

Benefits Enrollment

2027



educational service center
of Central Ohio



educational service center
Council of Governments



OHIO
healthcare
PLAN
Central Division of OHI

2027 Benefits Enrollment

October 5–16, 2026

Welcome to Open Enrollment!

Your benefits are an important part of your overall compensation package and play a key role in supporting your health, financial well-being, and peace of mind. Open Enrollment is your annual opportunity to review your current benefit elections, evaluate your family’s needs, and make any changes for the upcoming plan year.

Open Enrollment for the 2027 plan year will be held October 5 through October 16, 2026. Participation is mandatory for all eligible employees. During this enrollment period, you must review and complete your benefit elections to ensure your coverage is accurate and reflects your current needs.

This Benefits Guide has been designed to help you understand the programs available to you and make informed decisions about your coverage. Inside, you’ll find information about medical, dental, vision, life insurance, disability coverage, and other valuable benefits offered to help protect you and your family.

We encourage you to carefully review your options and consider any life changes that may impact your benefit needs. Whether you are enrolling for the first time or reevaluating your current coverage, taking the time to assess your choices can help ensure you have the right benefits in place for the year ahead.

We are proud to offer a comprehensive benefits package that supports your well-being today and helps you plan for the future. Please review this guide carefully and complete your benefit elections during the Open Enrollment period. If you have questions, resources and support are available to assist you throughout the enrollment process.

To begin, please visit **ohp.benelogic.com**. To access this site, please use your ESC email address and password. For assistance resetting your password, please contact the ESC Help Desk at 614.542.4159.

All plan communication will be provided electronically to you to review throughout the plan year, unless you notify the Benefits Department with a request to provide some or all plan communications in paper hard-copy.

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Eligible employees must participate in Open Enrollment between October 5-16, 2026.

If currently enrolled employees do not take action during Open Enrollment, their current benefits will carry over into the new year. However, Flexible Spending Account (FSA) elections do not automatically renew and will end on December 31, 2026, unless re-elected during Open Enrollment.

Please participate!

Dependent Eligibility

Dependent Eligibility for Medical and Dental Plans

Spouses who meet the criteria and children (up to age 26) are eligible for medical, dental and vision coverage.

Important Criteria

Special Eligibility Requirements for Spouses in the Medical Plan Only

Spouses who are eligible for another employer-sponsored medical plan must take that coverage on an individual basis as primary insurance in order to be covered with Ohio Healthcare Plan for secondary insurance unless the spouse meets one of the criteria below:

- The spouse is also eligible for the Ohio Healthcare Plan through his/her participating school.
- The spouse is not eligible for an employer-sponsored medical plan.
- The spouse would be required to pay more than 50% of the total premium for single coverage
- Premium does NOT include spousal incentives or other such additional compensation, etc. forfeited upon enrollment in their own plan.

How Secondary Insurance Works



Payment Example
(Primary Plan is a PPO)

Primary Plan (Spouse)	Secondary Plan (OHP)
\$2,500 – Total Charge \$ 700 – PPO Discount (Aetna)	\$2,500 – Total Charge \$ 800 – PPO Discount (Anthem)
\$1,800 – Discounted Charge \$ 500 – Deductible	\$1,700 – Discounted Charge \$ 650 – Deductible
\$1,300 – After the Deductible Paid at 80%	\$1,050 – After the Deductible Paid at 80%
\$1,140 – Paid by the Plan \$ 760 – Patient Portion	\$ 840 – Would have been Paid by OHP
<i>The primary plan paid \$1,140 and the secondary Plan would have paid \$840, so there would be no secondary payment. In general, if the primary plan pays as much or more than the secondary plan, the secondary plan will pay \$0.</i>	

Note: If your spouse is currently enrolled in other coverage and contributing to a Health Savings Account (HSA), and you enroll them in your PPO plan as secondary, IRS rules may preclude them from making or receiving additional HSA contributions. In order to make or receive HSA contributions, an individual must only be covered by an HSA-qualified health plan. For questions regarding spousal secondary coverage when receiving HSA contributions, please reach out to the Administrative Support Team (AST) at 1.855.664.0012 or email AST@planmanagementservice.com.

