



**COLUMBUS**  
CITY SCHOOLS

# *Benefits* *Guide* 2027

Open Enrollment October 5–23, 2026

*Featuring Columbus City Schools Student Artwork!*

**NEW! Change in  
2027 Enrollment Process** *pg. 7*

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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 page 46 for more details.

Information in this guide is for reference only. Please consult your contract or the Summary Plan Documents, amendments, and riders for exact benefits. When there is a discrepancy between this guide and the contracts and SPD's, information in the contracts and SPD's will provide the final rule.

# Benefit Contacts:

| <b>Benefit Plan</b>                             | <b>Provider</b>           | <b>Group/Plan #</b>   | <b>Contacts</b>                                                                                  | <b>Website or Email</b>                                                                                                  |
|-------------------------------------------------|---------------------------|-----------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Medical</b>                                  | UnitedHealthcare (UHC)    | 918500                | 1-844-210-6436                                                                                   | <a href="http://www.myuhc.com">www.myuhc.com</a>                                                                         |
| <b>Prescription Drugs</b>                       | CVS Caremark              | RX24BN                | 1-833-268-1270                                                                                   | <a href="http://www.caremark.com">www.caremark.com</a>                                                                   |
| <b>Dental</b>                                   | Delta Dental of OH        | 0215                  | 1-800-524-0149                                                                                   | <a href="http://www.deltadentaloh.com">www.deltadentaloh.com</a>                                                         |
| <b>Vision</b>                                   | Vision Service Plan (VSP) | 30099933              | 1-800-877-7195                                                                                   | <a href="http://www.vsp.com">www.vsp.com</a>                                                                             |
| <b>Basic Term &amp; Supplemental Life</b>       | Unum                      | 968731                | 1-800-445-0402                                                                                   | <a href="http://Login.unum.com">Login.unum.com</a>                                                                       |
| <b>FSA &amp; HSA</b>                            | WEX                       | Columbus City Schools | 1-866-451-3399                                                                                   | <a href="http://www.wexinc.com">www.wexinc.com</a>                                                                       |
| <b>Employee Assistance Program</b>              | ComPsych                  | CCS                   | 1-866-883-0872                                                                                   | <a href="http://GuidanceResources.com">GuidanceResources.com</a>                                                         |
| <b>Benefits Information</b>                     | Columbus City Schools     | N/A                   | BenefitQuestions@columbus.k12.oh.us                                                              | <a href="http://www.ccsok.us/employeebenefits">www.ccsok.us/employeebenefits</a>                                         |
| <b>Dependent Verification</b>                   | DependentsAudit           | Columbus City Schools | 312-396-9695                                                                                     | <a href="mailto:support@dependentsaudit.com">support@dependentsaudit.com</a>                                             |
| <b>New Hire Enrollment Enrollment</b>           | iBTR                      | Columbus City Schools | 614-401-5172                                                                                     | <a href="mailto:ccsbenefits@ibtr.com">ccsbenefits@ibtr.com</a>                                                           |
| <b>Term to 100 Life Insurance</b>               | Allstate                  | G1380                 | 1-800-521-3535                                                                                   | <a href="http://www.allstatebenefits.com/mybenefits">www.allstatebenefits.com/mybenefits</a>                             |
| <b>Whole Life Insurance</b>                     | Unum                      | 968738                | 1-800-635-5597                                                                                   | <a href="http://Login.unum.com">Login.unum.com</a>                                                                       |
| <b>Short Term Disability (STD) Claim Filing</b> | Unum                      | 968730                | 1-888-673-9940                                                                                   | <a href="http://Login.unum.com">Login.unum.com</a>                                                                       |
| <b>Long Term Disability (LTD) Claim Filing</b>  | Lincoln Financial         | 1187212               | 1-800-423-2765                                                                                   | <a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>                                                   |
| <b>Accident Insurance Claim Filing</b>          | Unum                      | 968735                | 1-800-635-5597                                                                                   | <a href="http://Login.unum.com">Login.unum.com</a>                                                                       |
| <b>Critical Illness Claim Filing</b>            | Unum                      | 968736                | 1-800-635-5597                                                                                   | <a href="http://Login.unum.com">Login.unum.com</a>                                                                       |
| <b>Hospital Indemnity Claim Filing</b>          | Unum                      | 968737                | 1-800-635-5597                                                                                   | <a href="http://Login.unum.com">Login.unum.com</a>                                                                       |
| <b>Identity Theft Protection Claim Filing</b>   | Norton Lifelock           | Columbus City Schools | 1-800-607-9174                                                                                   | <a href="http://my.norton.com">my.norton.com</a>                                                                         |
| <b>Legal Insurance</b>                          | LegalEASE                 | 2000030               | 1-888-416-4313<br><a href="mailto:hotline@legalaccessplans.com">hotline@legalaccessplans.com</a> | <a href="http://vsc.legalease.com">vsc.legalease.com</a>                                                                 |
| <b>Pet Insurance Enrollment Information</b>     | Nationwide Insurance      | Columbus City Schools | 1-877-738-7874                                                                                   | <a href="http://benefits.petinsurance.com/columbus-city-schools26">benefits.petinsurance.com/columbus-city-schools26</a> |
| <b>Leave of Absence Requests</b>                | Broadspire                | Columbus City Schools | 888-578-8561                                                                                     | <a href="http://www.myleavetech.com">www.myleavetech.com</a>                                                             |

# Who Is Eligible?

## Benefits–Eligible Employees

- Full-time employees
- Part-time classified employees working at least 20 hours per week
- Part-time (0.5) certificated employees
- Latchkey teachers
- Tutors scheduled for a minimum of 15 hours per week
- ACA eligible employees  
(*not normally eligible, but worked an average of 30 hours per week over the course of 12 months*)
- Building and Long-term Substitutes after working 61 days

## Benefits–Ineligible Employees

- Temporary employees
- Part-time employees working less than 20 hours per week
- Summer school employees
- Part-time hourly teachers (*i.e. LLI, Read 180, Home Instruction*)
- Daily Substitutes

## Find More Benefits Info

### Benefits Guide:

Go to [ccsoh.us/domain/177](https://ccsoh.us/domain/177) to find an electronic version of this Benefits Guide and important information on both Core and Voluntary Benefits, Qualifying Life Events, New Hire Enrollment instructions, announcements, deadlines, and more.

### Open Enrollment Instruction Guide:

Choose [ccsoh.us/domain/177](https://ccsoh.us/domain/177) to find step-by-step instructions on how to complete Open Enrollment.

### Contact the Benefits Team:

Email us or call to speak to someone directly about your benefit questions or concerns. The Benefits Team will be glad to assist!

Email: [Benefitquestions@columbus.k12.oh.us](mailto:Benefitquestions@columbus.k12.oh.us)

Phone: 614-365-6475



# New Hire & Mid Year Changes

| Enrollment Event                                                                                                            | Time Frame to Enroll                                              | When Benefits Begin                                     |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|
| New Hire*<br>Transfer into a<br>benefits-eligible position<br>Return from an unpaid leave of<br>absence and benefits lapsed | Within 30 days from your hire/<br>transfer/return from leave date | The 1st of the month following<br>30 days of employment |
| Qualifying Life Events                                                                                                      | Within 30 days of the event date                                  | The date of the QLE                                     |
| Open Enrollment                                                                                                             | 2027 Open Enrollment<br>Oct 5 - Oct 23, 2026                      | January 1, 2027                                         |

**\*How to Enroll in New Hire Benefits:**

iBTR Benefit Counselors are available to assist with your new hire benefits. Visit <https://columbuscityschools.newhireenrollment.net/> or call the Resource Center at 614-401-5172 to schedule your new hire appointment!

## QUALIFYING LIFE EVENT

The benefits you elect as a new hire are the benefits you will have for the entire calendar year. Benefits can only be changed mid-year if you experience a Qualifying Life Event (QLE) which includes birth/adoption of a child, marriage, divorce/legal separation, loss/gain of other coverage, or change in job status (promotion or demotion). You have 30 days from the date of the QLE to make changes to your benefits.

Newborns: If you do not add a newborn to your coverage within 30 days, they are only covered for 4 days after birth.

**Grandfathered Rates: If your Life Event qualifies you for Grandfathered Rates, it is your responsibility to notify a member of the Benefits Team.**



# When Do Benefits End?

Important Note: Core Benefits (Medical, Dental, Vision, & Life) can be continued under COBRA. Employees will receive a letter mailed to their home from WEX.

|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                               |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Retirement</b><br><i>Core Benefits</i>                                          | <p><b>Employees who retire on a date that does NOT coincide with the end of the school year:</b> Employee benefits will end in the month through which they have paid for coverage. (Employees pay Core Benefit contributions in advance.) If a partial month has been paid, those contributions will be refunded to the employee. Contact the Benefits Team if you fall into this category to find out when your Core Benefits end.</p>                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                               |
|                                                                                    | <p><b>School-based employees (i.e., Custodians, Teachers, Bus Drivers, etc.) who are retiring at the end of the school year:</b> Core Benefits run through 9/30/YYYY. <i>Note: This does NOT include school-based Administrators, such as Principals.</i></p> <p><b>Non-school-based employees (i.e., HR, Accounting, IT, etc.) whose contract does not coincide with the end of the school year:</b> Benefits will end in the month through which they have paid for coverage. (Benefit contributions are paid in advance.) If a partial month has been paid, those contributions will be refunded to the employee. Contact the Benefits Team if you fall into this category to find out when your Core Benefits end.</p>           |                                                                                                   |                                                                               |
| <b>Termination/Resignation</b><br><i>Core Benefits</i>                             | <b>CEA Members</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Benefits will end on the last day of the month that contains the termination or resignation date. | Ex: If the termination date in Munis is 3/2/26, benefits will end on 3/31/26  |
|                                                                                    | <b>OAPSE and CSCSA Members</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Benefits will end on the last day of the month that contains the termination or resignation date. | Ex: If the termination date in Munis is 3/2/26, benefits will end on 3/31/26. |
| <b>Administrator Terms, Resignations &amp; Retirements</b><br><i>Core Benefits</i> | <p><b>Resignations &amp; Terminations:</b> Benefits will end on the last day of the month that contains the termination or resignation date.</p> <p><b>Retirements:</b> Benefits will end in the month through which they have paid for coverage. (Employees pay Core Benefit contributions in advance.) If a partial month has been paid, those contributions will be refunded to the employee. Contact the Benefits Team if you fall into this category to find out when your Core Benefits end.</p> <p><b>Please note example below:</b> Administrator contract ends on 7/31/2026: 26th paycheck of the school year (7/31/2026) is the Administrator's last paycheck of the school year which covers benefits through August.</p> |                                                                                                   |                                                                               |
| <b>Medical &amp; Dependent Care FSAs</b>                                           | <p><b>Medical and Dependent Care FSA's end on the day of retirement, resignation, or termination.</b></p> <p>FSAs can also be continued under COBRA.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                               |
| <b>Voluntary Benefits</b>                                                          | <p><b>Voluntary Benefits (STD, LTD, Accident, etc.) end on the day of retirement, resignation, or termination.</b> Call the vendor if you want to continue these benefits. (See the Benefits Contact sheet.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                                               |

For more information, contact the CCS Benefits Team at 614-365-6475 or [benefitquestions@columbus.k12.oh.us](mailto:benefitquestions@columbus.k12.oh.us)

# ***2027 Open Enrollment***



## **NEW!**



## ***Change In Enrollment Process October 5-23, 2026***

If you do NOT want to elect a Flexible Spending Account and you do NOT want to make changes to your Core Benefits (medical, dental, vision & life), then you don't have to complete Open Enrollment in Munis this year.

**Your benefit elections will carry over!**

However, if you want a Flexible Spending Account in 2027 or you want to make changes to your Core Benefits, then you must complete Open Enrollment in Munis as usual.

*\*Voluntary Benefits (Short Term Disability, Long Term Disability, Whole Life, etc.) will continue to roll over if you do not want to make changes to these elections.*

**Need Employee Self Service Help?  
Call the Help Desk at 614-365-8425**

# Enrollment Checklist:

## REVIEW

Review this Benefits Guide thoroughly to understand your plan options. Refer to the 2026 Instruction Guides on how to enroll.

## GATHER

Gather Social Security cards for all dependents. Names and Social Security numbers must match the card EXACTLY. Any new dependents must be verified.

See page 10 for more information.

## LOG IN

➤ CORE BENEFITS: medical, dental, vision, FSA/HSA, life. Log in to Employee Self Service (ESS) at [columbus.munisselfservice.com](https://columbus.munisselfservice.com).

- Make your elections.
- Add any eligible dependents you wish to cover.
- Make sure to designate beneficiaries for life insurance policies. (Dependents age 18+ recommended.)

➤ VOLUNTARY BENEFITS: Accident, Critical Illness, Short-Term Disability, etc.

- Log in to [columbuscityschools.bswift.com](https://columbuscityschools.bswift.com)
- Username: First letter of first name followed by last name.
- Password: Last four digits of SSN at initial login & changed by you.
- Review/Enroll in your Voluntary Benefits.

