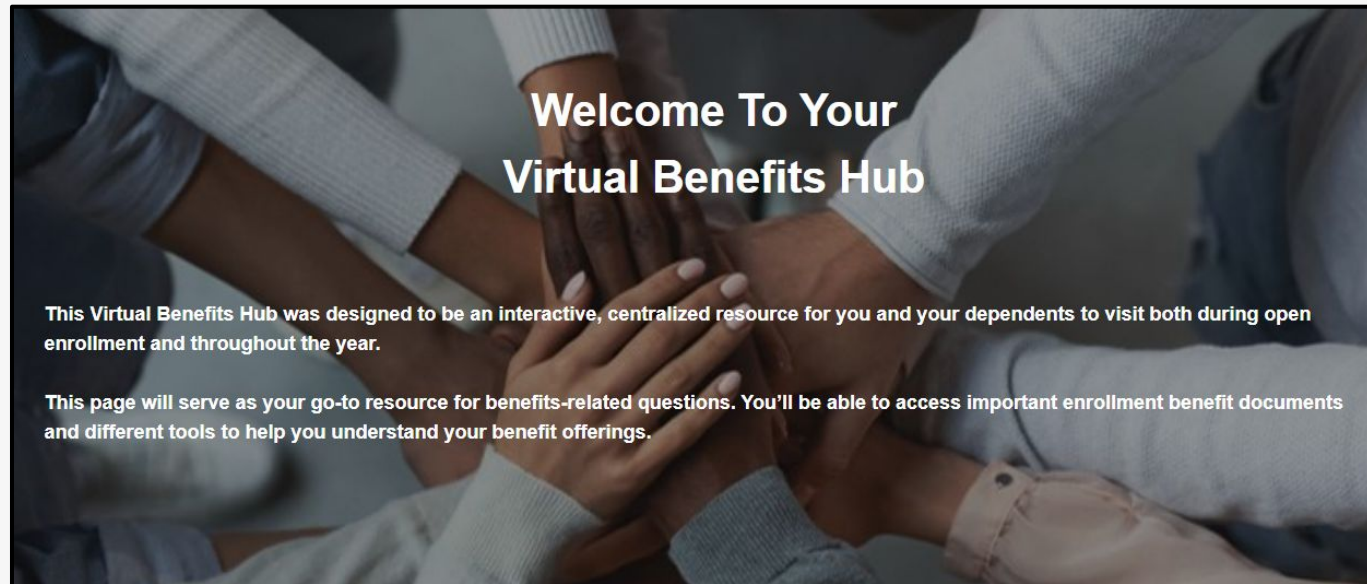
**BELIEVE
EMPOWER
ACHIEVE**

BenXpress

NEW THIS YEAR!

**BenXpress has provided a new
Virtual Benefits Hub!**

**All your benefit information at your
fingertips, 24/7!**



▲ Click the Image ▲



BUCKEYE LOCAL SCHOOLS



TREASURER'S DEPARTMENT



The Treasurer's Department also has useful information & links available:

[Buckeye Treasurer's Department](#)

OPEN ENROLLMENT GUIDE 2026-27

BENEFITS OFFERED

OPEN ENROLLMENT DATES
May 11th through May 22nd

MEDICAL | Mutual Health Services
PRESCRIPTION | CVS/Caremark
DENTAL | MetLife
VISION | EyeMed
Employee-Paid Life | Lincoln
Employee-Paid Voluntary Term Life | Lincoln
Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance & Short Term Disability Income Insurance | VOVA

All employees have access to our online benefits enrollment platform 24/7 where you can 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
- Make changes to beneficiary designations & more

Helpful Tips to Consider Before You Enroll

Do you plan to enroll an eligible dependent(s)?

- If so, make sure to have their social security number(s) and birthdate(s) available. You cannot enroll your dependent(s) without this information.


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 designations.

Did any of your covered children reach their 26th birthday this year?

- If so, they are no longer eligible for benefits.