Benefits Administrators

The **2027 Benefits Enrollment Booklet** serves as a comprehensive resource for all ESC/COG employees to review available benefit options. It is designed to help employees make informed benefit elections during Open Enrollment, which is mandatory for all benefits-eligible employees.

Below you will find a list of customer service numbers for each benefit administrator:

Medical Plan		alliedbenefit.com 866.455.8727	Coverage, claims, find a medical doctor or other healthcare provider, and order ID cards
Marathon Health		my.marathon.health 614.699.2847	Primary care available at no cost
Prescription Drug		express-scripts.com 866.275.0044	Coverage, claims and preferred formulary
Dental Plan		deltadentaloh.com 800.524.0149	Coverage, claims, find a dental provider and order ID cards
Vision Plan		eyemed.com	Vision insurance plan, find a provider
Voluntary Life, AD&D, Disability, Accident, Critical Illness		standard.com	Voluntary term life and AD&D coverage. Short- and Long-Term disability, Accident and Critical Illness policies
Flexible Spending		chard-snyder.com 800.982.7715	Healthcare and dependent care accounts
Employee Assistance Plan		bronsonhelpnet.com company code: ESC123 800.969.6162	Free personal assistance for family issues, addictions, emotional problems, legal and financial concerns and much more

Mid-Year Changes

Making Changes When a Special Enrollment/Qualifying Event Occurs During the Year

Your enrollment elections will remain in place for all of the calendar year enrolled.

You may only make changes to your plan throughout the year if you have a special enrollment/qualifying event or family status change.

You need to submit the change within 31 days after the qualifying event (and within 60 days for a newly eligible dependent child). If you go beyond this time limit, you may have to wait until the next open enrollment period. Please contact the Benefits Department for more information at benefits@escoco.org.

Examples of a special enrollment/qualifying event (family status change):

- Marriage
- Divorce or legal separation
- Loss of coverage (not dropping coverage voluntarily)
- Death
- Qualified Child Medical Support Order (QCMSO)
- Legal guardianship
- Newborn and adoption

Additional Help Available

If you are having difficulty enrolling or providing requested documents in the timeframe required, please contact ast@planmanagementservice.com for special handling.

Fraud Notice

Misrepresentation of eligibility through facts or verification documents may constitute fraud. Coverage under the plan and/or employment can be terminated and the employee will be responsible for the refund of claims paid in error.

Required Eligibility Uploads

Employees are required to verify the eligibility of spouses and dependents in the medical and dental plans.

Complete the following steps to upload documents to your online employee file cabinet (ohp.benelogic.com):

Step 1: Obtain the required documentation for each dependent

Required Documentation for Spouse

One of these documents is required each year for medical and dental coverage:

- The first page of your last Federal 1040 tax return with spouse's name listed (black out financial information and all but the last 4 digits of all SSNs)
- Employees filing as Head of Household must submit completed affidavits from both the employee and spouse, along with a copy of their marriage certificate. Please contact the Benefits Department to obtain the required affidavits.
- If married in the current year and have not filed taxes together, provide marriage certificate.

A spousal eligibility requirement must be completed during your online enrollment. The online questionnaire may prompt you to upload a Spousal Verification Form (available in the benefit portal) to complete your medical coverage enrollment.

Required Documentation for Dependents

- **Birth Child:** Birth certificate; provide one time
- **Adopted Child:** Legal adoption documentation; provide one time
- **Legal Guardianship for Child:** Proof of legal guardianship or "Qualified Child Medical Support Order" (QCMSO); provide one time unless there is a change
- **Step Child:** Divorce decree to identify primary medical coverage; provide one time unless there is a change. Birth certificate; provide one time
- **Disabled Dependent:** Certificate of Disability for the Handicapped Children's Provision Application for Continuation of Coverage (please contact Benefits department for form)

Step 2: Upload your document(s) by first scanning and saving to your computer or portable drive. (PDF, PNG, JPG, or BMP)

Step 3: Upload your document(s) to Benelogic

- Log on to **ohp.benelogic.com** with your district-specified user ID and password
- From the home page, select Upload a Document, then click Add a File
- Locate your file on your computer/device, add a document description to the file name, and then click Save to continue

You may also fax forms to 419.267.5262.