## SCHEDULE



Employees will need a computer or phone and ESS Username and Password when meeting with an Enrollment Counselor!

If you need assistance, schedule an appointment **(in the EST time zone!)** with an iBTR Enrollment Counselor by visiting [columbuscityschools.annualenrollment.net](https://columbuscityschools.annualenrollment.net) or by calling 614-401-5172 between 9a-7p EST.

- The iBTR Benefit Counselor can help you complete your entire Open Enrollment OR just add/update/change/terminate your Voluntary Benefits.

## CHECK

Check your 2027 contributions on the following paychecks. Do they reflect your new elections?

*You only have 30 days from the effective date of your benefits to correct errors, so check your deductions immediately!*

- 21 Pays: November 20, 2026
- 26 Pays: December 4, 2026

# Benefits & Leaves of Absence

## FMLA (Family & Medical Leave Act of 1993)

If you need to take a leave of absence, Broadspire, our Leaves of Absence Administrator, will determine whether you are eligible for FMLA. Broadspire can be contacted at 888-578-8561. Under the provisions of FMLA, Columbus City Schools is required to maintain an employee's health benefits for a period not to exceed 12 weeks from the date of leave. You will pay for insurance under the same conditions (during those 12 weeks), as if you continued active employment. Once FMLA has been exhausted, you are responsible for the total cost of maintaining benefits coverage. Once approved for FMLA leave, if you move into an unpaid status while on leave, you will receive documentation regarding eligibility to continue benefits.

**Broadspire®**  
A CRAWFORD COMPANY

**If you need to request a leave of absence, contact Broadspire at [www.myleavetech.com](http://www.myleavetech.com) or 888-578-8561.**

## Unpaid Leave of Absence

If you choose to maintain Core and Voluntary benefits coverage while on an **unpaid leave of absence**, you are required to pay 100% of the total cost of insurance (both employee and employer shares) unless you are covered by FMLA. The Benefits Department will mail a written notice to you specifically outlining required payments to continue coverage for you and/or your dependent(s). While on an unpaid leave, payments for your benefit contributions will be paid directly to the CCS Benefits Team.

## Workers' Compensation Leave of Absence

If you choose to continue benefits while on an approved unpaid Worker's Compensation leave of absence, you must self-pay for benefits:

- Classified employees will pay their normal benefit premium, for a period not to exceed 2 years.
- Certificated employees are responsible for 100% of the cost of the benefit premiums.

You are responsible for ensuring that your benefit coverage continues while on a leave of absence. If you waive coverage while on unpaid leave and wish to be reinstated upon your return to work, please email the Benefits Team at [Benefitquestions@columbus.k12.oh.us](mailto:Benefitquestions@columbus.k12.oh.us). This **MUST HAPPEN** within the first 30 days of your return-to-work date to request reinstatement of your benefits. The Benefits Team will set up Employee Self Service so you can re-enroll.



# Verifying Dependents

If you are enrolling any new dependents in our Core Benefits, you will be required to provide eligibility documents to DependentsAudit, the third party dependent verification administrator for Columbus City Schools.



## Eligible Dependents

Spouses and children are considered eligible for coverage under the CCS benefits plans. Dependent children are eligible for medical, dental and vision coverage to age 26, and coverage will end at the end of the month of their 26th birthday.

## Dependent Verification Process

DependentsAudit will contact you directly via letters to your home, emails sent to your CCS address, and texts. They will provide you with the names of the dependents you are being asked to verify and the deadline by which you must send in the required documentation. Below is a list of eligible dependents and the required documentation. Participation in the verification program is mandatory, and any unverified dependents will be removed from the plan. The program ensures that CCS is able to offer employee benefit plans that are cost effective with competitive rates by only providing coverage to those who are eligible.

## Required Dependent Information

If you are enrolling an eligible dependent in your Core Benefits, the following information is required when entering your dependent in Employee Self Service.

- Date of Birth MM/DD/YYYY
- Social Security Number ###-##-####



***Name & SSN must appear EXACTLY as it is on the Social Security Card***

| Eligible Dependents                             | Required Verification Documents                                                                             |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Spouse                                          | Marriage Certificate and document showing joint ownership                                                   |
| Biological, Adopted, Stepchild, or Foster Child | Birth Certificate; Child Support Court Order; Adoption Court Award; Guardianship Court Award (until age 18) |
| Disabled Overage Dependents                     | Proof of disabled status verified by dependent's physician (for medical benefits only)                      |



# United Healthcare *Resources*

## 24/7 VIRTUAL VISITS

*Get same-day care*

24/7 Virtual Visits are a way to schedule same-day, urgent care visits so you can talk with a provider 24/7 for common urgent care needs or when your primary care provider (PCP) is not available.



## VIRTUAL PRIMARY CARE

*See a primary care doctor, virtually*

Appointments readily available! Get regular health visits and checkups with a Primary Care Provider (PCP), without the office visit. You can choose to see a network PCP regularly so the same provider will take care of you over time.



**24/7 Virtual Visits cost the same as a physician office visit copay.**

**Learn more by visiting [myuhc.com](https://myuhc.com) > Find Care > Virtual Care**



Get confidential behavioral health care by talking to a psychiatrist or therapist during a virtual visit from the safety and comfort of your home. You can use the same therapist if you have multiple appointments.

*Get caring 1-on-1 support*

## VIRTUAL THERAPY



Virtual specialty care allows you to more quickly access specialty care that's personalized for your specific care needs, such as migraine needs.

*Access specialty care more quickly*

## VIRTUAL SPECIALTY CARE

# *Get The Most Out Of Your Benefits*

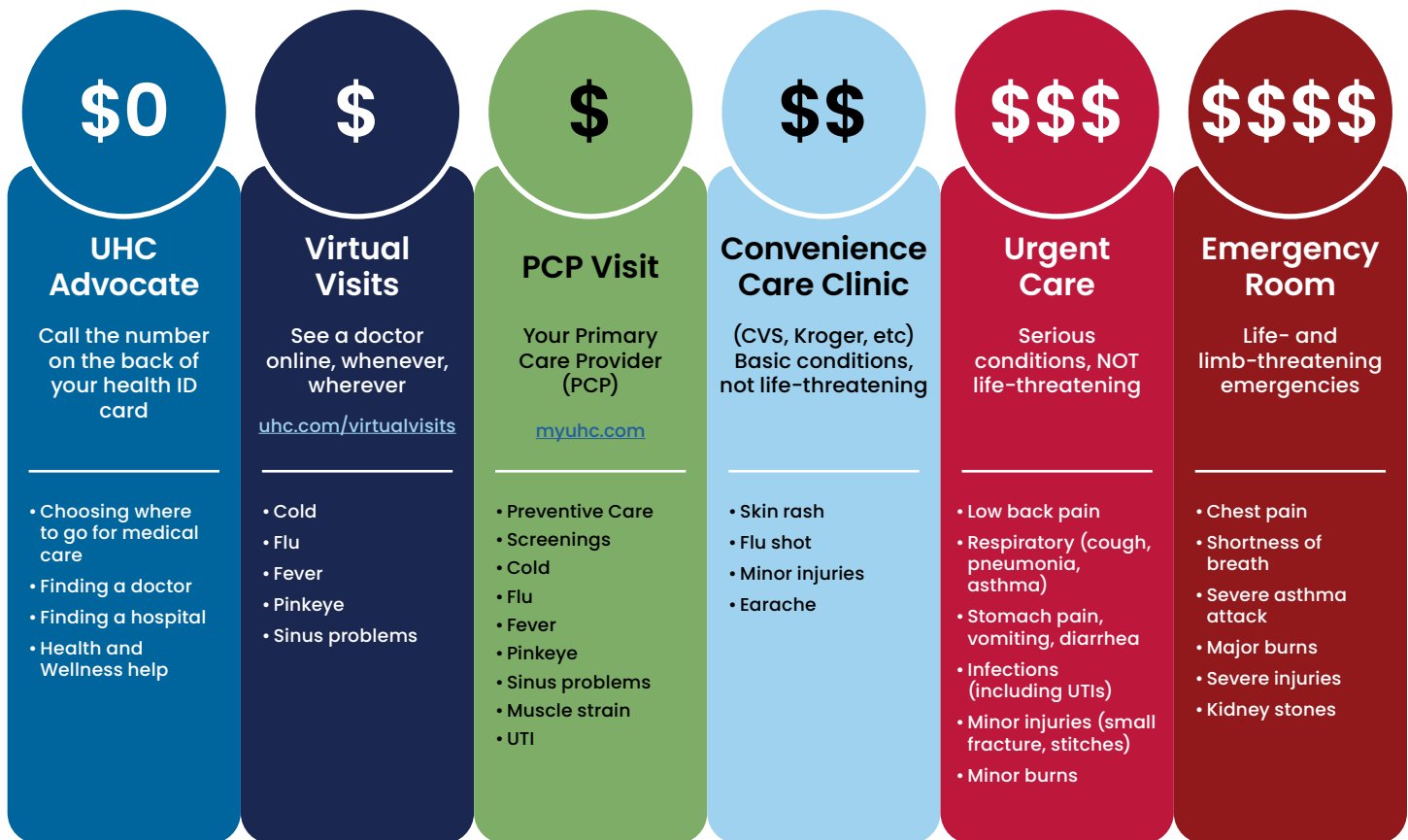
Your personalized website, [myuhc.com](https://myuhc.com), features tools designed to help you:

- **Find, price and save on care** — you can save with Virtual Visits and other tools. When you compare costs for providers and services, you can save an average of 36% on healthcare costs.
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7.
- **Understand your benefits** and the financial impact of care decisions.
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status.
- **Access claim details**, plan balances and your health plan ID card quickly.
- **Follow through on clinical recommendations** and access wellness programs.
- **Check your plan balances** and more!



# Compare Care Options To Keep Costs Down

Getting care at the place that best fits your condition or situation will save you money compared to an Emergency Room (ER) visit.\* If you have a life-threatening condition, call 911 or go to the ER. For everything else, it may be best to contact your Primary Care Provider (PCP) first. If seeing your PCP isn't possible, it's important to know your other care options, especially before heading to the ER.



Learn more at [myuhc.com](http://myuhc.com)

\*Examples of conditions listed are not inclusive of all care



## Health Care Glossary:

**Deductible:** The amount you must first pay for medical coverage before the plan pays.

**Co-Payment:** Often referred to as a co-pay, a fixed amount you must pay for covered medical services or prescription medications, typically either at the time of the office visit or when you pay for your prescriptions.

**Co-Insurance:** After satisfying the deductible, this is the percentage of covered expenses that you must pay.

**Out-of-Pocket Maximums (OOP):** The maximum amount of money you will be required to pay for covered medical services in a calendar year. Once your share of the covered medical expenses reaches this maximum, the plan will pay 100% of your covered charges for the remainder of the year. Your monthly premiums are not included in the OOP.

# Core Benefits - Medical



Columbus City Schools is proud to offer medical coverage through UnitedHealthcare (UHC).

There are four continuing medical plan options.

## 1. Classified Select Basic Plan

This plan is available to Classified staff only and offers lower rates than other plan options, but has higher co-pays for medical services and prescription drugs. This plan includes a deductible and out-of-pocket max. This plan does not offer any out-of-network coverage, with the exception of approved emergency services.

## 2. Certificated Select Plan

This plan offers affordable rates and co-pays for many services. This plan includes a deductible and out-of-pocket max. These differ depending on your employee classification. This plan does not offer any out-of-network coverage, with the exception of approved emergency services.

## 3. Choice Plan

This plan offers higher rates compared to the other plan options. This plan includes a deductible and out-of-pocket max. These differ depending on your employee classification. This plan includes network and out-of-network coverage. Be aware that out-of-network coverage has higher out-of-pocket costs.

## 4. High-Deductible Health Plan

This plan is available to Classified staff only and offers lower rates to employees hired after May 31, 2009, who will be adding family members to their plan. This plan is different from the others in that there are no co-pays or co-insurance. Employees cover all qualified medical and Rx expenses (except for preventive) until the deductible/out-of-pocket max is reached. After the deductible is reached, the plan pays for 100% of eligible expenses.

The Summary of Benefits Coverage is available on the web at: [www.ccsch.us/staff/employee-benefits/summary-of-benefits-coverage-plan-documents](http://www.ccsch.us/staff/employee-benefits/summary-of-benefits-coverage-plan-documents). A paper copy is also available, free of charge, by sending an email to [Benefitquestions@columbus.k12.oh.us](mailto:Benefitquestions@columbus.k12.oh.us).

# Preventive Care

Routine preventive care can be the best way to prevent disease and detect disease early. General preventive services are covered by your health plan at 100%. To find out what preventive care you should be receiving, contact your doctor or visit [uhc.com/preventivecare](http://uhc.com/preventivecare)

## Condition Management Programs at myuhc.com

### Disease Management

UnitedHealthcare offers so much more than just great healthcare coverage, they also provide support to help you stay healthy. UHC provides personal health support if you are managing a chronic disease like diabetes or heart disease. UHC's Condition Management Program is there for you every step of the way. UHC may reach out to you directly so that you can take advantage of the programs available to you, or you can call the number on the back of your ID card to ask how UHC can help.