ONLINE ENROLLMENT THROUGH BENXPRESS



BUCKEYE LOCAL SCHOOLS HEALTH INSURANCE - MONTHLY EMPLOYEE COST Effective 2026-27

	MUTUAL HEALTH SERVICES MEDICAL		MetLife DENTAL		EYE MED VISION		Lincoln LIFE
	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	
ADMINISTRATIVE	\$ 256.07	\$ 463.48	\$ 10.46	\$ 33.25	\$ 1.51	\$ 4.25	EMPLOYER PAID \$50,000 This is an Employer Paid Benefit.
BUA - FULL TIME	\$ 212.00	\$ 410.28	\$ 8.63	\$ 29.79	\$ 1.31	\$ 3.89	All Buckeye Employees receive this \$50,000 Coverage at No Cost to the Employee.
BUA - 0.5 FTE	\$ 78.41	\$ 150.98	\$ 30.47	\$ 91.31	\$ 4.63	\$ 11.81	
OPAE - FULL TIME	\$ 102.72	\$ 502.09	\$ 7.86	\$ 27.44	\$ 1.10	\$ 3.55	
OPAE - 0.5-0.99 HRS/DAY	\$ 282.56	\$ 786.94	\$ 11.51	\$ 38.20	\$ 1.75	\$ 4.57	
OPAE - 4.99 HRS OR LESS	\$ 411.15	\$ 1,108.84	\$ 16.74	\$ 54.08	\$ 2.54	\$ 6.89	
FRESHMANS AIDE (4 DAYS/WK)	\$ 338.34	\$ 915.41	\$ 13.77	\$ 44.67	\$ 2.09	\$ 5.78	Additional Voluntary Term Life Insurance can be purchased, as well.

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 \$500 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 must 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 Acknowledgment 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 Schools Administration of a change in the employee's spouse's eligibility for employer or public retirement group health insurance, and/or prescription drug insurance and such false information or such employee results in the Buckeye Local School District Base Medical Insurance Plan providing employee's spouse is not entitled, the employee will be personally liable to the Buckeye Local Schools Administration of base, file and expense, including attorney's fees and costs, incurred by the School District Medical Insurance, and/or Plan. Any amount to be reimbursed by the employee may be withheld from the employee's wages or would otherwise be entitled. Falsification may also result in and including termination.

Employee Signature: _____ Date: _____

BUCKEYE
Working Spouse
 Signature: _____
 Date: _____

- [Virtual Benefits Hub](#)
- [Health Insurance Monthly Employee Cost Sheet](#)
- [Open Enrollment Guide](#)
- [Open Enrollment Step-by-Step](#)
- [Working Spouse Coverage Form](#)



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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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ACHIEVE



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.

TEST

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

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.





**BELIEVE
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2026-27 Enrollment

Click the 2026/2027 Enrollment button to get started!



**2026/2027
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 navigation bar contains the word "TEST". Below this, the user's name "Robyn Watson" is displayed, along with the date and time "Thursday, May 7, 2026, 1:13 PM EDT" and the text "Accessed by Admin Robyn Watson". A "Logout" button is in the top right corner. Below the navigation bar, there are links for "Privacy Policy" and "Terms and Conditions". A central notification box with a green envelope icon contains the text "2026-2027 Enrollment" and the dates "May 11th, 12:00 am - May 27th, 11:59 pm (Eastern Time)". At the bottom, there are four white buttons with icons: a play button for "2026/2027 Enrollment", a chain link for "Your Resources", a person with a checkmark for "Fix/Provide Missing Dependent SSN", and a Wi-Fi symbol for "Link My App".



