



2024 BENEFITS



McGohan
Brabender

HOW YOUR BENEFITS WORK

DEPENDENT ELIGIBILITY

In accordance with the Patient Protection and Affordable Care Act, married or unmarried adult children that are the natural, adopted or step child of you or your spouse may be covered under your medical plan until the adult child attains age 26.

COPAYMENTS APPLY TOWARDS OUT OF POCKET MAXIMUM

In addition to medical deductibles and coinsurance, copayments (medical & drug) will apply toward the out-of-pocket maximum.

MAKING CHANGES DURING THE YEAR

Please remember that the only time enrollment changes can be made outside of being a new hire and open enrollment is in the case of certain life events which would qualify you for a special enrollment period. Examples of such life events include but are not limited to: birth, adoption, death, and marriage. It is your responsibility to notify Human Resources of a qualifying event. The appropriate paperwork must be submitted within 30 days of the event.

All paperwork must be submitted to HR by the predetermined deadline. If you have questions about when your paperwork is due, please see HR.



2024 BENEFIT RATE SHEET

HDHP/HSA Medical Monthly Contributions

Coverage Type	Certified Staff	Non-Certified Staff		
		30+ hours	25-29 hours & Transportation Staff	20-24 hours
Employee	\$100.64	\$100.64	\$352.24	\$402.56
Employee + Children	\$280.78	\$280.78	\$655.15	\$748.74
Family	\$406.08	\$406.08	\$947.52	\$1,082.88

Dental Monthly Contributions

Coverage Type	Certified Staff	Non-Certified Staff		
		30+ hours	25-29 hours & Transportation Staff	20-24 hours
Employee	\$3.70	\$3.70	\$12.94	\$14.79
Family	\$14.73	\$14.73	\$34.37	\$39.28

Vision Monthly Contributions

Coverage Type	Employee Pays
Employee	\$11.71
Employee + One	\$17.87
Family	\$32.04

Your summary of benefits



Anthem® Blue Cross and Blue Shield

EPC - West Liberty-Salem HSA

Your Network: Blue Access PPO

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family
Out-of-Pocket Limit	\$3,500 person / \$7,000 family	\$7,000 person / \$14,000 family
<p>The family deductible and out-of-pocket maximum are non-embedded meaning the cost shares of all family members apply to one shared family deductible and one shared family out-of-pocket maximum. The individual deductible and individual out-of-pocket maximum only apply to individuals enrolled under single coverage.</p>		
Preventive Care / Screening / Immunization	No charge	40% coinsurance after deductible is met
<u>Doctor Home and Office Services</u>		
Primary Care Visit	\$30 copay, per visit after deductible is met	40% coinsurance after deductible is met
Specialist Care Visit	\$60 copay, per visit after deductible is met	40% coinsurance after deductible is met
Prenatal and Post-natal Care	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<u>Other Practitioner Visits:</u>		
Medical Chats - <i>within our mobile app</i>	Not Applicable	Not Applicable
Retail Health Clinic	\$30 PCP/ \$60 SCP copay, per visit after deductible is met	40% coinsurance after deductible is met
On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i>	0% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<u>Other Services in an Office:</u> Allergy Testing Chemo/Radiation Therapy Dialysis/Hemodialysis Prescription Drugs - <i>Dispensed in the office</i>	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab: Office Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
X-Ray: Office Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
Advanced Diagnostic Imaging: Office Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Emergency and Urgent Care</u> Urgent Care	0% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Facility Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
<u>Ambulance</u>	0% coinsurance after deductible is met	Covered as In-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u> Doctor Office Visit Facility Visit: Facility Fees Doctor Services	\$30 copay, per visit after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Outpatient Surgery</u> Facility Fees: Hospital Doctor and Other Services: Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u> Facility Fees Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i> Doctor and other services	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Recovery & Rehabilitation</u></p> <p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Private Duty Nursing is limited to 82 visits per benefit period.</i></p>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Rehabilitation services:</p> <p>Office <i>Coverage for Occupational Therapy and Physical Therapy is limited to 60 visits combined per benefit period. Speech Therapy is limited to 20 visits per benefit period. Limit is combined for rehabilitative and habilitative services.</i></p> <p>Outpatient Hospital <i>Coverage for Occupational Therapy and Physical Therapy is limited to 60 visits combined per benefit period. Speech Therapy is limited to 20 visits per benefit period. Limit is combined for rehabilitative and habilitative services.</i></p>	\$60 copay, per visit after deductible is met	40% coinsurance after deductible is met
<p>Cardiac rehabilitation</p> <p>Office <i>Coverage is limited to 36visits per benefit period.</i></p> <p>Outpatient Hospital <i>Coverage is limited to 36visits per benefit period.</i></p>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing is limited to 100 days per benefit period. Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 60 days combined per benefit period.</i></p>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Hospice</p>	0% coinsurance after deductible is met	0% coinsurance after deductible is met
<p>Durable Medical Equipment</p>	0% coinsurance after deductible is met	Covered as In-Network
<p>Prosthetic Devices</p>	0% coinsurance after deductible is met	40% coinsurance after deductible is met