### Maven Maternity

Maven Maternity is here for anyone thinking about having a baby or if you have a baby on the way. Maven is a 24/7 virtual support platform that provides education and coaching, personalized guidance, and trustworthy resources for pregnancy and postpartum.

UHC can help you choose a doctor for yourself and a pediatrician for your newborn. They can provide you with information to help you take care of yourself and your baby. Participate in the maternity support management program and earn up to \$150 towards the purchase of a stroller! Call UHC at 877-201-5328 Monday-Friday or visit [myuhc.phs.com/maternitysupport](http://myuhc.phs.com/maternitysupport) to get started.



# ***How An HDHP Works***

## **Single Coverage**

Qualified in-network  
Medical and Rx expenses

**100% of qualified  
medical and Rx  
expenses are paid  
by the employee  
until the \$1,750  
deductible is met**

Preventative care and  
selected preventative  
medications are  
covered 100% before  
deductible is met.

*Pre-tax employee  
contributions to an HSA  
can be used to pay  
for these expenses*

**Once the deductible  
is met through  
qualified expenses  
incurred by any  
covered family  
members, then  
qualified medical  
expenses (including  
Rx) are covered  
100% by insurance**

## **Employee +1 or Family Coverage**

Qualified in-network  
Medical and Rx expenses

**100% of qualified  
medical and Rx  
expenses are paid  
by the employee  
until the \$3,500  
deductible is met**

Preventative care and  
selected preventative  
medications are  
covered 100% before  
deductible is met.

*Pre-tax employee  
contributions to an HSA  
can be used to pay  
for these expenses*

**Once the deductible  
is met through  
qualified expenses  
incurred by any  
covered family  
members, then  
qualified medical  
expenses (including  
Rx) are covered  
100% by insurance**

Want more HDHP information?  
Visit <https://tinyurl.com/CCSHDHP>

# Core Benefits- HSA

## Health Savings Account

**-ONLY AVAILABLE TO CLASSIFIED STAFF WHO ELECT THE HDHP-**

### Why should I choose a Health Savings Account (HSA)?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for qualified healthcare expenses if you are enrolled in a High Deductible Health Plan (HDHP). You can also use an HSA as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.

The IRS sets the maximum dollar amount you can elect and contribute to a Health Savings Account (HSA). The 2027 annual contribution limit: Single coverage - \$4,500 Family coverage - \$9,000.

You must re-enroll in your HSA every year. Previous elections do not carry over.

*Please note: If you're 55 years of age or older, you are eligible to make an annual catch-up contribution, which lets you contribute an additional \$1,000 on top of the above annual contribution limits. To determine your contribution, we recommend setting a goal on what you plan to use your HSA for. Keep in mind that you're not locked in to that decision and can change your contribution amount at any time.*



### It's yours

Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



### Flexibility

Save for a rainy day. Invest for your future retirement or spend your funds on qualified expenses, penalty free.



### Easy to use

Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping all receipts in case of an IRS audit. Important Note: You can only spend funds that you have already contributed. You do not have advance funding as with an FSA.



### Smart savings

The HSA's unique, triple-tax savings means that the money you contribute, earnings from investments, and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.



### Investment options

You can invest your HSA funds in an interest-bearing account or in our standard mutual fund lineup. Savvy investors may opt for a Health Savings Brokerage Account powered by Charles Schwab, giving you access to more than 8,500 mutual funds, stocks and bonds.

### What does it cover?

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

View our searchable list of eligible expenses at [www.wexinc.com/insights/benefits-toolkit/eligible-expenses/](http://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/)

### Can I enroll?

**You must be enrolled in a High Deductible Health Plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:**

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical Flexible Spending Account (FSA) or select Health Reimbursement Arrangements (HRAs).
- You or your spouse are contributing to a medical FSA.
- Refer to the example on page 16 when determining how much to contribute.

# Core Benefits- FSA

## FLEXIBLE SPENDING

As part of the wide range of benefits choices, Columbus City Schools offers Flexible Spending Accounts (FSAs). FSAs give you the opportunity to set aside money on a pre-tax basis for medical and childcare expenses. You cannot elect a medical FSA if you are enrolled in the High Deductible Health Plan.

### Medical FSA

- These dollars can be used to pay for a wide range of healthcare expenses such as medical, dental and vision copays and deductibles. There is also a long list of over-the-counter items that these dollars can be used for. For a full list of eligible expenses, visit [wexinc.com/insights/benefits-toolkit/eligible-expenses/](http://wexinc.com/insights/benefits-toolkit/eligible-expenses/). Also take advantage of your dollars at FSASore.com.
- Minimum Annual Contribution: \$260  
Maximum Annual Contribution: \$3,300
- If you are enrolling in the Medical FSA for the first time with CCS, you will receive a WEX debit card in the mail. All funds are available on the first day of coverage. If you are re-enrolling, you may continue to use the debit card from the previous year. **You may receive an email from WEX asking for substantiation of the dollars you spent. Make sure to hold on to your receipts! If you fail to substantiate a claim, you may have to pay back money associated with that claim.**

### Dependent Care FSA (DCFSA)

- These dollars can be used for child care expenses for a dependent child under the age of 13 - NOT medical care expenses. These expenses can include daycare, latchkey/after school programs, and day camps. Dollars can also be used for adult daycare for a disabled adult dependent or an elderly parent.
- Minimum Annual Contribution: \$260  
Maximum Annual Contribution: \$5,000
- Submit daycare receipts to WEX. DCFSA reimbursements will be issued as your account is funded. DCFSA cannot be used prior to being deducted from your payroll check.

**You must re-enroll in your FSA every year!**

**If you contribute to a Medical FS in 2027, you can carry over up to \$660 to 2028.**

*If you have questions about how this policy works, reach out to the Benefits Team for more explanation.*

The Dependent Care FSA will continue to offer a grace period on 2027 contributions. You have until March 15, 2028, to incur childcare expenses. These claims must be submitted to WEX no later than April 30, 2028.

## DO THE MATH!

When deciding how much you would like to contribute, consider how much you want to deduct from each payroll check or how much you want to contribute annually.

If you have a total annual election in mind, divide that number by the remaining pay dates in the calendar year. Don't forget to consider how many paychecks you receive in a year (21 or 26).

Example:

*If you need \$500 for the year and have 26 paychecks remaining*

$\$500 \div 26 \text{ pay periods} = \$19.23 \text{ per paycheck}$

*Please note that FSA & HSA plans are regulated by the IRS. If you have any tax concerns or questions, please contact your tax advisor.*



# Medical FSA vs. HSA

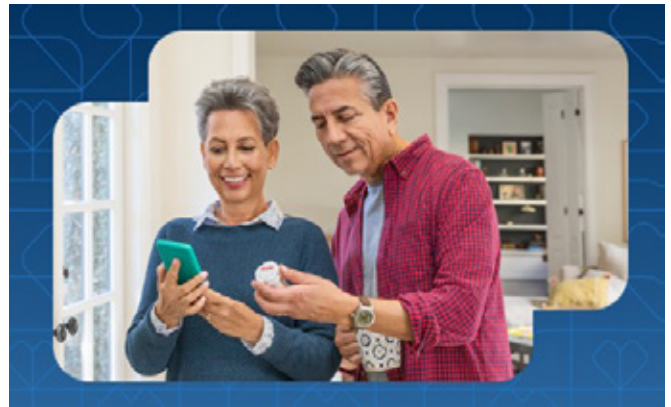
Comparison: HSA for Classified Staff who elect the HDHP

| Frequently Asked Questions                                                        | Flexible Spending Account                                                                                               | Health Savings Account                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is it?                                                                       | It's an account to help you pay for covered health care services and eligible medical expenses.                         | It's a personal bank account to help you save and pay for covered health care services and qualified medical expenses.                                                                                                 |
| What benefit plans allow for this?                                                | Certificated Select & Choice; Classified Select Basic, Select & Choice                                                  | Classified High Deductible Health Plan                                                                                                                                                                                 |
| How do I put money into the account?                                              | Your employer will take out pre-tax contributions from your paycheck and put it into the account.                       | You can make deposits like you do with other personal bank accounts. You can contribute pre-tax contributions from your paycheck.                                                                                      |
| Is there a limit on how much I can put into it?                                   | The CCS Individual limit on the FSA is \$3,300 annually regardless of which plan or coverage level the employee elects. | The IRS single limit is \$4,500. The family limit is \$9,000. (Employee must be on a family HDHP plan, and the spouse cannot carry another HSA.)                                                                       |
| What happens to the money if I leave CCS?                                         | Any contributions that haven't been used upon termination are forfeited.                                                | You own the account, and it follows you.                                                                                                                                                                               |
| When is the money available to spend?                                             | The entire elected amount is available to spend on the first day of the plan year.                                      | After 1/1/27, as you contribute.                                                                                                                                                                                       |
| What will happen if I don't spend the entire elected amount during the plan year? | Up to \$660 dollars of last year's FSA contributions will be rolled over into the next year.                            | Any unspent money left in your account can stay there and earn interest.                                                                                                                                               |
| Can I spend it on things other than healthcare?                                   | No, you cannot spend it on anything other than qualified medical expenses.                                              | No, as long as you are under the age of 65. If you use it for services other than qualified medical expenses, you could pay a 20% penalty tax. If you are over the age of 65, you can use it for pretty much anything. |

# Core Benefits-Rx

**\*New Program: Mandatory Maintenance Choice\***

## PHARMACY (Rx)



Columbus City Schools partners with CVS Caremark to manage our Prescription Drug Plans. If you elect medical coverage with CCS, you will automatically be enrolled in prescription drug coverage. You will have a prescription card that needs presented to your pharmacy. Participating network pharmacies include:



- Costco (Maintenance Choice)
- CVS (Maintenance Choice)
- Kroger (Maintenance Choice)
- Giant Eagle
- Discount Drug Mart
- Meijer
- Sam's Club
- Walgreens
- Walmart
- 185 Local Independent Pharmacies



### Mandatory Maintenance Choice Program

You need to fill the medications you take regularly -for things like diabetes, high blood pressure, asthma, etc.- in 90-day supplies at a select participating pharmacy or through mail order. (You can still fill the prescriptions you take for a limited time - such as antibiotics - at any participating pharmacy in the network.)

You can fill your 90-day supplies of maintenance medications at Costco, CVS, or Kroger. You do not need to be a member at Costco in order to fill prescriptions. If you would like the prescriptions to be mailed to your home, you can call the number on the back of your prescription card, go to caremark.com, or ask for assistance to change to mail order at your pharmacy.

### Information at your fingertips

Stay on track and look for savings using CVS digital tools. Request refills, get email and text alerts about your prescriptions, and check medication costs—all on your own time. Do it all at Caremark.com and the CVS Caremark mobile app.



**Download the Mobile App**



**Customer Service 833-268-1270**



**Learn More at [www.caremark.com](http://www.caremark.com)**



# Core Benefits-Dental

## DENTAL BENEFITS

Because oral health is so important, Columbus City Schools offers a dental plan to help you keep your mouth and your family's mouths healthy!

### Maximizing your Dental Benefits

To get the most out of your dental benefits, search [www.deltadentaloh.com](http://www.deltadentaloh.com) for a dentist that participates in the Delta Dental PPO or Delta Dental Premier Network. This will ensure hassle-free claim submission and protect you from unexpected balance billing from the dentist. You will likely save the most money when you visit a Delta Dental PPO Dentist.



Balance billing is when the nonparticipating dentist charges more than the insurance company allows.

The dentist may pass on the additional costs to you.

To find a network participating dentist: Visit [www.deltadentaloh.com](http://www.deltadentaloh.com) or call 1-800-524-0149.

NOTE: Eligibility for dependents covered under the CCS dental plan ends at the end of the month in which the dependent turns 26.

Delta Dental does NOT issue ID cards.