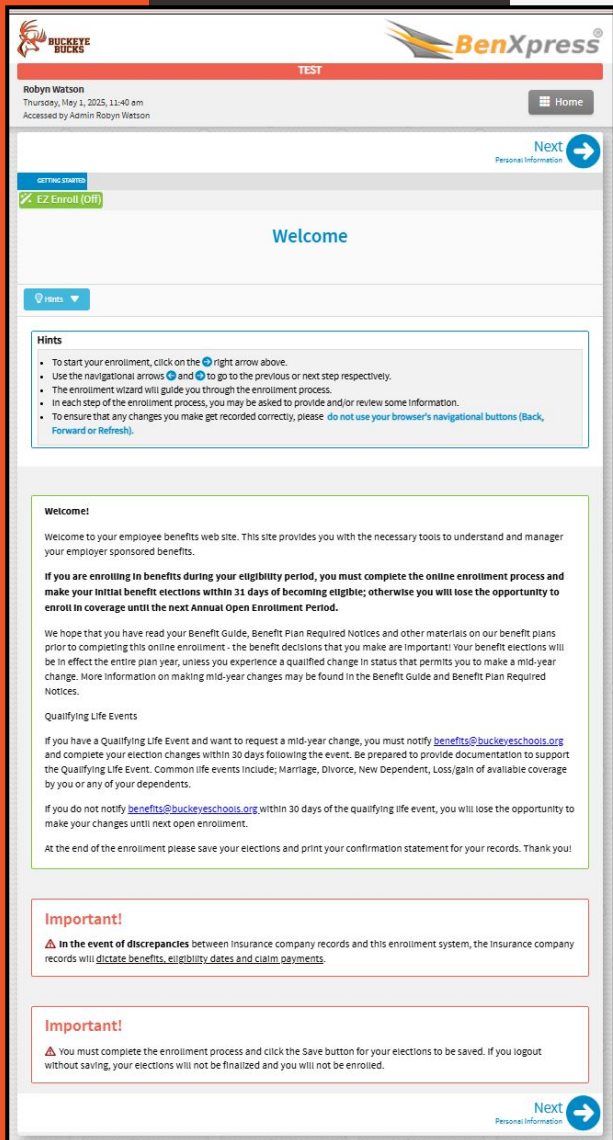
Welcome

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  **Previous Welcome**  **Next Dependents** buttons are used to go back or forward through the enrollment screens.



Personal Information

Verify your that personal information is correct then click

The screenshot shows a web interface for 'BenXpress'. At the top left is the 'BUCKEYE BUCKS' logo. The top right features the 'BenXpress' logo. A red banner 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 the text 'Accessed by Admin Robyn Watson'. A 'Home' button is visible. Navigation buttons for 'Previous' and 'Next Dependents' are present. A progress indicator shows '13% COMPLETE' and a status for 'EZ Enroll (Off)'. The main heading is 'Personal Information'. A 'Hints' dropdown menu is shown. A message box states: 'If this information is not accurate please contact Treasurer's Office at benefits@buckeyeschools.org.' Below this is a form with the following fields:

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


At the bottom, there are 'Previous' and 'Next Dependents' navigation buttons.



Dependent Information

Here you can confirm, add or change 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. 

BUCKEYE BUCKS

BenXpress®

TEST

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

Home

Previous Personal Information

Next Benefit Summary

20% COMPLETE

EZ Enroll (Off)

Dependent Information

Hints

If you have any dependents, please add them below.

My Dependents

Add New Dependent

Required Fields are marked with an asterisk (*)

Previous Personal Information

Next Benefit Summary



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.



Current 2025-26 Summary

This screen is a summary of your current enrollment elections.

This includes all benefits available including voluntary employee-paid benefits.

The screenshot shows the BenXpress web portal interface. At the top, there is a navigation bar with the 'BUCKEYE BUCKS' logo on the left and the 'BenXpress' logo on the right. Below the navigation bar, the user's name 'Robyn Watson' and the date 'Thursday, May 7, 2026, 1:13 PM EDT' are displayed. A 'Home' button is visible. The main content area has a 'Previous' button on the left and a 'Next' button on the right. A progress indicator shows '19% complete' and 'EZ Enroll (off)'. The title 'Current 2025-2026 Summary' is centered. Below this, a section titled 'Current Elections' is expanded, showing a list of insurance options. Each option includes an 'Effective' date and an 'Option' to 'Waive Coverage'.