Your summary of benefits

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- If your plan includes out-of-network benefits, In-network and out-of-network deductibles, copayments, coinsurance and out-of-pocket maximum amounts are separate and do not accumulate toward each other.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Benefit Period – Calendar Year.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Here's an overview of your CVS Caremark benefits.

West Liberty-Salem Local Schools HDHP

Your annual deductible is \$2,000 for an individual or \$4,000 for a family. **Until this deductible amount is met, you will pay 100% for your prescriptions.** If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-5488.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	Long-Term Medicines CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations (Up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$10 after deductible for a generic medicine	\$20 after deductible for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$20 after deductible for a preferred brand-name medicine	\$40 after deductible for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$40 after deductible for a non-preferred brand-name medicine	\$80 after deductible for a non-preferred brand-name medicine
Refill Limit	None	None
Maximum Out-of-Pocket	\$3,500 per individual / \$7,000 per family (combined with medical)	
Annual Deductible	\$2,000 per individual / \$4,000 per family (combined with medical)	
Specialty Medicines	Specialty medications \$60 copay after deductible	
Prior Authorization	Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-202-1654 or visit www.caremark.com for verification of prior authorization requirements.	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. If you access your pharmacy benefits information through the Caremark Web site, you can find Plan Members Rights and Responsibilities at www.caremark.com.

7471-WKL-HD_MCHOICE_AD_MOOP_SP_PA-1218

HSA OVERVIEW

How an HSA works

West Liberty offers a Health Savings Account to any employee enrolled in the High Deductible Health Plan and is eligible according to the IRS rules and regulations. This is a pre-tax savings account you can contribute money to directly from your paycheck. These savings can be spent on eligible expenses or saved until you need to use them. The IRS recently relaxed the list of eligible expenses to now include over-the-counter items such as, menstrual care, antacids, anti-inflammatories, etc. 100% of these funds roll over year to year and they stay with you even if you make a career change. You will be responsible for tracking all receipts and expenses you use your HSA bank account on for at least 7 years. If you are ever audited by the IRS you will need to show proof of your expenses and if deemed non-qualified you could be subject to tax and a 20% penalty.

Annual contributions made by the Board of Education:

- ◆ \$1,000 for Employee Only
- ◆ \$2,000 for all others (Employee/Child(ren), Family)

2024 Maximum HSA Contributions per Calendar Year

- ◆ \$4,150 for Employee Only
- ◆ \$8,300 for all others (Employee/Child(ren), Family)
- ◆ \$1,000 Catch up contributions for age 55+

Who is Eligible for an HSA?

Any Individual:

- Covered by a high deductible health plan
- Is NOT covered by any first dollar coverage
- Is NOT enrolled in Medicare, Medicaid, Tricare
- Is NOT claimed as a dependent on someone else's tax return

Below is a partial list of qualified and non-qualified expenses. For a complete list you can visit:

www.irs.gov/pub/irs-pdf/p502.pdf

HSA Qualified Expenses

Dental Treatment
Eye Exams/Eyeglasses
Medical plan deductibles and coinsurance
Emergency Room and Urgent Care Visits
Medicare Supplement premiums
Over the Counter Medications

HSA Non-Qualified Expenses

Cosmetic Services
Genetic Testing
Hair Transplants
Weight loss foods
Rogaine
Warranties



Sydney™ Health makes healthcare easier

Access personalized health and wellness information wherever you are

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker, then consult with a doctor through a video visit or text session.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield. ©2020-2021.