Note: Only eligible dependents may be enrolled in your benefit plan. (Refer to your plan's benefit booklet or benefits offices if unsure of guidelines). Dependent proof of eligibility may be required; such as birth certificates, custody or guardianship papers (for children eligibility) and/or first page of your last filed 1040 tax return (for spouse eligibility) with the financial information and all but the last 4 digits of the SSNs blacked out. Failure to provide proof of eligibility upon request or failure to enroll a spouse into their own employer's sponsored coverage, if eligible, will result in the recovery of all benefits paid on behalf of that spouse/dependent by your Plan.

All required dependent eligibility documentation must be submitted no later than **December 18, 2026**. Failure to provide the required documentation by this deadline may result in your dependent(s) losing coverage or not being enrolled in coverage effective for the new plan year.

Please ensure all requested documentation is received by December 18, 2026, to avoid any interruption in your dependents' benefits coverage.

Medical Insurance Coverage

Administrator: Allied Benefits | www.alliedbenefit.com | 866.455.8727

<i>Amounts shown are what you pay for in-network benefits.</i>	PPO	HDHP/High Deductible
Preventative Care	Preventative services covered 100% for all plans	
Annual Deductible <i>this is the dollar amount you must pay first in a year before the plan begins paying specified benefits.</i>	\$750/person \$2,000/family You do not have to meet the deductible before copays apply.	\$2,000/person \$4,000/family You must meet the deductible before the prescription copays apply.
Doctor Office Visit <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health and chiropractor</i>	\$30 for primary care \$60 for specialist	Deductible, then 80/20
Marathon Health	\$0.00	\$0.00
Urgent Care	\$60 copay	Deductible, then 80/20
Emergency Room	\$250 copay (waived if admitted)	Deductible, then 80/20
Inpatient Hospital and Outpatient Surgery	20% after deductible	Deductible, then 80/20
Prescription Drugs	Deductible does not apply	After the deductible is reached
Retail- 30 day supply	\$10 generic \$35 preferred brand \$60 non-preferred brand \$75 speciality	\$15 generic \$30 preferred brand \$60 non-preferred brand Speciality- contact Express Scripts
Mail Order- 90 day supply	\$25 generic \$87.50 preferred brand \$150 non-preferred brand \$150 speciality	\$25 generic \$87.50 preferred brand \$150 non-preferred brand Speciality- contact Express Scripts
Marathon Health	\$0.00	\$0.00
Maximum Out-of Pocket <i>Includes deductibles and copays. This is the most you will pay towards your in-network expenses.</i>	\$3,500/person \$7,000/family	\$4,000/person \$8,000/family

2027 Medical Insurance Rates

PPO Plan

Single Coverage

Contribution	Full-Time (80/20)	Per Pay Rate	Part-Time (50/50)	Per Pay Rate
Employee Pays	\$235.00	\$117.50	\$587.50	\$293.75
Board Pays	\$940.00	\$470.00	\$587.50	\$293.75
Total Premium	\$1,175.00		\$1,175.00	

Family Coverage

Contribution	Full-Time (80/20)	Per Pay Rate	Part-Time (50/50)	Per Pay Rate
Employee Pays	\$622.20	\$311.10	\$1,555.50	\$777.75
Board Pays	\$2,488.80	\$1,244.40	\$1,555.50	\$777.75
Total Premium	\$3,111.00		\$3,111.00	

High Deductible Health Plan (HDHP)

Single Coverage

Contribution	Full-Time (80/20)	Per Pay Rate	Part-Time (50/50)	Per Pay Rate
Employee Pays	\$215.20	\$107.60	\$538.00	\$269.00
Board Pays	\$860.80	\$430.40	\$538.00	\$269.00
Total Premium	\$1,076.00		\$1,076.00	

Family Coverage

Contribution	Full-Time (80/20)	Per Pay Rate	Part-Time (50/50)	Per Pay Rate
Employee Pays	\$570.40	\$285.20	\$1,426.00	\$713.00
Board Pays	\$2,281.60	\$1,140.80	\$1,426.00	\$713.00
Total Premium	\$2,852.00		\$2,852.00	



Primary care at no cost with Marathon Health



As part of your benefits through ESC you and your eligible family members now have access to all Marathon Health centers nationwide, both in person & virtually.