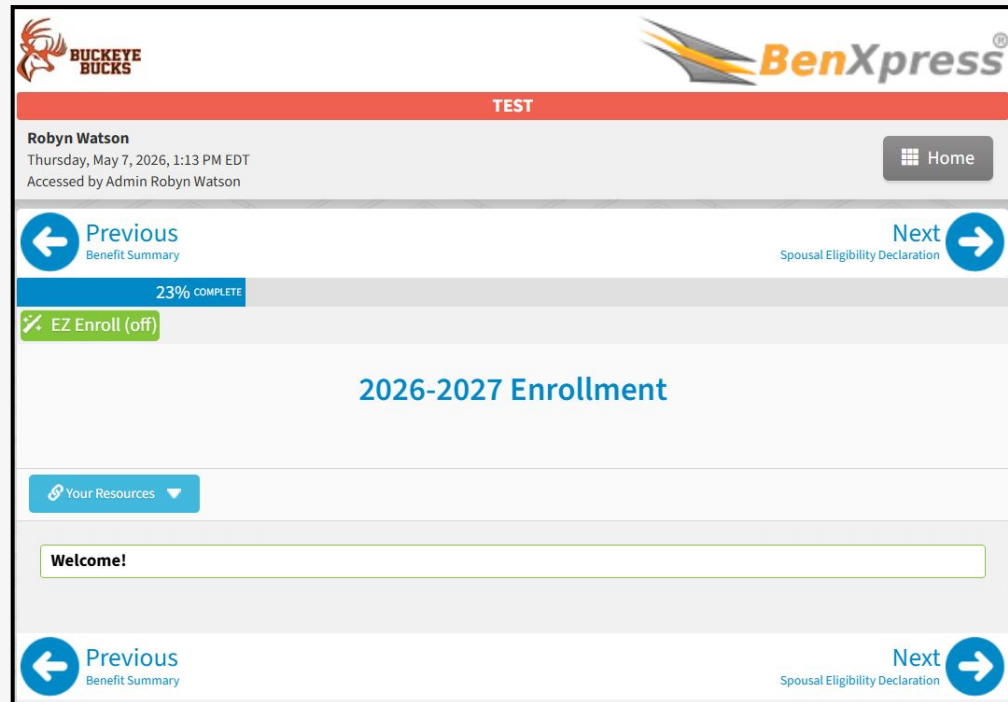
Insurance Type	Effective Date	Option
Spousal Eligibility Declaration	07/01/2025	I do not have a spouse or elect to not cover my spouse as a dependent.
Medical	07/01/2025	Waive Coverage
Accident Insurance	11/01/2025	Waive Coverage
Hospital Indemnity Insurance	11/01/2025	Waive Coverage
Employee Critical Illness Insurance	11/01/2025	Waive Coverage
Spouse Critical Illness Insurance	11/01/2025	Waive Coverage
Child(ren) Critical Illness Insurance	11/01/2025	Waive Coverage
Dental	07/01/2025	Waive Coverage



2026-2027 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.
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- 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.

BUCKEYE BUCKS BenXpress

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

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
 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

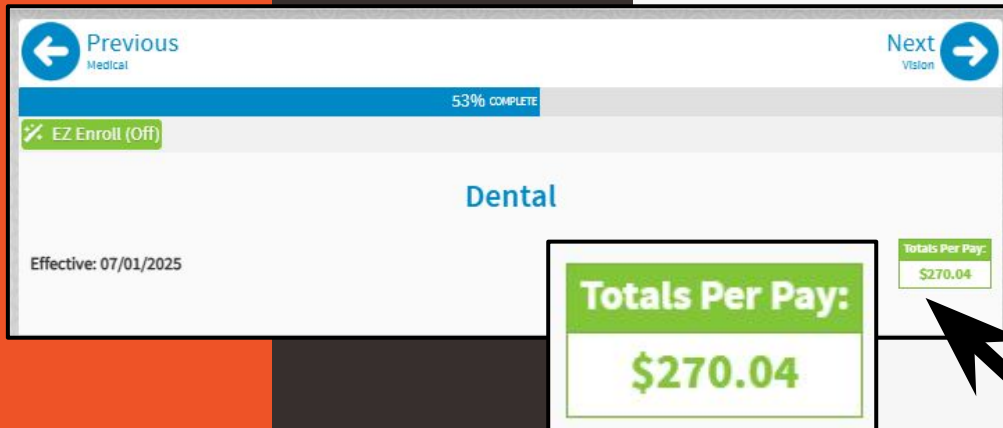
Waive Coverage
Your Active Option
Tier
Waive Coverage \$0.00

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.



Accident Insurance Employee-Paid Benefit

This is an **EMPLOYEE-PAID** benefit. If you wish to have this benefit, select the coverage you wish to elect.



Additional information can be found on the [Virtual Benefits Hub](#)

Click VOYA Benefits

BUCKEYE BUCKS BenXpress

TEST

Robyn Watson
Thursday, May 7, 2026, 1:13 PM EDT
Accessed by Admin Robyn Watson

Home

Previous Medical Next Hospital Indemnity Insurance

38% COMPLETE

EZ Enroll (off)

Accident Insurance

Effective: 07/01/2026

Edit Dependents

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. You can use this money however you like, for example: deductibles, childcare, housecleaning, groceries or utilities. Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident Insurance is underwritten by **ReliaStar Life Insurance Company** (Minneapolis, MN) a member of the **Voya**® family of companies. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. Policy provisions and product availability may vary by state.

* Current Coverage:
Effective : 11/01/2025 to 06/30/2026
Option : Waive Coverage

Dependents Edit Dependents

Please select which dependents you'd like to cover, then select your coverage option. To add new dependents or modify existing dependent information, click on the Edit Dependents button.