Tell your dentist you have Delta Dental to verify your coverage.

| Delta Dental PPO/Premier Dentist                                                               | Base Plan          | Out of Network – Subject to Balance Billing |
|------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------|
| <b>Plan Deductible</b>                                                                         | \$0                | \$0                                         |
| <b>Annual Calendar Maximum Benefit</b>                                                         | \$1,500 per person | \$1,500 per person                          |
| <b>Orthodontic Lifetime Maximum Benefit</b> no age restrictions                                | \$1,500 per person | \$1,500 per person                          |
| <b>Diagnostic &amp; Preventative</b>                                                           |                    |                                             |
| <b>Diagnostic and Preventive Services</b><br>exams, cleanings, fluoride, and space maintainers | 100%               | 100%                                        |
| <b>Emergency Palliative Treatment</b> to temporarily relieve pain                              | 100%               | 100%                                        |
| <b>Radiographs</b> X-rays                                                                      | 100%               | 100%                                        |
| <b>Sealants &amp; Brush Biopsies</b>                                                           | 100%               | 100%                                        |
| <b>Basic Service</b>                                                                           |                    |                                             |
| <b>Minor Restorative Services</b> Fillings and crown repair                                    | 80%                | 80%                                         |
| <b>Endodontic Services</b> Root canals                                                         | 80%                | 80%                                         |
| <b>Periodontic Services</b> To treat gum disease                                               | 80%                | 80%                                         |
| <b>Oral Surgery Services</b> Extractions and dental surgery                                    | 80%                | 80%                                         |
| <b>Major Restorative Services</b> Crowns                                                       | 80%                | 80%                                         |
| <b>Other Basic Services</b> Miscellaneous services                                             | 80%                | 80%                                         |
| <b>Relines and Repairs</b> To bridges, implants, and dentures                                  | 80%                | 80%                                         |
| <b>Major Service</b>                                                                           |                    |                                             |
| <b>Prosthodontic Service</b> Bridges, implants, and dentures                                   | 50%                | 50%                                         |

# Core Benefits-Vision

## VISION BENEFITS



Columbus City Schools partners with VSP to offer District employees two vision options: Base Plan and Buy-Up Plan. While both are great options, you might find one that better fits your needs.

- 1. Vision Base Plan** - This plan is 100% paid for by the District for most employees. (Latchkey Teachers and Job Share Teachers are required to pay a portion of the premium.)
- 2. Vision Buy-Up Plan** - This plan offers a more extensive vision option, and the premium for the additional benefits are covered 100% by the employee.

VSP also offers extra savings if you choose to buy your eyewear online at Eyeconic. Visit [www.eyeconic.com](http://www.eyeconic.com) for more information.

VSP does NOT issue ID cards.

Tell your vision provider you have VSP to verify your coverage.

**To find an in-network provider, visit the VSP website at [www.vsp.com](http://www.vsp.com).**

|                                                   | Base Plan                                                                        | Buy-Up Plan                                                      | Out-Of-Network<br>(Applies to both plans)              |
|---------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|
| <b>Routine Eye Exam</b>                           | \$10 (applies to exam and lenses materials)<br>Once every 24 months              | \$10 co-pay<br>Once every 12 months                              | Up to \$50<br>Follows frequency of in-network benefit  |
| <b>Frames</b>                                     | \$105 + 20% off any balance                                                      | \$150 + 20% off any balance                                      | Up to \$70<br>Follows frequency of in-network benefit  |
| <b>Single Vision Lenses</b>                       | Covered in full after \$10 copay<br>Once every 24 months                         | Covered in full after \$25 copay<br>Once every 12 months         | Up to \$50<br>Follows frequency of in-network benefit  |
| <b>Bifocal Lenses</b>                             | Covered in full after \$10 copay<br>Once every 24 months                         | Covered in full after \$25 copay<br>Once every 12 months         | Up to \$75<br>Follows frequency of in-network benefit  |
| <b>Trifocal Lenses</b>                            | Covered in full after \$10 copay<br>Once every 24 months                         | Covered in full after \$25 copay<br>Once every 12 months         | Up to \$100<br>Follows frequency of in-network benefit |
| <b>Lens Enhancements</b>                          | \$14-\$70 copay depending on enhancement<br>Once every 24 months                 | \$14-\$70 copay depending on enhancement<br>Once every 12 months | Not Available                                          |
| <b>Contact Lenses<br/>(In lieu of eyeglasses)</b> | \$105<br>Once every 24 months                                                    | \$150<br>Once every 12 months                                    | Up to \$105<br>Follows frequency of in-network benefit |
| <b>Progressive Lenses</b>                         | Standard: \$0 copay<br>Premium: \$80 - \$90 copay<br>Custom: \$120 - \$160 copay | Standard: \$0 copay<br>Premium: \$50 copay<br>Custom: \$50 copay | Not Available                                          |

# Core Benefits-Life Insurance

DISTRICT PAID

## GROUP TERM LIFE INSURANCE

Planning for your family's financial well-being can make you feel more confident about your future. Life Insurance can provide financial support to your beneficiaries in the event of your death. Columbus City Schools pays the full cost of your Basic Term Life Insurance coverage, and you may also purchase additional coverage for yourself to meet your needs. For more life insurance options in addition to the Supplemental Life Insurance described in the next column, please see the section of this guide regarding Whole Life Insurance (page 37).

### Available Services

Unum has two valuable additional services to help you and your loved ones make informed decisions during challenging times.

These resources can assist with end-of-life planning, financial decisions, and navigating insurance needs with guidance from experienced professionals. Travel assistance may also be available.

### Your Coverage

Basic Term Life Insurance – term life insurance paid for in full by the District and based on eligible employee type.

Supplemental Term Life Insurance – if eligible, you may elect to purchase additional term life insurance coverage for yourself in amounts based on eligible employee type.

### Supplemental Term Life Insurance

If you are an Executive, Certificated employee, Administrator, or Classified employee, you may purchase Supplemental Term Life Insurance equal to your Basic Term Life Insurance amount. Whether you are enrolling as a new employee or during Open Enrollment, no medical information is required. You pay for your Supplemental Term Life Insurance coverage with post-tax dollars through convenient payroll deductions. Please note that Tutors and Latchkey Teachers are not eligible to elect Supplemental Term Life Insurance.

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. Underwritten by Unum Life Insurance Company of America, Portland, ME Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



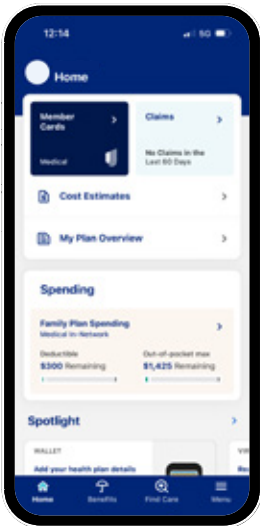
| Basic Life Plan Benefits               |                 |
|----------------------------------------|-----------------|
| Benefits Eligible Employee Type        | Coverage Amount |
| Full-time Certificated/ Administrators | \$50,000        |
| Part-time Certificated                 | \$25,000        |
| Full-time Classified                   | \$50,000        |
| Part-time Classified                   | \$25,000        |
| Tutors                                 | \$20,000        |

**The District paid Basic Life Insurance and the Supplemental Life Insurance with Unum is coverage on yourself.**

If you would like to cover your spouse or dependent child(ren), please see the Whole Life information on page 37.



# Go Mobile or Use the Website

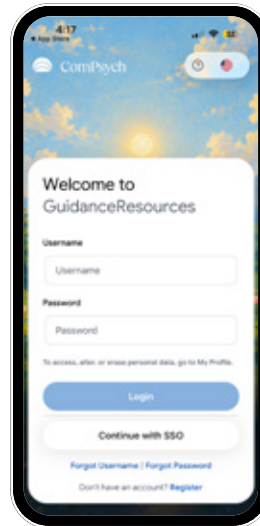


## United Healthcare

Download it today to get instant access to your health plan details. You can also go to [www.myuhc.com](http://www.myuhc.com).



- Find network care options for doctors, clinics and hospitals in your area.
- Talk to a doctor by video 24/7, or see reviews and ratings for doctors.
- Generate and share digital health plan ID cards.
- View claims and account balances.

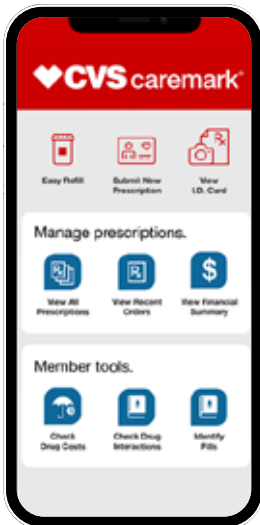


## GuidanceResources

The GuidanceResources portal [guidanceresources.com](http://guidanceresources.com) and app ensure you have the right support at the right time, and in the right way.



- Browse an extensive library of videos, articles, podcasts and slide shows.
- Schedule counseling, work-life, legal and financial guidance.
- Take the Assess Me journey to create your personalized Well-Bing plan.
- And much more!



## CVS Caremark

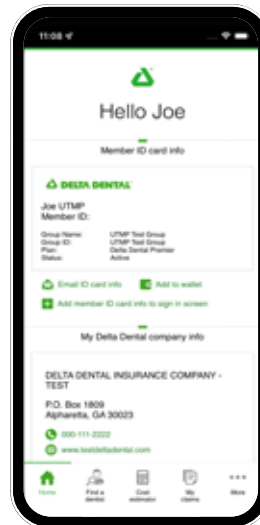
A simple and easy way to manage your prescriptions.

Use the app or go to [www.caremark.com](http://www.caremark.com).



### You can:

- Order refills for you or your family.
- Locate a network pharmacy.
- Price a medication
- Access ID card.



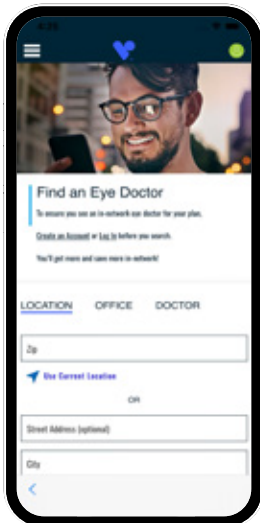
## Delta Dental

Use the app or go to [www.deltadentaloh.com](http://www.deltadentaloh.com) to get the most of your dental benefits anytime, anywhere.



### You can:

- Find a dentist.
- Access your ID card.
- Check claims.
- View coverage.
- Display virtual ID card.



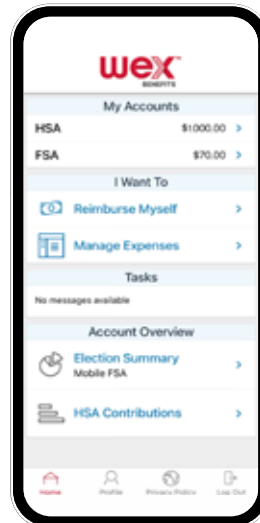
## VSP

Manage your eye care needs at any time, and from anywhere, with VSP Vision Care On The Go or [www.vsp.com](http://www.vsp.com).



### You can:

- Find a doctor.
- Check your coverage.
- Access your vision card.
- Shop the latest eye wear.



## WEX FSA/HSA

Enjoy real-time access to all your benefits accounts with the mobile app or [www.wexinc.com](http://www.wexinc.com).



### You can:

- View statements.
- Scan item bar code to check eligibility.
- Access ID card.
- Check balances and see account activity.
- Get instant notifications on claim statuses.
- Upload claim verification documents.



# Digital tools to help you get the most out of your health plan benefits



## Avery makes it easier to navigate your benefits

Your personalized digital tools – the UnitedHealthcare® app and [myuhc.com](https://myuhc.com)® – give you access to resources integrated with Avery, a digital resource for your health plan. Avery is an always-on intelligent assistant to help you maximize your benefits and provide quick answers – making it easier to find what you're looking for and take action.

- Review plan documents, like Explanation of Benefits and Health Statements
- Find quality network providers with Smart Choice search results, personalized to your preferences
- View and pay claims, understand your account balances and deductibles
- See your health plan ID card and add your plan details to your smartphone's digital wallet
- Understand cost estimates or average cost data and covered services before you get care
- Discover additional benefits to support your health and well-being available through your health plan
- Learn more about the programs and benefits that are available to you

## Register once to access both tools

Start by opening the UnitedHealthcare app or going to [myuhc.com](https://myuhc.com) and then:

- Tap **Create account** on the app, or select **Register Now** on the website
- To create your account, fill in the required fields and follow the **protect your account** steps
- Enter your identification number, create password and agree to the terms and conditions

Now that you're registered, you'll be able to manage your plan all year long.

United  
Healthcare®



# *Real Appeal*

**The Real Appeal Program is available to those enrolled in a CCS Medical Plan.**

Visit [ColumbusCitySchools.realappeal.com](https://ColumbusCitySchools.realappeal.com) or scan the QR code to sign up today!



## **Fitness on Demand**

Get moving and motivated with hundreds of on-demand workouts, available anytime, anywhere at no additional cost.



## **Online Coaching**

Set fitness goals and track progress with the help of a coach.



## **Success Kit**

Start your health journey with scales, a balanced portion plate, and access to online fitness content.



# For every cancer treatment, question and step forward

If you or a covered loved one is diagnosed with cancer, you're not alone. With the UnitedHealthcare Cancer Support Program, we're with you through it all.



## Your cancer support team

Dedicated cancer nurses are here to listen, answer questions and provide helpful information so you can make confident, informed decisions about care. They can help you:

- Understand treatment options and medications
- Receive emotional support designed for your well-being and to help you navigate conversations with your loved ones
- Connect through secure video calls or text messaging for convenient, personalized support
- Manage symptoms and side effects
- Connect with a dedicated social worker to access financial resources, transportation assistance and additional tools to address individual needs
- Explore a digital library of cancer-specific content

## Get connected

Call **1-866-936-6002**, TTY **711**, Monday-Friday, 7 a.m.-7 p.m. CT  
or visit [myuhc.phs.com/cancerprograms](https://myuhc.phs.com/cancerprograms)

**United  
Healthcare®**

Cancer Support Program is a program, not insurance. Availability may vary on a location-by-location basis and is subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. Please check with your UnitedHealthcare representative.