Primary care

- No cost
- Same- and next-day visits for immediate care needs
- 24/7 virtual access to manage your care
- Little to no wait
- More time with your provider

ALL health information is protected under HIPAA!



Services

- Annual physical exams
- Condition management
- Health coaching
- Labs, including from an outside provider, and onsite testing
- Mental health
- School, camp and sports physicals
- Sick and immediate care



Patient portal

- Access online or through the Marathon Health app
- Schedule appointments
- Secure video chats
- Communicate securely with your provider
- Manage your prescriptions and request refills
- Access your medical history, lab results, and other health documents
- Connect your health apps to track your progress



Schedule your appointment and access Marathon Health centers nationwide. Call or visit the patient portal to find a location near you.
614-699-2847 | my.marathon.health



Marathon Health vs. the ER or urgent care

Determining if you need emergency or urgent care can be tricky. Instead of facing long waits and high costs at the ER or Urgent Care, **save time and money** with a same-day or next-day appointments for urgent needs at Marathon Health.¹

Marathon Health	ER	Urgent care
Cost of a visit: Little to no cost	Average cost: \$2,100	Average cost: Can range from \$150 to \$250
Average wait time: Little to no wait time	Average wait time: 2 hr and 33 mins	Average wait time: 55 minutes

Symptoms	Marathon Health	ER	Urgent care
Urinary tract and/or yeast infection	✓		✓
Minor injuries (ex: sprains and sports injuries, etc.)	✓		✓
Respiratory infections	✓		✓
Cold and flu	✓		✓
Stitches removal	✓		✓
Ear and eye infections	✓		✓
Rashes (ex: poison ivy, etc.)	✓		✓
Nausea/vomiting/diarrhea/constipation	✓		✓
Difficulty breathing		✓	
Chest pain		✓	
Major injuries (ex: broken bones, etc.)		✓	
Stroke-like symptoms (ex: face drooping, limb weakness, blurred vision, slurred speech or confusion)		✓	



Schedule an appointment
Call 614-699-2847
or visit my.marathon.health



¹Marathon Health is not equipped to treat life-threatening conditions. If you're in medical distress, please dial 911 to ensure the fastest, most appropriate response.
Sources: WorldMetrics, Employee Benefit News, Experity, Mira Health, and BetterCrae

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Core Benefits available to all employees

Bronson HelpNet



Customized Employee Assistance Programs

Your employees are your most valuable asset. We're here to keep them happy, healthy & productive with uniquely tailored EAP solutions.

[Request a quote](#)



FREE Confidential Counseling for You, Your Dependents, and Your Household Members PLUS Other Great Services!

<u>Counseling</u> If you are worried about your family, personal life, or work, call HelpNet!	• Free, confidential counseling for you, your spouse, dependents, and household members; in-person, telephonic, or virtual sessions are available. • A counselor will talk to you about your concerns, and together, you will decide the primary issues to be resolved. • If caught in the early stages, many problems can be handled in the HelpNet office in just a few sessions. • Our therapists are at the master's level or above, and we have a network of therapists throughout the United States for your convenience. • Call us at 1-800-969-6162 to make your appointment today.
<u>Work-Life Member Portal</u> Looking for resources to help you or a family member? Check out HelpNet's work-life member portal!	• Comprehensive library of support topics, including parenting, wellness, career development, consumer tips, and more. • Personalized login capability. • Access to informative live or archived webinars. • Access to thousands of continually updated content items. • Log on and see what the Work Life Website can do for you. Visit mylifeexpert.com. If you need to create an account, use the company code below. Company Code: ESC123
<u>Financial Assistance</u> If you have questions about a financial issue, speaking with a financial expert can help!	• Free consultation with a financial counselor for you or your family members. • No appointment is needed during regular business hours Monday through Friday. Saturday appointments are available. • Online financial calculators, a library of articles, and do-it-yourself tools to manage finances are also available. • Certified financial planners will connect with you based on your needs. • Call us at 1-800-969-6162 to make your appointment today or visit the Financial Center on the Work-Life member portal.
<u>Legal Assistance</u> If you have questions about a legal issue, speaking with expert legal counsel can help!	• Free 30-minute consultation with an attorney by telephone or in person. • In most cases, discounted services are available if you need additional legal support. • Do-it-yourself legal forms, including basic wills. • Library of hundreds of legal articles and tip sheets. • Call us at 1-800-969-6162 to make your appointment today or visit the Legal Center on the Work-Life member portal.