No Dependents Listed

Accident Insurance

Tier	Per Pay Pricetag
<input checked="" type="radio"/> Employee	\$3.73
EE + Spouse	\$7.46
EE + Child(ren)	\$8.02
Family	\$11.75



Hospital Indemnity Insurance

This is an **EMPLOYEE-PAID** benefit. If you wish to have this benefit, select the coverage you wish to elect.



Additional information can be found on the [Virtual Benefits Hub](#)

Click VOYA Benefits

The screenshot shows the BenXpress web portal for Robyn Watson. The page title is "Hospital Indemnity Insurance" and it is marked as "42% COMPLETE". The effective date is 07/01/2026. The page includes a description of the benefit, a "Current Coverage" section, and a "Dependents" section. At the bottom, there is a table for "Hospital Indemnity Insurance - \$150 Daily Benefit" with columns for Tier and Per Pay Pricetag.

Tier	Per Pay Pricetag
<input checked="" type="radio"/> Employee	\$14.33
<input type="radio"/> EE + Spouse	\$31.52
<input type="radio"/> EE + Child(ren)	\$28.66



Employee Critical Illness Insurance

This is an EMPLOYEE-PAID benefit. If you wish to have this benefit, select the coverage you wish to elect.

BUCKEYE BUCKS BenXpress

TEST

Robyn Watson
Thursday, May 7, 2026, 1:13 PM EDT
Accessed by Admin Robyn Watson

Home

Previous Hospital Indemnity Insurance Next Spouse Critical Illness Insurance

47% COMPLETE

EZ Enroll (off)

Employee Critical Illness Insurance

Effective: 07/01/2026

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

*** Current Coverage:**
Effective : 11/01/2025 to 06/30/2026
Option : Waive Coverage

Option	Per Pay Pricetag
<input checked="" type="radio"/> Waive Coverage	\$0.00
<input type="radio"/> \$10,000	\$12.40
<input type="radio"/> \$20,000	\$24.80
<input type="radio"/> \$30,000	\$37.20

Previous Hospital Indemnity Insurance Next Spouse Critical Illness Insurance



**Additional information can be found on the [Virtual Benefits Hub](#)
Click VOYA Benefits**



Spouse Critical Illness Insurance

This is an **EMPLOYEE-PAID** benefit. If you wish to have this benefit, select the coverage you wish to elect.

The screenshot shows the BenXpress web portal for Robyn Watson. The page is titled "Spouse Critical Illness Insurance" and indicates that 52% of the enrollment is complete. The current coverage is set to "Waive Coverage" with an effective date of 11/01/2025 to 06/30/2026. The page includes a "Dependents" section with "No Dependents Listed" and a "Waive Coverage" section with "Your Active Option" selected.



Additional information can be found on the [Virtual Benefits Hub](#)

Click VOYA Benefits



Child(ren) Critical Illness Insurance

This is an **EMPLOYEE-PAID** benefit. If you wish to have this benefit, select the coverage you wish to elect.



Additional information can be found on the [Virtual Benefits Hub](#)

Click VOYA Benefits



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.

BUCKETE BUCKS BenXpress

TEST

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

Home

Previous Medical Next Vision

53% COMPLETE

EZ Enroll (Off)

Dental

Effective: 07/01/2025 Totals Per Pay: \$270.04

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 or modify existing dependent information, click on the Edit Dependents button.

Spouse WILLIAM WATSON Child DYLAN WATSON

Totals Per Pay:
\$270.04



Updated Price Tag

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

Dental

Tier

Tier	Per Pay Pricetag
Single	\$3.63
<input checked="" type="checkbox"/> Family	\$12.70

Waive Coverage
 Your Active Option

Tier

Per Pay Pricetag



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.

BUCKETE BUCKS BenXpress

TEST

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

Previous Dental Next Basic Employee Life and A&D

60% COMPLETE

EZ Enroll (Off)

Vision

Effective: 07/01/2025

Totals Per Pay: \$282.74

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 or modify existing dependent information, click on the Edit Dependents button.

Spouse WILLIAM WATSON Child DYLAN WATSON

Totals Per Pay:
\$282.74



Updated Price Tag

Spouse WILLIAM WATSON Child DYLAN WATSON

Vision

Tier	Per Pay Pricetag
Single	\$0.60
<input checked="" type="checkbox"/> Family	\$1.78

Waive Coverage

Your Active Option

Tier	Per Pay Pricetag
Waive Coverage	\$0.00



Basic Employee Life and AD&D

BUCKEYE BUCKS

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

Home

Previous Vision Next Voluntary Employee Life and AD&D

66% COMPLETE

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

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

MAKE SURE YOU OPT IN!



