

2026 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.



# West Liberty Salem School District

## ENROLLMENT FORM for January 1 , 2026

### A) EMPLOYEE INFORMATION:

NAME:				
ADDRESS:				
SOCIAL SECURITY NUMBER (REQUIRED):				
DATE OF BIRTH:	Gender: M / F			
MARITAL STATUS (CIRCLE ONE):	SINGLE	MARRIED	DIVORCED	WIDOWED
PHONE NUMBER:				

### B) FAMILY INFORMATION:

NAME OF SPOUSE:			
SOCIAL SECURITY NUMBER (REQUIRED):	Address if different from Employee:		
DATE OF BIRTH:	Gender: M / F		
RELATIONSHIP TO EMPLOYEE:			
NAME OF DEPENDENT (1):			
SOCIAL SECURITY NUMBER (REQUIRED):	Address if different from Employee:		
DATE OF BIRTH:	Gender: M / F		
RELATIONSHIP TO EMPLOYEE:			
NAME OF DEPENDENT (2):			
SOCIAL SECURITY NUMBER (REQUIRED):	Address if different from Employee:		
DATE OF BIRTH:	Gender: M / F		
RELATIONSHIP TO EMPLOYEE:			
NAME OF DEPENDENT (3):			
SOCIAL SECURITY NUMBER (REQUIRED):	Address if different from Employee:		
DATE OF BIRTH:	Gender: M / F		
RELATIONSHIP TO EMPLOYEE:			

IF MORE DEPENDENTS, PLEASE WRITE INFORMATION ON ANOTHER SHEET OF PAPER AND ATTACH

The DEPENDENT AFFIDAVIT must be completed for all enrolling dependents

### C) THIS SECTION MUST BE COMPLETED IF YOU HAVE OTHER MEDICAL INSURANCE

DO YOU OR ANY DEPENDENTS HAVE OTHER HEALTH COVERAGE?

YES	NO
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IF YES, PROVIDE INFORMATION BELOW

NAME OF POLICY HOLDER	NAME OF OTHER INSURANCE CO.	POLICY NUMBER	POLICY TYPE (single, etc.)

ARE YOU COVERED BY MEDICARE?	YES	NO	
ARE YOUR SPOUSE AND/OR DEPENDENTS COVERED BY MEDICARE?	YES	NO	

IF ENROLLED IN MEDICARE, PLEASE ATTACH A COPY OF MEDICARE ID CARD(S)

\*Only check "Ineligible" if you have received documentation from your Social Security benefits that indicate that you are not eligible for Medicare.

SIGNATURE: I confirm that the information I have provided on this form is complete and accurate.

(Employee Signature)

(Date)

## COMPLETE & RETURN FORM

### WL-S HEALTH, DENTAL, & VISION INSURANCE RATES FOR January 2026

Effect 1/1/2026

				VISION PLAN	
Single					12.83
Employee + 1 dep					19.58
Family					35.11

30+ HOURS PER WEEK:				HEALTH SAVINGS ACCT		DENTAL PLAN		TOTAL PR DED		YR TOTAL	
TRANSPORTATION STAFF				Rate	PR ded	Rate	PR ded				
Single-all employees	\$1,099.01	\$109.90	10%	\$36.98	\$3.70			\$113.60	x 12	\$1,363.20	
Employee + kids	\$2,044.08	\$306.61	15%	\$98.21	\$14.73			\$321.34	x 12	\$3,856.08	
Family-all employees	\$2,956.28	\$443.44	15%	\$98.21	\$14.73			\$458.17	x 12	\$5,498.04	

25-29 HOURS PER WEEK				HEALTH SAVINGS ACCT		DENTAL PLAN		TOTAL PR DED		YR TOTAL	
				Rate	PR ded	Rate	PR ded				
Single-all employees	\$1,099.01	\$384.65	35%	\$36.98	\$12.94			\$397.59	x 12	\$4,771.12	
Employee + kids	\$2,044.08	\$715.43	35%	\$98.21	\$34.37			\$749.80	x 12	\$8,997.58	
Family-all employees	\$2,956.28	\$1,034.70	35%	\$98.21	\$34.37			\$1,069.07	x 12	\$12,828.82	

20-24 HOURS PER WEEK				HEALTH SAVINGS ACCT		DENTAL PLAN		TOTAL PR DED		YR TOTAL	
				Rate	PR ded	Rate	PR ded				
Single-all employees	\$1,099.01	\$439.60	40%	\$36.98	\$14.79			\$454.39	x 12	\$5,452.73	
Employee + kids	\$2,044.08	\$817.63	40%	\$98.21	\$39.28			\$856.91	x 12	\$10,282.94	
Family-all employees	\$2,956.28	\$1,182.51	40%	\$98.21	\$39.28			\$1,221.79	x 12	\$14,661.50	

Please indicate which plan you choose:

#### HEALTH INS

- Single
- EE+kids
- Family
- decline coverage

#### DENTAL INS

- Single
- Family
- decline coverage

#### VISION PLAN

- Single
- EE+1 dependent
- Family
- decline coverage

#### VOLUNTARY LIFE INS

- Employee
- Spouse
- Children
- decline coverage

Are you covered by another insurance? (other insurance, Medicare, Medicaid)  Yes

No

Are your dependents covered by another insurance?