Advocate services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

Member story is actual member results. Individual results may vary. Health outcomes not guaranteed.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

# CCS Staff Wellness Initiative



**HEALTHY BODIES  
ACTIVE MINDS**  
COLUMBUS CITY SCHOOLS

Visit the Wellness Website for the most up-to-date resources and programming opportunities

## About Us

### Mission:

To become a national school district model for health and wellness.

### Vision:

Because we know that the social, emotional, and physical wellness of students and staff is vital to student success, the CCS organizational culture will support wellness, and our district will serve as a national school district model for health and wellness.

### 10 Dimensions of Wellness:

Our Staff Wellness Initiative team designs programming around the ten dimensions of wellness:

- ✓ Physical
- ✓ Spiritual
- ✓ Intellectual
- ✓ Financial
- ✓ Emotional
- ✓ Career
- ✓ Cultural
- ✓ Creative
- ✓ Social
- ✓ Environmental



### For All Staff

Any staff member can participate or request Wellness programming.



### Earn Rewards

Earn incentives by participating in Wellness programming.



### Connect with Staff

Meet colleagues from across the District.



### Your Feedback Matters

We want to hear your feedback! Let us know what programming you would like to see offered to you.

[ccsoh.us/wellness](https://ccsoh.us/wellness)



3700 S. High St.



[ccsoh.us/wellness](https://ccsoh.us/wellness)

26



[wellness@columbus.k12.oh.us](mailto:wellness@columbus.k12.oh.us)

# DIETITIANS ON DEMAND

**Provided at no cost to you**

**ALL CCS employees are eligible**

## Our Services:

Private sessions with a ✓

Registered Dietitian

Flexible schedule ✓

Individualized coaching and ✓  
customized education: Weight

Management, Blood Pressure

Control, Blood Sugar Regulation,

& more

## Get started today!

CONTACT ELANA BURAK

Call: 614-437-2912 Email: [eburak@lifecarealliance.org](mailto:eburak@lifecarealliance.org)

Self-Referral:

<https://www.lifecarealliance.org/dietitianondemand/> OR

Scan the QR Code



# Your Dedicated Nurse

Not sure where to start with your health benefits?  
Looking for a primary care provider?  
Have questions about a diagnosis or screening?

Grace is here to help.

As Columbus City School's dedicated Health Engagement Nurse, Grace provides one-on-one guidance to help you navigate your benefits, connect with resources, and achieve your health goals, all at no cost.

## How can Grace help?

You might contact Grace if you...

- ✓ Need help finding a doctor or specialist
- ✓ Have questions about your health benefits
- ✓ Want to lower your blood pressure, cholesterol or blood sugar
- ✓ Need encouragement to reach a health goal
- ✓ Aren't sure where to go for care
- ✓ Want to understand what preventive screenings you should schedule
- ✓ Simply don't know where to start

## Your privacy matters.

Conversations with Grace are completely private and confidential.

None of your personal information will be shared with CCS. All of your personal health information will be protected in accordance with HIPAA.



"My goal is simple: to make it easier for you to get the care and support you need. Whether you have a quick question or want ongoing health coaching, I'm here to help."

- Grace Crawford, MHA, BSN, RN

## Reach Out to Grace:



Call/Text (614) 867-6567



gcrawford1@columbus.k12.oh.us

# Life is challenging. Your Employee Assistance Program (EAP) can *help*.

## EAP Services:



### Confidential Counseling

- Anxiety, depression, stress
- Grief, loss, life adjustments
- Relationship/marital conflicts



### Work and Lifestyle Support

- Child, elder, and pet care
- Moving and relocation
- Shelters, government assistance



### Legal Guidance

- Divorce, adoption, family law
- Wills, trusts, estate planning
- Free consultation and discounted local representation



### Financial Resources

- Financial planning, retirement, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy



### Digital Tools and Support

- Immediate connection to counseling, work-life support, and more
- Personalized guided behavioral health and well-being programs
- Interactive articles, videos, on-demand trainings, digital self-care tools
- Accessible resources for anxiety, stress, mindfulness, sleep, and more



### Well-Being Support

- One-on-one Well-Being Coaching for positive lifestyle changes
- Personalized Health Assessment to identify risks and areas for improvement
- Interactive activities to improve mental well-being
- Guidance for nutrition and exercise, motivation, overall well-being

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# Classified Employees & Classified Supervisors

## Medical & Pharmacy Summary

|                                                                | Select Basic                                                                                                                                                                      | Choice                                                             |                                                           | HDHP                                                                                       |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Benefit                                                        |                                                                                                                                                                                   | Network                                                            | Non-Network                                               |                                                                                            |
| Choice of Physician                                            | Member selects a physician from the network                                                                                                                                       | Member selects a physician from the network                        | Member selects a non-network physician at a lower benefit | Member selects a physician from the network                                                |
|                                                                | Annual Medical Deductible – Deductible applies except for services with a copay unless otherwise noted                                                                            |                                                                    |                                                           |                                                                                            |
| Medical Deductible Individual/Family                           | \$750/\$1500                                                                                                                                                                      | \$750/\$1500                                                       | \$2,000/\$4,000                                           | In-Network: \$1,750/\$3,500 Out-of-Network: \$3,500/\$7,000                                |
| Annual Out-Of-Pocket Maximum (OOP)                             | Network medical copayments will accumulate to the Out-Of-Pocket Maximum along with any applicable medical deductibles and coinsurance. (See Pharmacy Out-Of-Pocket Maximum below) |                                                                    |                                                           |                                                                                            |
| Medical OOP Individual/Family                                  | \$2,500/\$5,000                                                                                                                                                                   | \$2,500/\$5,000                                                    | \$3,500/\$7,000                                           | In-Network: \$1,750/\$3,500 Out-of-Network: \$3,500/\$7,000                                |
| Preventive Care Services<br>(Routine preventive care services) | \$0 Copay                                                                                                                                                                         | \$0 Copay                                                          | Not Covered                                               | \$0 before deductible                                                                      |
| Physician Office Visits                                        | \$20 Copay                                                                                                                                                                        | \$20 Copay                                                         | 30% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| Specialist Office Visits                                       | \$45 Copay                                                                                                                                                                        | \$45 Copay                                                         | 30% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| Urgent Care Visits                                             | \$75 Copay                                                                                                                                                                        | \$75 Copay                                                         | Not Covered                                               | 100% until deductible met then \$0                                                         |
| Hospital Emergency Room                                        | \$300 Copay (waived if admitted)                                                                                                                                                  | \$300 Copay (waived if admitted)                                   | \$300 Copay (waived if admitted)                          | 100% until deductible met then \$0                                                         |
| Inpatient Facility Services                                    | 20% Coinsurance after deductible                                                                                                                                                  | 20% Coinsurance after deductible 60 day combined PM&R limit        | 30% Coinsurance after deductible 60 day PM&R limit        | 100% until deductible met then \$0                                                         |
| Outpatient Facility Services                                   | 20% Coinsurance after deductible                                                                                                                                                  | 20% Coinsurance after deductible                                   | 30% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| Chiropractic Services<br>(30 visits/year)                      | \$20 Copay                                                                                                                                                                        | \$20 Copay                                                         | 30% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| Physical & Occupational Therapy<br>(60 visits/year combined)   | \$20 Copay                                                                                                                                                                        | \$20 Copay                                                         | 30% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| Speech Therapy (20 visits/year)                                | \$20 Copay                                                                                                                                                                        | \$20 Copay                                                         | 30% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| DME – Medical Supplies, Equipment, & Appliances                | 20% Coinsurance after deductible                                                                                                                                                  | 20% Coinsurance after deductible                                   | 30% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| Human Organ/Tissue Transplant                                  | Plan pays 100%                                                                                                                                                                    | Plan pays 100%                                                     | Not Covered                                               | 100% until deductible met then \$0                                                         |
| Hearing Aids                                                   | \$0 Copay                                                                                                                                                                         | \$0 Copay                                                          | 30% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| Mental Health/Substance Abuse Inpatient Services               | 20% Coinsurance after deductible                                                                                                                                                  | 20% Coinsurance after deductible                                   | 20% Coinsurance after deductible                          | 100% until deductible met then \$0                                                         |
| Mental Health/Substance Abuse Office Visits                    | \$20 Copay                                                                                                                                                                        | \$20 Copay                                                         | 30% Coinsurance                                           | 100% until deductible met then \$0                                                         |
| Home Health Care                                               | 0% Coinsurance after deductible                                                                                                                                                   | 0% Coinsurance after deductible                                    | 0% Coinsurance after deductible (30 visit limit/year)     | 100% until deductible met then \$0                                                         |
| Hospice Services                                               | 100% Covered                                                                                                                                                                      | 100% Covered                                                       | 100% Covered                                              | 100% until deductible met then \$0                                                         |
| Pharmacy OOP Individual/Family                                 | \$1,500/\$3,000                                                                                                                                                                   | \$1,500/\$3,000                                                    | \$1,800/\$3,000                                           | 100% until deductible met then \$0<br>*Select generic preventive drugs offered at no cost. |
| Diabetic/Asthmatic Supplies                                    | \$0 Copay                                                                                                                                                                         | \$0 Copay                                                          | 50% Coinsurance                                           | Not Covered                                                                                |
| Prescription Drugs Retail Pharmacy (30 day supply)             | \$7 Generic/<br>\$18 Brand Preferred/<br>\$35 Brand Non-Preferred                                                                                                                 | \$7 Generic/<br>\$18 Brand Preferred/<br>\$35 Brand Non-Preferred  | 50% Coinsurance                                           | 100% until deductible met then \$0                                                         |
| Prescription Drugs Retail Pharmacy (90 day supply)             | \$14 Generic/<br>\$35 Brand Preferred/<br>\$70 Brand Non-Preferred                                                                                                                | \$14 Generic/<br>\$35 Brand Preferred/<br>\$70 Brand Non-Preferred | Not Covered                                               | 100% until deductible met then \$0                                                         |
| Dependent Child Age                                            | Up to age 26                                                                                                                                                                      |                                                                    |                                                           |                                                                                            |

Note: Above summaries are for reference only. Please consult Summary Plan Document, amendments, and riders for exact plan benefits.

# Classified Employees & Supervisors

## 2027 Contributions Per Pay

### MEDICAL

| 21 Pay Plan                                                                   | Select Basic | Choice   | HDHP     |
|-------------------------------------------------------------------------------|--------------|----------|----------|
| Employee Only                                                                 | \$18.13      | \$81.39  | \$146.35 |
| Employee + Child                                                              | \$36.14      | \$162.28 | \$291.23 |
| Employee + Spouse ( <i>Grandfathered Rates</i> )**                            | \$36.14      | \$162.28 | N/A      |
| Employee + Spouse*                                                            | \$360.71     | \$486.85 | \$291.23 |
| Employee + Children                                                           | \$53.34      | \$239.45 | \$430.26 |
| Family ( <i>Employee + Spouse &amp; Children</i> ) ( <i>Grandfathered</i> )** | \$53.34      | \$239.45 | N/A      |
| Family ( <i>Employee + Spouse &amp; Children</i> )*                           | \$532.22     | \$718.33 | \$430.26 |

| 26 Pay Plan                                                                   | Select Basic | Choice   | HDHP     |
|-------------------------------------------------------------------------------|--------------|----------|----------|
| Employee Only                                                                 | \$14.64      | \$65.74  | \$118.20 |
| Employee + Child                                                              | \$29.19      | \$131.07 | \$235.22 |
| Employee + Spouse ( <i>Grandfathered Rates</i> )**                            | \$29.19      | \$131.07 | N/A      |
| Employee + Spouse*                                                            | \$291.35     | \$393.23 | \$235.22 |
| Employee + Children                                                           | \$43.08      | \$193.40 | \$347.51 |
| Family ( <i>Employee + Spouse &amp; Children</i> ) ( <i>Grandfathered</i> )** | \$43.08      | \$193.40 | N/A      |
| Family ( <i>Employee + Spouse &amp; Children</i> )*                           | \$429.87     | \$580.19 | \$347.51 |

\*OAPSE bargaining unit members or Classified Supervisors who add their spouse after April 30, 2010 will pay a higher contribution rate to include their spouse for medical coverage.

\*\*OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, who have continuously covered their spouse on their medical coverage since April 30, 2010, shall be allowed to continue spousal coverage at these lower rates during their continuous employment with the district.