You MUST designate a beneficiary(ies)!

B

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BenXpress

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

Add New Beneficiary

Beneficiary Type: Individual
 Trust/Estate
 Charity

Designation: Primary

SSN: []
SSN Format 999-99-9999

Last Name *: []

First Name *: []

Relationship *: Please Select... [v]

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!

The screenshot shows a web interface for 'BenXpress' with the user 'Robyn Watson' logged in. The page title is 'Beneficiary Information' and it shows a progress bar at 66% complete. A message states: 'Please review your beneficiary designations below for accuracy.' The form is titled 'Basic Employee Life and AD&D' and includes an 'Add New Beneficiary' button. It is divided into 'Primary' and 'Secondary' sections. The Primary section has one entry: a beneficiary named [REDACTED] with a Type of 'Individual' and a Percentage of '100%'. The Secondary section has two entries: a beneficiary named [REDACTED] with a Type of 'Individual' and a Percentage of '50%', and another beneficiary named [REDACTED] with a Type of 'Individual' and a Percentage of '50%'. At the bottom of the form, there are 'Cancel' and 'Save' buttons.





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EMPOWER
ACHIEVE**



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 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.

The screenshot shows a web portal interface for 'Voluntary Spouse Life' enrollment. At the top, it identifies the user as Robyn Watson, accessed on Sunday, May 4, 2025, at 3:24 pm. The page title is 'Voluntary Spouse Life' and it shows '80% complete' progress. A green checkmark indicates 'EZ Enroll (Off)'. The effective date is 07/01/2025, with a 'Benefits Per Pay' of \$296.82. A warning message states: '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.' Under the 'Dependents' section, 'WILLIAM WATSON' is selected as the spouse, while 'DYLAN WATSON' is not applicable. The 'Waive Coverage' section shows a table of options:

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

The \$15,000 tier is selected with a green checkmark.



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 the BenXpress web portal for Robyn Watson. The page title is 'Voluntary Dependent Life'. It indicates the effective date is 07/01/2025 and the total per pay is \$302.97. There is a warning message: 'You are required to enroll in Voluntary Employee Life and AD&O 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 the 'Dependents' section, 'DYLAN WATSON' is selected as a child dependent. The 'Waive Coverage' section shows a table of options:

Tier	Per Pay Pricetag
Waive Coverage	\$0.00
\$2,500 Child(ren)	\$0.26
\$5,000 Child(ren)	\$0.53
\$7,500 Child(ren)	\$0.79
\$10,000 Child(ren)	\$1.05



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 Next

Voluntary Employee Life and AD&D

80% covered

EZ Enroll (Off)

Voluntary Spouse Life

Effective: 07/01/2025

Benefits Per Pay: \$296.82

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

Waive Coverage	Per Pay Pricetag
<input type="radio"/> 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
<input type="radio"/> Spouse	\$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.



Short Term Disability Income Insurance

This is an EMPLOYEE-PAID benefit. If you wish to have this benefit, select the coverage you wish to elect.

BUCKEYE BUCKS

TEST

Robyn Watson
Thursday, May 7, 2026, 1:13 PM EDT
Accessed by Admin Robyn Watson

Home

Previous
Spouse Critical Illness Insurance

Next
Dental

57% COMPLETE

EZ Enroll (off)

Child(ren) Critical Illness Insurance

Effective: 07/01/2026

Edit Dependents

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

* Current Coverage:

Effective : 11/01/2025 to 06/30/2026
Option : Waive Coverage

⚠ This election is dependent on your Employee Critical Illness election. You must elect coverage in order to election coverage for your spouse.

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.