bronsonhelpnet.com

1-800-969-6162

Dental Insurance

Administrator: Delta Dental | www.deltadentaloh.com | 800.524.0149

For verification of eligibility please refer to the telephone number on the employee's identification card.

Call this number to verify eligibility for plan benefits before the charge is incurred.

Please read the section Alternate Treatment in the Dental Plan. Please visit www.esc.co.org, where you will find this document under Forms & Files, then Benefits. Employees will need to follow this section or reimbursement from the plan may be reduced.

DENTAL CARE BENEFIT SCHEDULE

DENTAL CARE BENEFIT	
MAXIMUM BENEFIT AMOUNT	BENEFIT
For Class A – Preventive, Class B – Basic, and Class C – Major	\$1500 per Benefit year
For Class D – Orthodontia (For Dependent Children under age 25 Only)	\$1,000 per Lifetime
COVERED CHARGES	
Classes of Benefits	Percentage Payable
Class A Services - Preventive	100%
Class B Services - Basic	80%
Class C Services - Major	70%
Class D Services - Orthodontia	50%

Dental expenses under the dental benefits section of this plan do not apply to the benefit year deductible or to the out-of-pocket maximum under the medical portion of this plan.

2027 Dental Insurance Rates

Single or Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$18.40	\$9.20	\$46.00	\$23.00
Board pays	\$73.60	\$36.80	\$46.00	\$23.00
Total	\$92.00		\$92.00	

Vision Insurance Coverage

Administrator: Eye Med | www.eyemed.com

SUMMARY OF BENEFITS		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Providers	\$0 copay	Up to \$40
Exam	\$15 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame at PLUS Provider	\$0 copay; 20% off balance over \$180 allowance	Up to \$65
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal/Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$55 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$85 - 175	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85	Up to \$23
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20
Scratch Coating	\$15	Not covered
Tint	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$65
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$65
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Frequency

Exam

once every plan year

Frame

once every plan year

Lens

once every plan year

Contact Lens

once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)

2027 Vision Insurance Rates

Tier	Per Pay Rate
Employee	\$4.17
Employee +1	\$6.32
Family	\$11.21

Flexible Spending Account (FSA)

Administrator: Chard Snyder | www.chard-snyder.com | 800.982.7715

A **Healthcare FSA** is a valuable benefit that allows employees to contribute pre-tax dollars toward eligible healthcare and dependent care expenses.

By participating in a Healthcare FSA, employees can:

- Better manage and budget for expected expenses.
- Reduce their tax burden and maximize their take-home pay.
- Access the full amount of their Medical FSA election at any point during the plan year, providing additional financial flexibility when needed.

Maximum contribution for 2027: \$3,400

A **Dependent Care Flexible Spending Account** (Dependent Care FSA) allows employees to set aside a portion of their pay on a pre-tax basis to pay for eligible dependent care expenses. These expenses may include daycare, preschool, before- and after-school care, summer day camps, and care for a qualifying adult dependent.

Benefits of participating in a Dependent Care FSA include:

- **Tax savings** by reducing taxable income through pre-tax payroll deductions.
- **Lower out-of-pocket costs** for eligible dependent care expenses needed so you (and your spouse, if married) can work, look for work, or attend school full-time.
- **Convenient budgeting** by spreading dependent care costs throughout the year via payroll deductions.
- **Easy access to funds** through reimbursement of eligible expenses incurred during the plan year, up to the amount currently contributed to your account.

Important Note: Unlike a Medical FSA, Dependent Care FSA funds become available only as contributions are deducted from your paycheck and deposited into your account.