### DENTAL

|               | 21 Pay Plan | 26 Pay Plan |
|---------------|-------------|-------------|
| Employee Only | \$4.80      | \$3.88      |
| Family        | \$4.80      | \$3.88      |

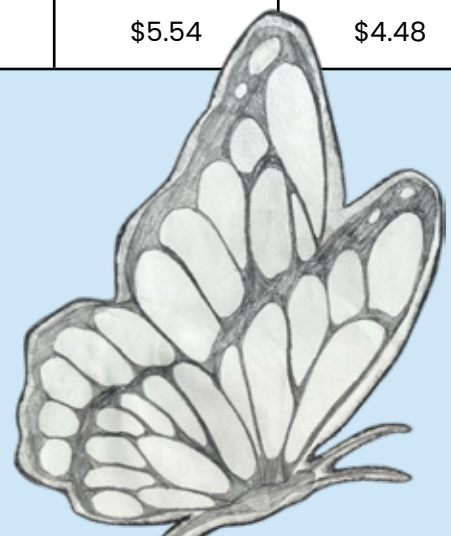
### LIFE INSURANCE

|                                                 | 21 Pay Plan | 26 Pay Plan |
|-------------------------------------------------|-------------|-------------|
| Basic Life \$50,000<br>( <i>District Paid</i> ) | \$0.00      | \$0.00      |
| Supplemental<br>Life \$50,000                   | \$5.54      | \$4.48      |

### VISION BUY-UP

The Base Vision plan  
is paid 100% by the District.

|                   | 21 Pay Plan | 26 Pay Plan |
|-------------------|-------------|-------------|
| Employee Only     | \$4.13      | \$3.33      |
| Employee +1       | \$8.25      | \$6.67      |
| Employee + Family | \$13.30     | 10.74       |



# Certificated Employees & Administrators

## Medical & Pharmacy Summary

|                                                                                                               | Select                                                                                                             | Choice                                                                                                   |                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Benefit                                                                                                       |                                                                                                                    | Network                                                                                                  | Non-Network                                                                      |
| Choice of Physician                                                                                           | Member selects a physician from the network                                                                        | Member selects a physician from the network                                                              | Member can also receive care from non-network providers at a lower benefit level |
| <b>Annual Medical Deductible – Deductible applies except for services with a copay unless otherwise noted</b> |                                                                                                                    |                                                                                                          |                                                                                  |
| Medical Deductible Individual/Family                                                                          | \$2,000/\$4,000                                                                                                    | \$2,000/\$4,000                                                                                          | \$2,000/\$4,000                                                                  |
| Annual Out-Of-Pocket Maximum (OOP)                                                                            | Network medical and pharmacy copayments, deductibles and coinsurance will accumulate to the Out-Of-Pocket Maximum. |                                                                                                          |                                                                                  |
| Medical OOP Individual/Family                                                                                 | \$6,000/\$12,000                                                                                                   | \$6,000/\$12,000                                                                                         | \$7,000/\$14,000                                                                 |
| <b>Preventive Care Services</b><br>(Routine preventive care services)                                         | \$0 Copay                                                                                                          | \$0 Copay                                                                                                | Not Covered                                                                      |
| Primary Care Physician Office Visits                                                                          | \$20 Copay                                                                                                         | \$20 Copay                                                                                               | 30% Coinsurance after deductible                                                 |
| Specialist Office Visits                                                                                      | \$40 Copay                                                                                                         | \$40 Copay                                                                                               | 30% Coinsurance after deductible                                                 |
| Urgent Care Visits                                                                                            | \$30 Copay                                                                                                         | \$30 Copay                                                                                               | Not Covered                                                                      |
| Hospital Emergency Room                                                                                       | \$300 Copay (waived if admitted)                                                                                   | \$300 Copay (waived if admitted)                                                                         | \$300 Copay (waived if admitted)                                                 |
| Inpatient Facility Services                                                                                   | 20% Coinsurance after deductible<br>No Physical Medicine & Rehabilitation (PM&R) limit                             | 20% Coinsurance after deductible<br>60 day combined PM&R limit                                           | 30% Coinsurance after deductible 60 day combined PM&R limit                      |
| Outpatient Facility Services                                                                                  | 20% Coinsurance after deductible                                                                                   | 20% Coinsurance after deductible                                                                         | 30% Coinsurance after deductible                                                 |
| Chiropractic Services (30 visits/year)                                                                        | \$20 Copay                                                                                                         | \$20 Copay                                                                                               | 30% Coinsurance after deductible                                                 |
| Physical & Occupational Therapy (60 visits/year combined)                                                     | \$20 Copay                                                                                                         | \$20 Copay                                                                                               | 30% Coinsurance after deductible                                                 |
| Speech Therapy (20 visits/year)                                                                               | \$20 Copay                                                                                                         | \$20 Copay                                                                                               | 30% Coinsurance after deductible                                                 |
| DME – Medical Supplies, Equipment, & Appliances                                                               | 20% Coinsurance after deductible                                                                                   | 20% Coinsurance after deductible                                                                         | 30% Coinsurance after deductible                                                 |
| Human Organ/Tissue Transplant                                                                                 | Plan pays 100%                                                                                                     | Plan pays 100%                                                                                           | Not Covered                                                                      |
| Hearing Aids                                                                                                  | \$0 Copay                                                                                                          | \$0 Copay                                                                                                | 30% Coinsurance after deductible                                                 |
| Mental Health/Substance Abuse Inpatient Services                                                              | 20% Coinsurance after deductible                                                                                   | 20% Coinsurance after deductible                                                                         | 30% Coinsurance after deductible                                                 |
| Mental Health/Substance Abuse Office Visits                                                                   | \$20 Copay                                                                                                         | \$20 Copay                                                                                               | 30% Coinsurance after deductible                                                 |
| Hospice Care                                                                                                  | Plan pays 100%                                                                                                     | Plan pays 100%                                                                                           |                                                                                  |
| Home Health Care                                                                                              | 20% Coinsurance after deductible                                                                                   | 20% Coinsurance after deductible                                                                         | 30% Coinsurance after deductible                                                 |
| Pharmacy OOP Individual/Family                                                                                | \$1,500/\$3,000                                                                                                    | \$1,500/\$3,000                                                                                          | \$1,500/\$3,000                                                                  |
| Diabetic/Asthmatic Supplies                                                                                   | \$0 Copay                                                                                                          | \$0 Copay                                                                                                | Not Covered                                                                      |
| Prescription Drugs Retail Pharmacy (30 day supply)                                                            | \$20 Generic/\$40 Brand Preferred/<br>\$80 Brand Non-Preferred/<br>Specialty 30% (\$200 min, \$400 max)            | \$20 Generic/\$40 Brand Preferred/<br>\$80 Brand Non-Preferred/<br>Specialty 30% (\$200 min, \$400 max)  | 50% Coinsurance                                                                  |
| Prescription Drugs Retail Pharmacy (90 day supply)                                                            | \$40 Generic/\$80 Brand Preferred/<br>\$160 Brand Non-Preferred/<br>Specialty 30% (\$400 min, \$800 max)           | \$40 Generic/\$80 Brand Preferred/<br>\$160 Brand Non-Preferred/<br>Specialty 30% (\$400 min, \$800 max) | Not Covered                                                                      |
| Dependent Child Age                                                                                           | Up to age 26                                                                                                       |                                                                                                          |                                                                                  |

Note: Above summaries are for reference only. Please consult Summary Plan Document, amendments, and riders for exact plan benefits.

# Certificated & Administrators

## 2027 Contributions Per Pay

### MEDICAL

| 21 Pay Plan                                                                   | Select   | Choice   |
|-------------------------------------------------------------------------------|----------|----------|
| Employee Only                                                                 | \$70.63  | \$82.63  |
| Employee + Child                                                              | \$140.84 | \$164.76 |
| Employee + Spouse ( <i>Grandfathered Rates</i> )**                            | \$140.84 | \$164.76 |
| Employee + Spouse*                                                            | \$394.30 | \$418.22 |
| Employee + Children                                                           | \$207.80 | \$243.11 |
| Family ( <i>Employee + Spouse &amp; Children</i> ) ( <i>Grandfathered</i> )** | \$207.80 | \$243.11 |
| Family ( <i>Employee + Spouse &amp; Children</i> )*                           | \$581.76 | \$617.07 |

| 26 Pay Plan                                                                   | Select   | Choice   |
|-------------------------------------------------------------------------------|----------|----------|
| Employee Only                                                                 | \$57.04  | \$66.73  |
| Employee + Child                                                              | \$113.75 | \$133.07 |
| Employee + Spouse ( <i>Grandfathered Rates</i> )**                            | \$113.75 | \$133.07 |
| Employee + Spouse*                                                            | \$318.47 | \$337.79 |
| Employee + Children                                                           | \$167.84 | \$196.36 |
| Family ( <i>Employee + Spouse &amp; Children</i> ) ( <i>Grandfathered</i> )** | \$167.84 | \$196.36 |
| Family ( <i>Employee + Spouse &amp; Children</i> )*                           | \$469.88 | \$498.40 |

\*CEA bargaining unit members or Administrators who add their spouse after May 31, 2009 will pay a higher contribution rate to include their spouse for medical coverage.

\*\*CEA bargaining unit members or Administrators as of May 31, 2009, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their medical coverage since May 31, 2009, shall be allowed to continue spousal coverage at these lower rates during their continuous employment with the district.

### DENTAL

|               | 21 Pay Plan | 26 Pay Plan |
|---------------|-------------|-------------|
| Employee Only | \$4.80      | \$3.88      |
| Family        | \$4.80      | \$3.88      |

### LIFE INSURANCE

|                                                 | 21 Pay Plan | 26 Pay Plan |
|-------------------------------------------------|-------------|-------------|
| Basic Life \$50,000<br>( <i>District Paid</i> ) | \$0.00      | \$0.00      |
| Supplemental Life \$50,000                      | \$5.54      | \$4.48      |

### VISION BUY-UP

The Base Vision plan is paid 100% by the District.

|                   | 21 Pay Plan | 26 Pay Plan |
|-------------------|-------------|-------------|
| Employee Only     | \$4.13      | \$3.33      |
| Employee +1       | \$8.25      | \$6.67      |
| Employee + Family | \$13.30     | \$10.74     |



# Eligible Tutors

## 2027 Contributions Per Pay

### MEDICAL

| 21 Pay Plan                             | Select   | Choice   |
|-----------------------------------------|----------|----------|
| <b>Tutors (15-25 scheduled hours)</b>   |          |          |
| Employee Only                           | \$324.87 | \$336.87 |
| Employee + One (Child or Spouse)        | \$647.78 | \$671.70 |
| Family (Employee + Spouse & Children)*  | \$955.71 | \$991.02 |
| <b>Tutors (Over 25 scheduled hours)</b> |          |          |
| Employee Only                           | \$185.03 | \$197.03 |
| Employee + One (Child or Spouse)        | \$368.95 | \$392.87 |
| Family (Employee + Spouse & Children)*  | \$544.35 | \$579.66 |

| 26 Pay Plan                             | Select   | Choice   |
|-----------------------------------------|----------|----------|
| <b>Tutors (15-25 scheduled hours)</b>   |          |          |
| Employee Only                           | \$262.39 | \$272.08 |
| Employee + One (Child or Spouse)        | \$523.20 | \$542.53 |
| Family (Employee + Spouse & Children)*  | \$771.92 | \$800.44 |
| <b>Tutors (Over 25 scheduled hours)</b> |          |          |
| Employee Only                           | \$149.45 | \$159.13 |
| Employee + One (Child or Spouse)        | \$297.99 | \$317.31 |
| Family (Employee + Spouse & Children)*  | \$439.67 | \$468.19 |

### DENTAL

|                               | 21 Pay Plan | 26 Pay Plan |
|-------------------------------|-------------|-------------|
| Employee Only (15-25 hours)   | \$23.94     | \$19.33     |
| Family (15-25 hours)          | \$23.94     | \$19.33     |
| Employee Only (Over 25 hours) | \$13.40     | \$10.82     |
| Family (Over 25 hours)        | \$13.40     | \$10.82     |

### LIFE INSURANCE

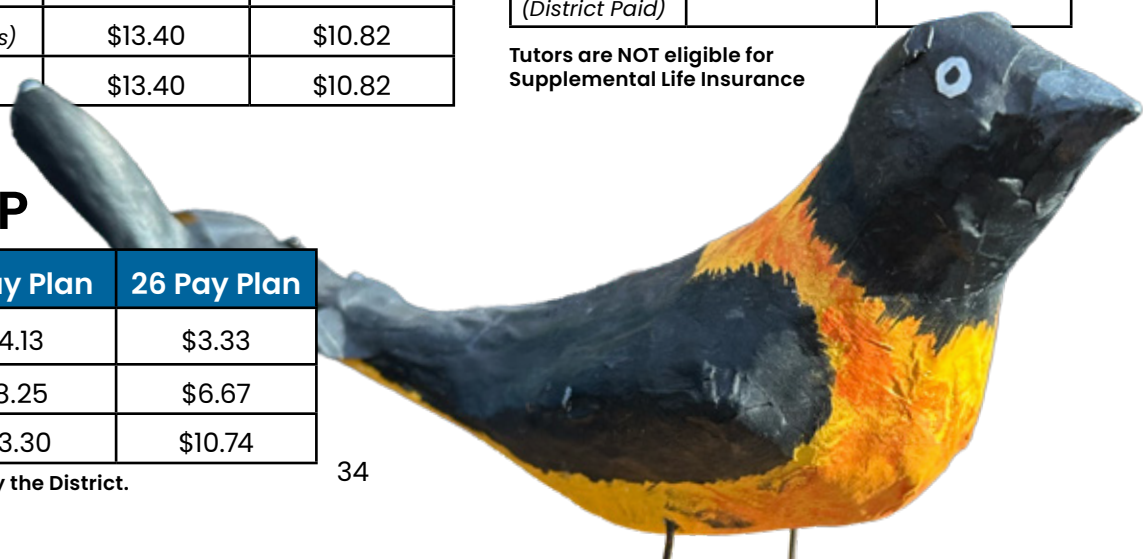
|                                           | 21 Pay Plan | 26 Pay Plan |
|-------------------------------------------|-------------|-------------|
| Basic Life<br>\$50,000<br>(District Paid) | \$0.00      | \$0.00      |

Tutors are NOT eligible for Supplemental Life Insurance

### VISION BUY-UP

|                   | 21 Pay Plan | 26 Pay Plan |
|-------------------|-------------|-------------|
| Employee Only     | \$4.13      | \$3.33      |
| Employee +1       | \$8.25      | \$6.67      |
| Employee + Family | \$13.30     | \$10.74     |

The Base Vision plan is paid 100% by the District.