No Dependents Listed

Waive Coverage

Your Active Option

Tier	Monthly
Waive Coverage	\$0.00



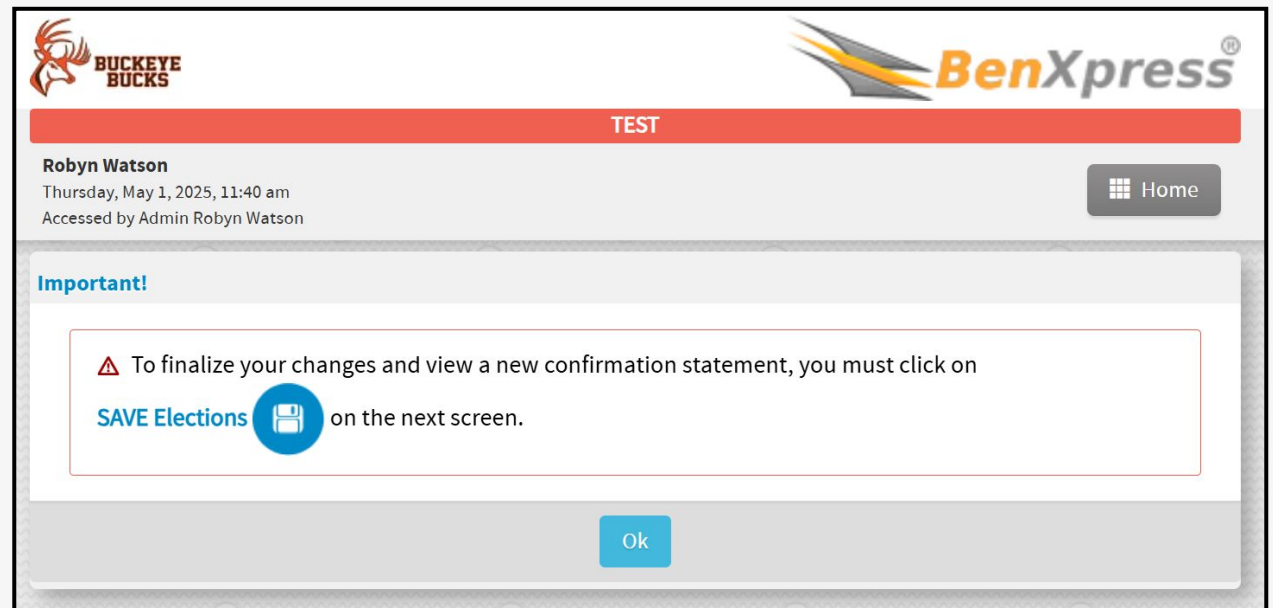
**Additional information
can be found on the
[Virtual Benefits Hub](#)**

Click VOYA Benefits



Finalize Your Changes!

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



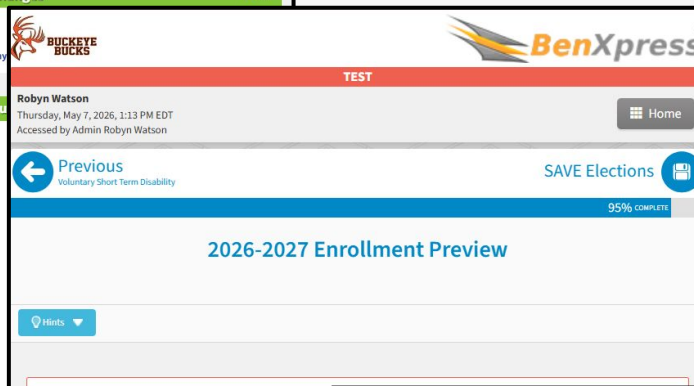
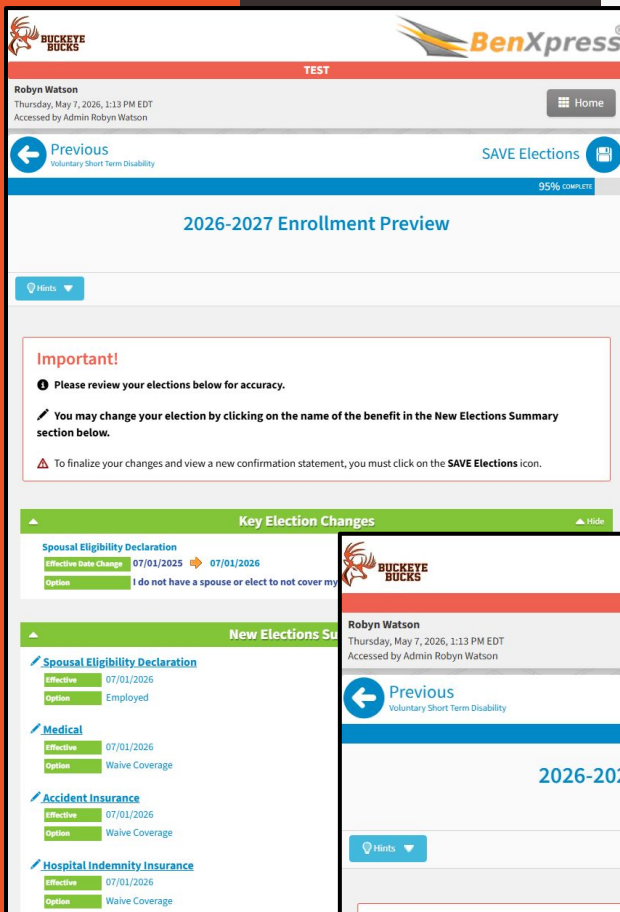


2026-2027 Enrollment Preview

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

You can click  Previous Welcome to make any changes.