Connect with virtual support using Sydney Health or anthem.com

Now you can connect to the care you need through the Sydney Health mobile app or **anthem.com**. Have a live video visit with a board-certified doctor, therapist, or psychiatrist on your smartphone, tablet, or computer with a camera.

Visit with a doctor for common health conditions

Doctors that you see online can help you with common conditions such as the flu, a cold, fever, and rashes. Doctors are available 24/7 with no appointments or long wait times. During an online video visit, doctors can assess your condition, give medical advice, and send prescriptions to the pharmacy of your choice, if needed.¹

Connect with mental health support from home

If you're feeling anxious, depressed, or having trouble coping with problems at home or at work, you can talk with a therapist online. In most cases, you can set up a secure visit seven days a week.² You can also schedule a visit with a psychiatrist for support on managing your medication.³

Download Sydney Health or sign up at anthem.com today to connect with support when you need it most.

What people say about online visits⁴



96%

Said the person they saw (provider) was professional and helpful



96%

Felt provider understood their concerns



94%

Were able to book a virtual visit sooner than an in-person visit

¹ Prescription availability is defined by physician judgment.

² Appointments subject to availability of a therapist.

³ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using Sydney Health. Psychiatrists on Sydney Health will not offer counseling or talk therapy.

⁴ Based on Sydney Health utilization trends from top 10 national clients.

Reduce your risk of developing Type 2 diabetes

Introducing Lark diabetes prevention coaching

Having prediabetes increases your risk of developing type 2 diabetes in the future. The good news is it's preventable. Lark provides friendly and effective coaching, available 24/7 on your smartphone, to help you prevent diabetes.



This is a fun program that helps keep you on track with weight loss goals. It's very supportive and friendly—easy to use and takes all the work out of tracking fitness. I definitely recommend!



This is exactly the kind of help I need to get my weight and health in control—private, personal, interactive, and on my own time. I've already lost 2 lbs in the first week.

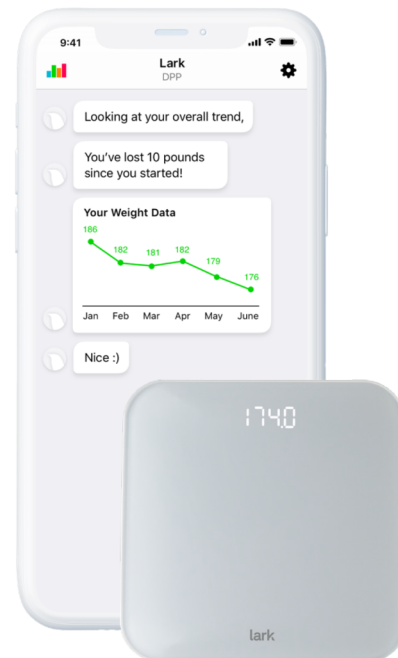
Quotes come from reviews of Lark Health on the App Store

Together we'll work on:

- Learning about prediabetes-specific nutritional needs, without calorie counting.
- Sleeping better.
- Understanding what prediabetes means for you.
- Managing stress.
- Reaching and maintaining a healthy weight.
- Introducing or increasing physical activity.

Learn more at
lark.com/new-benefit

Enrollment begins January 1st



Diabetes Prevention Program is provided by Lark, an independent company.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICES® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 5630-9370, 9379
West Liberty Salem Local School District**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan - Delta Dental of Ohio

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to prosthetic appliances	80%	80%	80%
Major Services			
Major Restorative Services - crowns	80%	80%	80%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	80%	80%	80%
Orthodontic Services			
Orthodontic Services - braces	60%	60%	60%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Space maintainers are payable once per area per three-year period for people age 13 and under.
- Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period. Benefits for bitewing X-rays are unlimited.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and bicuspids once per tooth in any five-year period for people age 12 and older when necessary due to fracture or decay.
- Composite resin (white) restorations are payable on posterior teeth.

- Porcelain and resin facings on crowns are Covered Services on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$2,500 per Member total per Benefit Year on all services except orthodontic services. \$1,200 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 60% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible - \$25 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.

Waiting Period - Enrollees who are eligible for Benefits are covered on the date of hire.