# Latchkey Teachers

## 2027 Contributions Per Pay

### MEDICAL

| 21 Pay Plan                                        | Select   | Choice   |
|----------------------------------------------------|----------|----------|
| Employee Only                                      | \$185.03 | \$197.03 |
| Employee + One ( <i>Child or Spouse</i> )          | \$368.95 | \$392.87 |
| Family ( <i>Employee + Spouse &amp; Children</i> ) | \$544.35 | \$579.66 |

| 26 Pay Plan                                        | Select   | Choice   |
|----------------------------------------------------|----------|----------|
| Employee Only                                      | \$149.45 | \$159.13 |
| Employee + One ( <i>Child or Spouse</i> )          | \$297.99 | \$317.31 |
| Family ( <i>Employee + Spouse &amp; Children</i> ) | \$439.67 | \$468.19 |

### DENTAL

|               | 21 Pay Plan | 26 Pay Plan |
|---------------|-------------|-------------|
| Employee Only | \$13.40     | \$10.82     |
| Family        | \$13.40     | \$10.82     |

### VISION BASE

|                   | 21 Pay Plan | 26 Pay Plan |
|-------------------|-------------|-------------|
| Employee Only     | \$0.58      | \$0.48      |
| Employee +1       | \$1.16      | \$0.94      |
| Employee + Family | \$1.86      | \$1.51      |

### VISION BUY-UP

The Base Vision plan is paid 100% by the District.

|                   | 21 Pay Plan | 26 Pay Plan |
|-------------------|-------------|-------------|
| Employee Only     | \$4.71      | \$3.81      |
| Employee +1       | \$9.41      | \$7.61      |
| Employee + Family | \$15.16     | \$12.25     |

**NOTE:** Latchkey Teachers are NOT eligible for Basic or Supplemental Life Insurance.

# Job Share Teachers & 50/50 Employees

## 2027 Contributions Per Pay

### MEDICAL

| 21 Pay Plan                                                        | Select     | Choice     |
|--------------------------------------------------------------------|------------|------------|
| Employee Only                                                      | \$356.00   | \$368.63   |
| Employee + Child                                                   | \$711.11   | \$735.03   |
| Employee + Spouse <i>(Grandfathered Rates)**</i>                   | \$711.11   | \$735.03   |
| Employee + Spouse*                                                 | \$837.83   | \$861.75   |
| Employee + Children                                                | \$1,049.20 | \$1,084.50 |
| Family <i>(Employee + Spouse &amp; Children) (Grandfathered)**</i> | \$1,049.20 | \$1,084.50 |
| Family <i>(Employee + Spouse &amp; Children)*</i>                  | \$1,236.17 | \$1,271.48 |

| 26 Pay Plan                                                        | Select   | Choice     |
|--------------------------------------------------------------------|----------|------------|
| Employee Only                                                      | \$287.54 | \$297.73   |
| Employee + Child                                                   | \$574.35 | \$593.67   |
| Employee + Spouse <i>(Grandfathered Rates)**</i>                   | \$574.35 | \$593.67   |
| Employee + Spouse*                                                 | \$676.71 | \$696.03   |
| Employee + Children                                                | \$847.43 | \$875.95   |
| Family <i>(Employee + Spouse &amp; Children) (Grandfathered)**</i> | \$847.43 | \$875.95   |
| Family <i>(Employee + Spouse &amp; Children)*</i>                  | \$998.45 | \$1,026.97 |

\*CEA bargaining unit members or Administrators who add their spouse after May 31, 2009 will pay a higher contribution rate to include their spouse for medical coverage.

\*\*CEA bargaining unit members or Administrators as of May 31, 2009, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their medical coverage since May 31, 2009, shall be allowed to continue spousal coverage at these lower rates during their continuous employment with the district.

### DENTAL

|               | 21 Pay Plan | 26 Pay Plan |
|---------------|-------------|-------------|
| Employee Only | \$26.33     | \$21.26     |
| Family        | \$26.53     | \$21.26     |

### LIFE INSURANCE

|                     | 21 Pay Plan | 26 Pay Plan |
|---------------------|-------------|-------------|
| Basic Life \$25,000 | \$0.00      | \$0.00      |
| Supp. Life \$25,000 | \$2.77      | \$2.24      |

### VISION BASE 50%

|                   | 21 Pay Plan | 26 Pay Plan |
|-------------------|-------------|-------------|
| Employee Only     | \$1.03      | \$0.84      |
| Employee +1       | \$2.08      | \$1.67      |
| Employee + Family | \$3.33      | \$2.69      |

### VISION BUY-UP

|                   | 21 Pay Plan | 26 Pay Plan |
|-------------------|-------------|-------------|
| Employee Only     | \$5.16      | \$4.17      |
| Employee +1       | \$10.33     | \$8.34      |
| Employee + Family | \$16.63     | \$13.43     |

# Voluntary Benefits



Voluntary Benefits are additional insurance products available for purchase. You can pay for these benefits through convenient, after-tax payroll deductions.

If you are an eligible employee working over 20 hours per week, you may purchase many of these plans with no medical underwriting to qualify for coverage. Proof of good health may be required for late entry into the plan. Tutors are not eligible for Voluntary Benefits. **Voluntary Benefits for all employees – even Bus Driver Trainees – begin on the first day of the month following 30 days of service.**

## How to Enroll

**For 2026 Open Enrollment, see page 6-7.**

Employees can access the bswift site ([columbuscityschools.bswift.com](https://columbuscityschools.bswift.com)) to self-enroll in Voluntary Benefits or schedule an appointment with an iBTR Enrollment Counselor who can assist in completing the enrollment process. You must do this within 30 days of your hire/eligibility date.

Schedule an appointment by visiting: <https://columbuscityschools.newhireenrollment.net> or by calling 614-401-5172.

## Disability Insurance

Disability insurance is designed to help provide financial support by replacing a portion of your income if you are unable to work due to a covered non-work-related illness or injury.

### Short-Term Disability (STD)

For many households, even a short interruption in income can create financial strain. Unum Group STD weekly benefits begin after 14 days of disability due to a covered non-work-related illness or injury. You may select a weekly benefit amount up to \$1,400, not to exceed 60% of your income, for up to 26 weeks. If you enroll as a new hire, no medical underwriting is required to qualify for coverage. *Proof of good health is required if you enroll anytime after your new hire enrollment.*

### Long-Term Disability (LTD)

Long-Term Disability coverage typically begins, where Short-Term Disability coverage leaves off, providing benefits for covered illnesses or injuries that have longer recovery periods. Long-Term Disability provides income protection after 180 days of a continuous disability. You are eligible to receive 60% of your pay up to \$10,000 per month.

## STD & LTD Plan Costs

You pay for the STD & LTD plans through convenient payroll deductions. For cost information, log in to the bswift site ([columbuscityschools.bswift.com](https://columbuscityschools.bswift.com)) or discuss costs with your iBTR Benefit Counselor when you enroll.

## Accident Insurance

Accident Insurance provides a lump-sum benefit for covered injuries and medical services resulting from an accident that occurs on or off the job. The benefit amount varies based on the type of injury and care received. This employee-paid coverage gives you the flexibility to use the benefit as needed.

### Plan Features

- Guaranteed Issue – no medical underwriting to qualify for coverage.
- Flexible – You can use the benefit payments as you see fit.
- Payroll deductions: Premiums are paid through convenient payroll deductions.
- Portable – If you leave your current employer or retire, you can take your coverage with you. In Ohio, ported coverage will terminate if the employer policy terminates.

### Plan Benefits with Accident Coverage

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time.

*Note: there may be some variations by state.*

- Hospital admission
- Treatment for burns
- Care for concussions
- Support for fractures
- Assistance with lacerations
- Recovery care services
- Accidental Death & Dismemberment Coverage

### Be Well Benefit with Accident Coverage

Employees and covered dependents may receive a \$100 benefit each year for completing a qualifying health screening test, per insured.

# Voluntary Benefits

## Critical Illness (CI) Insurance



Critical Illness Insurance provides a lump-sum benefit if you are diagnosed with a covered illness or condition after your coverage begins. This benefit is designed to offer financial support during a challenging time and can be used however you choose - whether it is to help with out-of-pocket costs like deductibles, childcare, home healthcare, or everyday living expenses.

### Plan Features

- **Guaranteed Issue** - No medical underwriting to qualify for coverage.
- **Flexible** - You can use the benefit payments for any purpose you like.
- **Payroll Deductions** - Premiums are paid through convenient payroll deductions.
- **Portable** - If you leave your current employer or retire, you can take your coverage with you. In Ohio, ported coverage will terminate if the employer policy terminates.

### Covered Illnesses

If you are diagnosed with an illness that is covered by your Critical Illness Insurance, you can receive a lump sum benefit payment. Critical Illness Insurance pays a benefit for a range of illnesses, such as heart attack, stroke, cancer, major organ failure, and more. Benefits are paid at 100% of the Maximum Critical Illness Benefit amount unless otherwise stated.

### Maximum CI Benefits

- **For employees:** You can choose a coverage amount starting at \$5,000, up to \$30,000, in \$5,000 increments.
- **For your spouse:** You also have the option to apply for coverage for your spouse. If enrolled, they will receive 50% of the benefit amount you choose for yourself.
- **For your children:** If you decide to enroll, your children will automatically be covered at 50% of your selected benefit amount.

### Multiple Claims

The Critical Illness benefit is paid once per covered condition. If you're diagnosed with a different, unrelated condition-or if diagnoses are more than 180 days apart-you may be eligible for another benefit. If you're diagnosed with multiple conditions at once, the benefit will be based on the one with the highest payout percentage.

**Critical Illness Recurring Condition Benefit:** If a covered condition returns, and the new diagnosis is at least 30 days after the previous one, you may receive another benefit - equal to 100% of the original payout for that condition.

### Be Well Benefit with CI Coverage

Employees and covered dependents may receive a \$100 benefit each year for completing a qualifying health screening test, per insured.

*\*Note: The Accident, Critical Illness, and Hospital Insurance are a supplement to health insurance. They are not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying Accident Insurance, Critical Illness Insurance, and Hospital Insurance. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability. Accident, Critical Illness, and Hospital Insurance are underwritten by Unum Insurance Company, Portland ME. Whole Life Insurance is underwritten by Provident Life and Accident Insurance Company, Chattanooga, TN. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.*



# Voluntary Benefits

## Hospital Insurance

With ever increasing medical costs in the U.S., it's easy to see why having hospital insurance coverage makes good financial sense. Even with health coverage, a hospital stay can lead to unexpected expenses. Unum Hospital Insurance provides a lump-sum payment directly to you if you're admitted due to a covered accident or illness. You can use this benefit however you need—so you can focus on recovery, not the financial stress.

### Plan Features

- Guaranteed Issue – No medical underwriting required for coverage.
- Payroll Deductions – Premiums are paid through convenient payroll deductions.
- Portable – If you leave your current employer or retire, you can take your coverage with you. In Ohio the ported coverage will terminate if the employer policy terminates.

### Plan Benefits with Hospital Insurance Coverage

The following list is a summary of the benefits provided by Hospital Insurance. You may be required to seek care for your injury within a set amount of time.

- Hospital Admission (2x per year) – \$1,000
- Additional Hospital Benefit due to Childbirth – \$100
- Daily Stay (per day up to 30 days) – \$100
- Daily Stay – Hospital ICU (per day up to 15 days) – \$100

### Be Well Benefit with Hospital Insurance

Employees and covered dependents may receive a \$50 benefit each year for completing a qualifying health screening test, per insured.

\*See note on page 36.

## Whole Life Insurance

Unum offered Group Whole Life insurance is designed to provide coverage that lasts a lifetime. It offers protection that stays with you—whether you change jobs or retire—along with fixed premiums and the opportunity to build cash value over time. The policy also includes living benefits that can help with end-of-life expenses, long-term care, or other needs during a serious illness.