Maximum contribution for 2027: \$7,500

Dependent Care FSA vs. Child and Dependent Care Tax Credit

Both options help reduce the cost of childcare, but they work differently.

Can You Use Both? Yes, but you cannot receive a tax benefit twice for the same expense. Any expenses reimbursed through a Dependent Care FSA reduce the amount of expenses that can be used to calculate the Child and Dependent Care Tax Credit. Employees should consult with a tax advisor to confirm which would be best.

Long Term Care



What is Lifetime Benefit Term?

With Lifetime Benefit Term* with Long-Term care, you can start to use your death benefit while you're in your living years.

Life insurance

is for the financial security of the death benefit

- Funeral Costs
- Mortgage / Rent Payments
- College Tuition for children

*Term Life Insurance to age 121, guaranteed.

Long Term Care

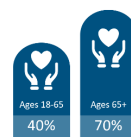
is for when you're in need of care during your living years

- Nursing Home
- Assisted Living
- In-Home Care

What is Long Term Care (LTC)?¹

Long Term Care insurance is designed to pay for custodial care once you are in need of assistance with two or more Activities of Daily Living or have a cognitive impairment like dementia or Alzheimer's.

Long Term Care insurance will pay for care received at home, in a nursing home or assisted living facility.



Likelihood of Requiring LTC

Educational Service Center of Central Ohio's Lifetime Benefit Term with LTC Plan

Educational Service Center of Central Ohio has partnered with LTC Solutions, Inc., an expert in the Long Term Care insurance marketplace, and Chubb, a well-established carrier in the industry. Together, we bring you the opportunity to purchase a valuable Lifetime Benefit Term with Long Term Care plan.

Educational Service Center of Central Ohio's Plan Highlights

Death Benefit Face Value	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
LTC Monthly Payout						
• 4% of Death Benefit Face Value						
• Nursing Home, Assisted Living, Home Care	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000
Accelerated Death Benefit For LTC	25 Months					
Extension of LTC Benefit	25 months					
• Extends your LTC for up to an additional 25 months						
Total LTC Duration	50 months					
Total LTC Coverage	\$75,000	\$150,000	\$225,000	\$300,000	\$375,000	\$450,000
Elimination Period	90 Days					
Restoration Rider	50% of Death Benefit Face Value up to \$50,000					
Paid Up	At Age 100					
Term Life Insurance	Life Insurance to your 121 st Birthday					

Eligibility

All benefit eligible employees⁴ ages 19-70 who have not been declined coverage in the past have the opportunity to purchase coverage on a guaranteed issue basis⁵, with no medical questionnaire up to certain plan limits during the next open enrollment in October.

Spouses/Domestic Partners of Educational Service Center of Central Ohio's employees are eligible to apply during the annual enrollment in October by answering health questions on their application.

How Are Premiums Paid?

Employee and spouse premiums will be payroll deducted.

If you leave Educational Service Center of Central Ohio's, you will have the opportunity to continue your coverage at the same rate.



For More Information

Online Benefit Guide:
www.myltcguide.com/escco



Toll-Free:
(877) 286-2852

Email:
LTCiBenefitsTeam@ltc-solutions.com

¹ US Department of Health and Human Services. What is Long-Term Care? 2009.

² 2024 Genworth Cost of Care

³ Health Insurance Association of America

⁴ Benefit eligible employees working 20+ hours per week.

⁵ Plans with a death benefit face value of above \$100,000 (for employees) require simplified underwriting (health questions) even during a guaranteed issue period. Eligible employees and their spouses applying outside of their initial eligibility enrollment period require simplified underwriting (health questions) for all levels of coverage, at all times.

Life, AD&D and Disability Insurance

Administrator: Standard | www.standard.com

Voluntary Life and Accidental Death and Dismemberment (AD&D)

Voluntary Life and Accidental Death & Dismemberment (AD&D) insurance can help provide financial security for your loved ones when they need it most. Life insurance offers a benefit to your designated beneficiaries in the event of your death, helping to cover expenses such as funeral costs, mortgage payments, daily living expenses, or future financial needs.