Eligible People - All regularly scheduled to work employees of the Contractor, subject to the board contract and grandfathered families to age 26 who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which your employment is terminated.

VISION PLAN

A Look at Your VSP Vision Coverage

With VSP and WEST LIBERTY SALEM LOCAL SCHOOL, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

vsp
vision care

More Ways
to Save

Extra

\$20

to spend on
Featured Brands†

bebe

CALVIN KLEIN

COLE HAAN

DRAGON

FLEXON

LACOSTE



and more

See all brands and offers at vsp.com/offers.

+

Up to

40%

Savings on
lens enhancements†

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

VISION PLAN

Your VSP Vision Benefits Summary

WEST LIBERTY SALEM LOCAL SCHOOL and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$20	
FRAME*	<ul style="list-style-type: none"> \$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Tints/Light-reactive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://www.vsp.com) to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

©2022 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted

LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT



West Liberty Salem School offers Supplemental Life and AD&D insurance through Securian in addition to the Basic Life and AD&D. Life insurance can help provide financial protection in the event of your death. You have the option to enroll in different levels of voluntary coverage, through Securian for yourself, as well as coverage for your eligible family members.

VOLUNTARY LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT

100% paid for by employee

Employee: \$10,000 to \$750,000 in units of \$10,000

Guarantee issue amount: \$300,000

Spouse: \$5,000 to \$250,000 in units of \$5,000

Not to exceed 100% of employee amount

Guarantee issue amount: \$50,000

Child: \$10,000 or \$20,000

Age limit: unmarried dependent children from birth to age 26

Only employees who are enrolled in supplemental life can elect to increase their coverage amount by one or two increments up to the guaranteed issue during the open enrollment period (resulting coverage cannot exceed \$300,000). One increment is equal to a \$10,000 increase.

Employees do not have to elect employee supplemental life in order to elect spouse or child life. If a spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child.



EMPLOYEE ASSISTANCE PROGRAM



Live your best life!

Take advantage of EAP's free resources and support.

Life can surprise you with its many ups and downs. That's why the Employee Assistance Program (EAP) is here for you — 24/7, 365 days a year. Whether you're struggling to find **child care**, plan for **retirement** or cope with **addiction**, we can help. EAP offers:



One-on-one counseling by phone, in-person and online.



Web-based tools and resources:

- Articles, checklists, quizzes and other educational materials
- Webinars, podcasts and eLearning modules about everything from **parenting** and **identity theft** to **disaster preparedness**
- **Legal forms**, including **wills**, **living trusts** and **rental agreements**



Legal and financial consultations.



Support on the go:

- LiveHealth Online for virtual visits with a licensed therapist
- **@AnthemEAP on Twitter**. Enjoy daily well-being information and tips.
- **The WellPost blog at anthemEAP.com**. Read about a wide range of work-life topics, written by experts in their fields.

Whatever life throws at you, remember that you're not alone. When you contact EAP, you'll reach a real person dedicated to your immediate needs.

Ready to get started?

Just call 800-865-1044 or visit [anthemEAP.com](https://www.anthemEAP.com) and enter SWOH EPC. EAP services are available to you and members of your household for free. Everything you share is confidential and stays between you and EAP.*



Additional Services at McGohan Brabender

For any questions throughout the year please feel free to contact your account team at McGohan Brabender. We can help you navigate and find any answers you may have. If you have a specific question and you would like guidance on where you can get answers for things such as billing issues, retirement benefits, financial help etc. see below for McGohan Brabender’s contact information as well as our partners we work closely with. All of these benefits are free for you to use and find answers.

CONCERNING	WHO	PHONE	E-MAIL/WEBSITE
General Questions	McGohan Brabender	(937) 293-1600	www.mcgohanbrabender.com
Claims/Billing/ Benefits Questions	McGohan Brabender Advocates Team	(937) 260-4300 or (877) 635-5372	mbadvocates@mbbenefits.com
Individual Coverage	Cornerstone Broker	Visit: www.mcgohanbrabender.com Click on the “Service Menu” Click “Individual Medical and RetireMed IQ” Click “Request Ticket”	
Retirement Benefits	RetireMed	1 (866) 600-4266	www.retiremed.com/MB



Disclaimer

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.