Yes

No

NAME: (please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## 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	\$109.90	\$109.90	\$384.65	\$439.60
Employee + Children	\$306.61	\$306.61	\$715.43	\$817.63
Family	\$443.44	\$443.44	\$1,034.70	\$1,182.51

### 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	\$12.83
Employee + One	\$19.58
Family	\$35.11

# 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
<b>Overall Deductible</b>	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family
<b>Out-of-Pocket Limit</b>	\$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>		
<b>Preventive Care / Screening / Immunization</b>	No charge	40% coinsurance after deductible is met
<b>Doctor Home and Office Services</b>		
<b>Primary Care Visit</b>	\$30 copay, per visit after deductible is met	40% coinsurance after deductible is met
<b>Specialist Care Visit</b>	\$60 copay, per visit after deductible is met	40% coinsurance after deductible is met
<b>Prenatal and Post-natal Care</b>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Other Practitioner Visits:</b>		
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
<b><u>Other Services in an Office:</u></b> 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
<b><u>Diagnostic Services</u></b> <b>Lab:</b> 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
<b>X-Ray:</b> 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
<b>Advanced Diagnostic Imaging:</b> 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
<b><u>Emergency and Urgent Care</u></b> <b>Urgent Care</b>	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
<b>Emergency Room Facility Services</b>	0% coinsurance after deductible is met	Covered as In-Network
<b>Emergency Room Doctor and Other Services</b>	0% coinsurance after deductible is met	Covered as In-Network
<b>Ambulance</b>	0% coinsurance after deductible is met	Covered as In-Network
<b><u>Outpatient Mental/Behavioral Health and Substance Abuse</u></b>		
<b>Doctor Office Visit</b>	\$30 copay, per visit after deductible is met	40% coinsurance after deductible is met
<b>Facility Visit:</b>		
<b>Facility Fees</b>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Doctor Services</b>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Outpatient Surgery</u></b>		
<b>Facility Fees:</b>		
<b>Hospital</b>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Doctor and Other Services:</b>		
<b>Hospital</b>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></b>		
<b>Facility Fees</b>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Human Organ and Tissue Transplants</b>		
<i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Doctor and other services</b>	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
<p><b><u>Recovery &amp; Rehabilitation</u></b></p> <p><b>Home Health Care</b> <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><b>Rehabilitation services:</b></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><b>Cardiac rehabilitation</b></p> <p>Office <i>Coverage is limited to 36 visits per benefit period.</i></p> <p>Outpatient Hospital <i>Coverage is limited to 36 visits per benefit period.</i></p>	0% coinsurance after deductible is met	40% coinsurance after deductible is met
<p><b>Skilled Nursing Care (facility)</b> <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
<b>Hospice</b>	0% coinsurance after deductible is met	0% coinsurance after deductible is met
<b>Durable Medical Equipment</b>	0% coinsurance after deductible is met	Covered as In-Network
<b>Prosthetic Devices</b>	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.

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

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## 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)

#### 2026 Maximum HSA Contributions per Calendar Year

- ◆ \$4,400 for Employee Only
- ◆ \$8,750 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](http://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



LiveHealth<sup>®</sup>  
ONLINE

## 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.<sup>1</sup>

### 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.<sup>2</sup> You can also schedule a visit with a psychiatrist for support on managing your medication.<sup>3</sup>

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

### What people say about online visits<sup>4</sup>



**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:

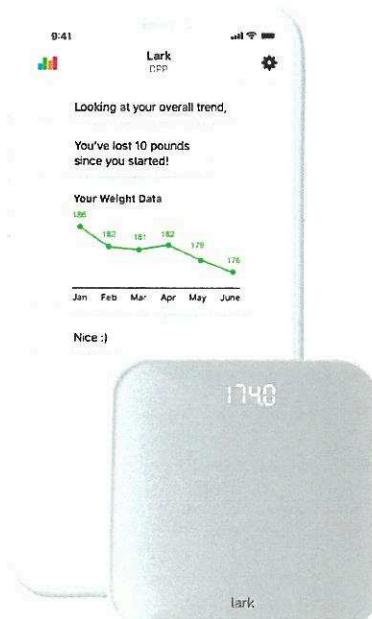
- Learning about prediabetes-specific nutritional needs, without calorie counting.
- Sleeping better.
- Understanding what prediabetes means for you.
- Managing stress.
- Reaching and maintaining a healthy weight.
- Introducing or increasing physical activity.