You can elect coverage for yourself, your spouse, or your children—up to the non-medical maximum—with no medical exams required. Coverage amounts are available up to \$150,000 for yourself and up to \$30,000 for your spouse. A Child Term Life Rider is also available for children up to age 26.

### Highlights of Whole Life Insurance

- Guaranteed Issue – No medical underwriting required for coverage.
- Accumulates cash value over time with a guaranteed interest rate.
- Accelerated Death Benefit with Terminal Illness and Long-Term Care Rider included.
- Payroll Deductions – Premiums are paid through convenient payroll deductions.

### How to Enroll in Whole Life and what is the cost?

To enroll and for cost, log in to the bswift site ([columbuscityschools.bswift.com](https://columbuscityschools.bswift.com)) or discuss costs with your iBTR Benefit Counselor when you enroll.

\*See note on page 36.

## Identity Theft

Norton LifeLock benefit plan empowers you to help protect your digital life – including comprehensive features for your identity, security, and privacy.

### Identity theft protection, and a whole lot more!

- Device Security protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.
- Identity Alerts with Credit Monitoring alerts you if there is fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage, and data breaches.
- Social Media Monitoring notifies you of any suspicious links, account takeover attempts, or inappropriate content.
- Norton™ Secure VPN Our Virtual Private Network (VPN) helps protect your Online Privacy so your sensitive information, browsing history, online activities, and webcam are more secure.
- Million Dollar Protection™ Package to reimburse stolen funds, personal expenses, and provide coverage for lawyers and experts up to \$1 million each.

# Voluntary Benefits

## Group Term to Age 100 Life Insurance Allstate.

**This plan is no longer available for new enrollees.**

Life is unpredictable. You do not know when or how death may occur, but having the right coverage in place can provide peace of mind for you and your family. Group Term to Age 100 Life Insurance provides a lump sum cash benefit should you or your covered spouse or dependents die before age 100. Your rate is guaranteed for the first five years of coverage and the tax-free\* death benefit is paid directly to your designated beneficiary in one lump sum and can be used to help cover daily living expenses, debts, funeral costs and more.

**If you currently have a Group Term Life Insurance policy, you may continue to keep it, however, if you decide to waive this benefit in the future, you will not be able to re-enroll.**

*The supplemental health coverage is provided by limited benefit insurance. The policies have exclusions and limitations, may have reductions of benefits at specific ages, and may not be available for sale in all states. The policies are underwritten by American Heritage Life Insurance Company (Jacksonville, FL). For costs and complete details, contact your Allstate Benefits Representative. Allstate Benefits is the marketing name for American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.*

## Legal Insurance

*(CEA members not eligible)*

The LegalGUARD Plan, through LegalEASE, offers a package of legal assistance benefits that can help you deal with a variety of legal situations. This service is available through convenient post-tax payroll deductions.

The LegalGUARD Plan includes unlimited free consultations with plan attorneys in person, over the phone, or online. The plan includes a wide range of drafting and/or reviewing legal documents including deeds, leases, affidavits and others. Members may have a free simple will and power of attorney prepared by a plan attorney each year. The plan will cover a simple divorce in full.

Many other family law issues are also covered such as child support, child custody and adoptions. Additional services include criminal defense matters, real estate matters and more. Other benefits include financial planning, identity theft prevention, identity theft recovery and debt management.

## Pet Insurance - Nationwide

Pet insurance from Nationwide® can help lower the financial barriers that pet families face when it comes to getting care for their furry, feathered, and scaly friends.

The customizable pet insurance gives pet families the freedom to choose the right veterinary coverage for their pet.

- Reimbursement for eligible veterinary expenses
- Coverage available for accident, illness, hereditary & congenital, and wellness
- Unlimited 24/7 pet telehealth support with Nationwide VetHelpline®
- Effortless, low-cost pet prescriptions with Nationwide PetRxExpress®
- Savings on veterinary care at Petco Veterinary Services clinics
- Multi-pet discounts available
- Use any veterinarian, anywhere

To get a quote, visit: <http://www.petinsurance.com/columbuscityschools26> or call: 877-738-7874



# Important Notices

## SBC Availability

### AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: [www.ccsbh.us/staff/employee-benefits/summary-of-benefits-coverage-plan-documents](http://www.ccsbh.us/staff/employee-benefits/summary-of-benefits-coverage-plan-documents). A paper copy is also available, free of charge, by sending an email to BenefitQuestions@columbus.k12.oh.us.

## Model General Notice of COBRA Continuation Coverage Rights

### \*\* Continuation Coverage Rights Under COBRA\*\*

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). **This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage

through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

# Important Notices *Continued*

## **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to CCS Benefits at [BenefitQuestions@columbus.k12.oh.us](mailto:BenefitQuestions@columbus.k12.oh.us).**

## **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended. Contact WEX, Inc. at 1-866-451-3399 for specific information regarding COBRA extensions.

## **Disability extension of 18-month period of COBRA continuation coverage**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

## **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can

get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

# **Important Notices** *Continued*

## **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **Plan contact information**

Columbus City Schools, 3700 South High Street, Columbus, OH 43207. Phone: 614-365-6475  
For questions specifically regarding COBRA, contact WEX, Inc., at 1-866-451-3399.

## **Woman's Health and Cancer Rights Act of 1988 – Notice of Post-Mastectomy Benefits**

The Women's Health and Cancer Rights Act of 1998, a federal law, was enacted on October 21, 1998. This law requires that a medical plan's coverage of a necessary mastectomy also include the following post-mastectomy coverage for:

- Reconstruction of the breast;
- Surgery of the other breast to achieve the appearance of symmetry;
- Prostheses; and
- Treatment of physical complications during any stage of the mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient. Benefits will be subject to the same annual deductibles, copays and coinsurance as applicable to any other type of care.

## **The Newborns' and Mothers' Health Protection Act of 1996 (Newborn's Act)**

Group health plans generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Finally, you and your dependents may have special enrollment rights if coverage is lost under Medicaid or State Health Insurance ("SCHIP") Program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

*To request special enrollment or to obtain more information, contact:*

**The Benefits Team**  
**COLUMBUS CITY SCHOOLS**  
3700 South High Street Columbus, OH 43207  
614-365-6475  
[BenefitQuestions@columbus.k12.oh.us](mailto:BenefitQuestions@columbus.k12.oh.us)

# Important Notice from Columbus City Schools about your Prescription Drug Coverage and Medicare for Plan Year 2027

**Please read this notice carefully and keep a copy for your records.**

*This notice provides important information about your current prescription drug coverage through Columbus City Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.*

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

**Columbus City Schools has determined that the prescription drug coverage offered by the Columbus City Schools Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

## **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Columbus City Schools coverage will not be affected. Your Columbus City Schools coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does. You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan. If you do decide to join a Medicare drug plan and voluntarily drop your current Columbus City Schools coverage, be aware that you and your dependents can re-enroll during the annual Open Enrollment period or if you experience a qualifying life event.

## **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Columbus City Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice or Your Current Prescription Drug Coverage:**

- Contact the Benefits Department at 614-365-6475 with any questions you might have about the CCS pharmacy benefit plan.
- Contact CVS Caremark at 833-268-1270 with any questions regarding your current prescription drug coverage.

*NOTE: You'll get this notice each year before the next period you can join a Medicare drug plan and if this coverage through Columbus City Schools changes. You may also request a copy of this notice at any time.*

## **For More Information About Your Options Under Medicare Prescription Drug Coverage**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

## **For more information about Medicare prescription drug coverage:**

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.ssa.gov](http://www.ssa.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

| ALABAMA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ALASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CALIFORNIA – Medicaid                                                                                                                                                                                                                                                                                                                                                             |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)                                                                                                                                                                                                                                                                                                                                                                                                                                               | Health Insurance Premium Payment (HIPP) Program<br>Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>                                                                                                                                         |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FLORIDA – Medicaid                                                                                                                                                                                                                                                                                                                                                                |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268                                                                                                                                                                    |

| GEORGIA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INDIANA – Medicaid                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: 678-564-1162, Press 2</p>                                      | <p>Healthy Indiana Plan for low-income adults 19-64<br/> Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/> Phone: 1-877-438-4479<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KANSAS – Medicaid                                                                                                                                                                                                                                                                                               |
| <p>Medicaid Website:<br/> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/> HIPP Phone: 1-888-346-9562</p>                                                                                                                                                    | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>                                                                                                                                                                |
| KENTUCKY – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LOUISIANA – Medicaid                                                                                                                                                                                                                                                                                            |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p> | <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>                                                                                   |
| MAINE – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MASSACHUSETTS – Medicaid and CHIP                                                                                                                                                                                                                                                                               |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>                                                                                                                                                       | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: 711<br/> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>                                                                 |
| MINNESOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MISSOURI – Medicaid                                                                                                                                                                                                                                                                                             |
| <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/> Phone: 1-800-657-3739</p>                                                                                                                                                                                                                                                                         | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>                                                                                                                                         |
| MONTANA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NEBRASKA – Medicaid                                                                                                                                                                                                                                                                                             |
| <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/> Phone: 1-800-694-3084<br/> Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a></p>                                                                                                                                                                                                                                                                                                                                                            | <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/> Phone: 1-855-632-7633<br/> Lincoln: 402-473-7000<br/> Omaha: 402-595-1178</p>                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NEVADA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                 | <b>NEW HAMPSHIRE – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900                                                                                                                                                                                                                                                                | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218                                                                                                                                                          |
| <b>NEW JERSEY – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                    | <b>NEW YORK – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710                                     | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831                                                                                                                                                                                                                                                                                                    |
| <b>NORTH CAROLINA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                         | <b>NORTH DAKOTA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100                                                                                                                                                                                                                                                                  | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825                                                                                                                                                                                                                                                                                                                                |
| <b>OKLAHOMA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                      | <b>OREGON – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742                                                                                                                                                                                                                                                              | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075                                                                                                                                                                                                                                                                                                        |
| <b>PENNSYLVANIA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                  | <b>RHODE ISLAND – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                            |
| Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://Children's Health Insurance Program (CHIP) (pa.gov)">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct Rlte Share Line)                                                                                                                                                                                                                                                                                                     |
| <b>SOUTH CAROLINA – Medicaid</b>                                                                                                                                                                                                                                                                                                                                         | <b>SOUTH DAKOTA - Medicaid</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820                                                                                                                                                                                                                                                                            | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059                                                                                                                                                                                                                                                                                                                                                                |
| <b>TEXAS – Medicaid</b>                                                                                                                                                                                                                                                                                                                                                  | <b>UTAH – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Website: <a href="http://Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493                                                                                                                                               | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669                                                                                                                                                                                                                                              |
| <b>VERMONT– Medicaid</b>                                                                                                                                                                                                                                                                                                                                                 | <b>VIRGINIA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                |
| Website: <a href="http://Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427                                                                                                                                       | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924 |
| <b>WASHINGTON – Medicaid</b>                                                                                                                                                                                                                                                                                                                                             | <b>WEST VIRGINIA – Medicaid and CHIP</b>                                                                                                                                                                                                                                                                                                                                                                                                           |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022                                                                                                                                                                                                                                                                          | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)                                                                                                                                                                                                                       |

| WISCONSIN – Medicaid and CHIP                                                                                                                                        | WYOMING – Medicaid                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



# HIPAA Privacy Notice

This notice (updated 9/29/2013) describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## OUR USE AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## YOUR RIGHTS

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*NOTE: If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

# HIPAA Privacy Notice *Continued*

## OUR USE AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

*EXAMPLE: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*EXAMPLE: We use health information about you to develop better services for you.*

### Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *EXAMPLE: We share information about you with your dental plan to coordinate payment for your dental work.*

### Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Let us know in writing if you change your mind.

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### For more information visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.





***Special Thanks to our  
featured artists:***

Olivia, Centennial HS cover  
Gloire, Centennial HS p. 2  
Savon, Eastmoor Academy p. 2, 3  
Alex, West Broad ES p. 4  
Ella, Westgate ES p. 4  
Hafsa, Northland HS p. 4  
Leawood art students p. 5  
Ecole Kenwood artwork  
p. 7, 8, 9, 10, back cover  
Aundree, Columbus Gifted p. 7  
Dayvens, Huy ES p. 9  
Lucas, Ecole Kenwood p. 10  
Salma, CAHS p. 11  
Veda, Dominion MS p. 14  
Egypt, Duxberry Arts p. 16  
Sommer, CAHS p. 17  
Aniya, Briggs HS p. 21  
Lilliana, AIMS p. 30, 31  
Faith, Briggs HS p. 31  
Xzavier, CAEC p. 32, 33  
Phoenix, International HS p. 33  
Melani, Columbus Global p. 34  
Hamza, West Broad ES p. 35  
Sumaya, Centennial HS p. 36  
Miguel, Briggs HS p. 38  
Jose, West HS p. 48



# *Benefits Guide 2027*

Open Enrollment October 5-23, 2026