AD&D insurance provides additional protection by paying a benefit if you die or experience a covered serious injury, such as the loss of a limb, eyesight, hearing, or speech, as the result of a qualifying accident. This coverage is designed to supplement your life insurance and provide extra financial support following an unexpected accident.

Employees have the option to elect coverage for themselves and may also choose coverage for eligible spouses and dependent children. Voluntary Life and AD&D insurance can be an affordable way to enhance your family's financial protection and gain peace of mind knowing support is available should the unexpected occur. Coverage amounts, eligibility requirements, and benefit provisions may vary according to the plan.

Short-Term and Long-Term Disability Insurance

Disability insurance helps protect your income if you are unable to work due to a covered illness, injury, or medical condition. These benefits can provide financial support during periods when you are unable to earn your regular paycheck, helping you focus on your recovery rather than your finances.

Short-Term Disability (STD) coverage provides income replacement for eligible employees who experience a temporary disability. Benefits typically begin after a short waiting period and can help cover a portion of your income while you recover from a non-work-related injury, illness, surgery, or qualifying medical condition.

Long-Term Disability (LTD) coverage provides continued income protection if a disability extends beyond the short-term disability period. LTD benefits are designed to help replace a portion of your income for an extended period, offering important financial security during a long-term absence from work.

Together, Short-Term and Long-Term Disability coverage provide valuable protection against the financial impact of an unexpected illness or injury. By helping replace a portion of your income when you are unable to work, these benefits can help you maintain financial stability and peace of mind during challenging times. Coverage details, benefit amounts, and eligibility requirements vary by plan.

Critical Illness Insurance

Administrator: Standard | www.standard.com

Facing a critical illness can be overwhelming. There is so much to consider, from choosing treatment options and managing your family's daily needs to maintaining financial and emotional stability. While your health insurance helps cover many treatment costs, out-of-pocket expenses can still add up quickly. Critical Illness coverage helps bridge those financial gaps by providing a direct cash benefit to you. This benefit can be used however you choose, whether it's for medical expenses, household bills, lost income, or other essential needs, helping to provide financial support when you need it most.

What's covered?

Receive 100% of your coverage amount for:

- Heart Attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's Disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25% of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Health Screening Benefit:

You and your loved ones receive a health screening benefit of \$100 per calendar year for visiting a doctor for a covered wellness screening.

Accident Insurance

Administrator: Standard | www.standard.com

Facing an unexpected accident can create financial challenges when you need support the most. Accident Insurance is designed to help protect you from the financial impact of covered accidents, including sports-related injuries and household accidents.

It provides a cash benefit that can help cover expenses not typically paid by your health insurance, such as deductibles, copayments, and other out-of-pocket costs. Coverage is available 24 hours a day, 7 days a week, for covered accidents that occur on or off the job. The plan also includes benefits for accidental death and covered dismemberment for you or your eligible dependents.

There are more than 70 covered benefits for a wide range of injuries, treatments, and services, such as:

- Burns
- Dislocations
- Eye injuries
- Concussions
- Fractures
- Ambulance
- Emergency Room
- X-Rays
- Hospital Admission
- Follow-up care
- Physical Therapy
- Transportation
- Lodging

And much more!

Benefits are paid directly to you, giving you the flexibility to use the funds in the way that best meets your needs.

Health Screening Benefit:

You and your loved ones receive a health screening benefit of \$50 per calendar year for visiting a doctor for a covered wellness screening.

Start your 2027 wellness program today



Complete a wellness visit and any labs recommended by your provider in 2027. Earn \$200 when completed at Marathon Health or \$150 when completed with a provider outside of Marathon Health.

- 1** Wellness program period is January 1, 2027 - December 31, 2027
 - 2** Log into the Patient Portal to schedule your wellness visit or call 614-699-2847
 - 3** Reward paid out approximately 4-8 weeks after your visit
- All employees enrolled in the medical plan may participate
 - Program is limited to one reward per year
 - Payment will be added to your regular paycheck and is subject to applicable taxes



Schedule your appointment today
at any of the 3 (three) health centers in
Columbus
614-699-2830 | my.marathon.health

Important

2027 Benefits Enrollment