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





**BELIEVE
EMPOWER
ACHIEVE**



SAVED!

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

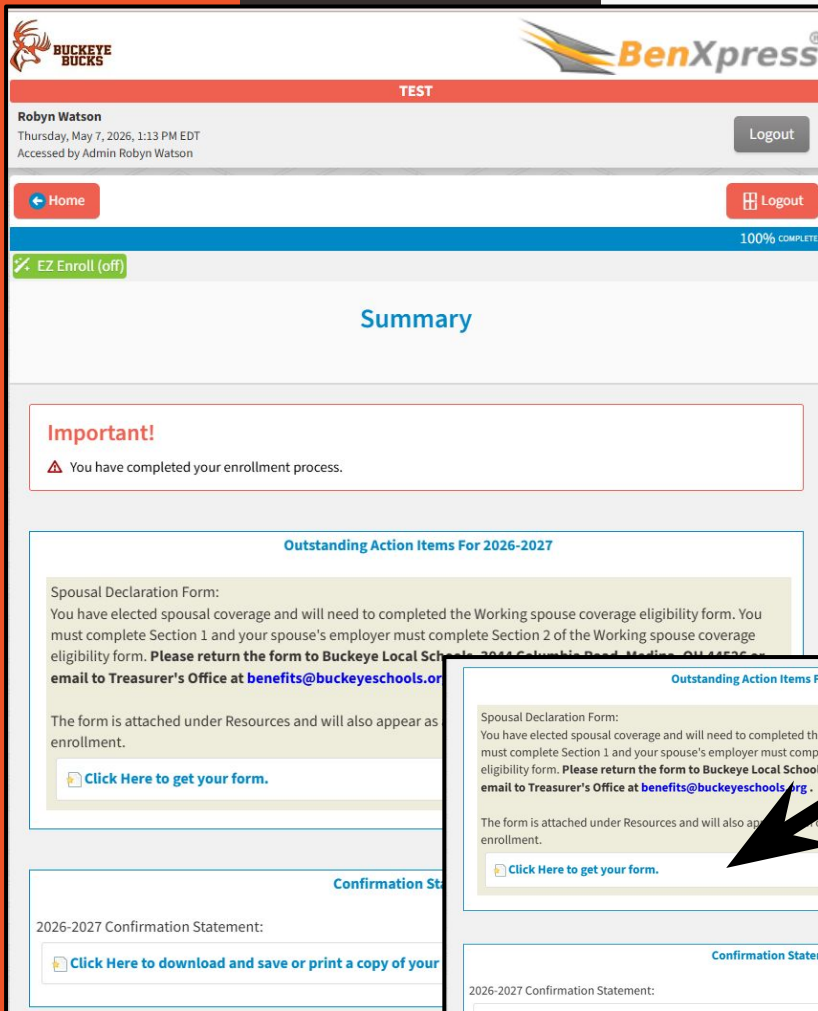
The screenshot shows the BenXpress web interface. At the top left is the Buckeye Bucks logo. At the top right is the BenXpress logo. A red bar across the top contains the word "TEST". Below this, the user's name "Robyn Watson" is displayed, along with the date and time "Thursday, May 1, 2025, 11:40 am" and the text "Accessed by Admin Robyn Watson". A "Logout" button is visible in the top right corner. The main content area features a blue heading "Elections Saved!". Below this is a white box with a red border containing a warning icon and the text "Your elections have been saved successfully!". At the bottom center of this box is a blue "Ok" button.



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.



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 the Open Enrollment period.

Just log in, make your changes and remember to SAVE your changes!

2025 - 2026 Confirmation Statement

Robert Watson
Valley City, OH 44280
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 Pre-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		Spouse	Yes: 07/01/2025	Yes: 07/01/2025	Yes: 07/01/2025
Dylan R Watson		Child	Yes: 07/01/2025	Yes: 07/01/2025	Yes: 07/01/2025

Beneficiaries	



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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

Bonnie Jeffries, Buckeye/Personnel

bjeffries@buckeyeschools.org

x1010

Robyn Watson, Buckeye/Payroll

rwatson@buckeyeschools.org

x1011