Learn more at [lark.com/new-benefit](http://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 Indiana Insurance Company, Inc. In Kentucky, Anthem Health Plans, Inc. In Maine, Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area), RehCHOICES Managed Care, Inc., Health Allies and LifeCare Health Company (HALC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALC 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. do 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.



# HSA Application

## I would like to open:

Health Savings Account       Visa Debit Card

Please select your insurance coverage type:  Individual Plan       Family Plan

## Applicant

Name \_\_\_\_\_  
 FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Social Security number \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone number \_\_\_\_\_  Home       Cell      Alternate phone number \_\_\_\_\_  Work       Cell

Email address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

## Authorized Signer

Name \_\_\_\_\_  
 FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Social Security number \_\_\_\_\_ Birthdate \_\_\_\_\_

Please include a photocopy of your driver's license or other government issued ID (such as a passport or state issued ID card). Section 326 of the U.S.A. Patriot Act requires that we verify the identity of any customer wishing to establish a new banking relationship with us. I request that the bank issue me a validated Park National Bank Visa debit card. Each use of the debit card at a merchant or with the PIN at an automated teller machine shall be deemed to be my/our written authorization to charge or credit my account for the amount and type of transaction indicated at the time of use. All transactions are subject to the bank's account agreement for my account. I/we will immediately notify the bank should my/our debit card and/or PIN become lost or stolen. I/we understand that this application is subject to further approval by the bank. I/we declare the information set forth above to be true, complete and provided for the purpose of obtaining the service requested. I/we authorize the bank to obtain further information concerning my/our credit and employment status to approve this application.

Applicant signature: \_\_\_\_\_ Authorized signer signature: \_\_\_\_\_

## Beneficiary Information

Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_  Primary  
 FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  Contingent

Percent \_\_\_\_\_ % Social Security number \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# PARK NATIONAL BANK

## Beneficiary Information (continued)

Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_  Primary  
FIRST MIDDLE LAST  Contingent

Percent \_\_\_\_\_ % Social Security number \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Backup Withholding Certification

TIN \_\_\_\_\_

- Taxpayer ID number:** The Taxpayer Identification Number shown above (TIN) is my correct Taxpayer Identification Number.
- Backup withholding:** I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- Exempt recipients:** I am an exempt recipient under the Internal Revenue Service regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

## Citizenship & Politically Exposed Person (PEP)

Are you a U.S. citizen?  Yes  No If no, where is citizenship? \_\_\_\_\_

Do you have citizenship in any other country?  Yes  No If yes, where is citizenship? \_\_\_\_\_

Are you currently, or have you ever been a PEP or a senior political figure?  Yes  No  
If yes, is it current or past and what country for PEP? \_\_\_\_\_

Are you an immediate family member or a close associate of someone who is currently, or was, a PEP?  Yes  No  
If yes, what is the relationship, individual's name and country person is/was a PEP? \_\_\_\_\_

## Signature Card

Individual account

I have read and agree to the terms and conditions of the account identified above. I authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individual. The undersigned acknowledges the receipt of a copy and agrees to the terms of the following disclosures: Deposit Account Terms and Conditions, Funds Availability, Truth in Savings, Electronic Fund Transfers, and Privacy. The following is my signature of the account.

Applicant signature \_\_\_\_\_ Printed name \_\_\_\_\_

## For bank use only: Applicant

Port \_\_\_\_\_ Account # \_\_\_\_\_ Date ordered Visa debit card \_\_\_\_\_

### Identification

State of issue \_\_\_\_\_ Number \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type \_\_\_\_\_ Onboard Advisor verify  Yes  No Other non-documentary \_\_\_\_\_



**2026 HSA PAYROLL CONTRIBUTIONS**  
**(Authorization Form)**

**CONTRIBUTION CRITERIA:**

Healthcare Savings Account (HSA) contributions may be deducted on a pre-tax basis depending on West Liberty Salem Local Schools plan design. Post-tax contributions can normally be claimed as an above-the-line deduction on your annual tax return. Determine how much to deduct from your paycheck based on the number of pay periods remaining in the year at the time of your employment. West Liberty Salem Local Schools will also make a contribution to your HSA. Employer contributions will be pro-rated based on the employee's date of hire and/or HSA eligibility status.

**Total HSA annual contributions (employee and employer) CANNOT exceed the amount allowable by law.** Consult with your tax advisor to review your specific circumstances and determine your allowable HSA contribution. If you exceed your allowable annual contribution, you may be subject to IRS tax penalty.

**2026 ANNUAL MAXIMUM CONTRIBUTIONS:**

Maximum contributions are monitored on a calendar year basis. The indexed amount is:

<b>Self-Only Coverage:</b>	<b>\$4,400 (for 2026 Calendar Year)</b>
<b>Family Coverage:</b>	<b>\$8,750 (for 2026 Calendar Year)</b>
<b>Catch Up if Aged 55 or Older: (By End of Tax Year)</b>	<b>\$1,000 (no change for 2026 Calendar Year)</b>

**Important Notes:**

1. *It is your responsibility to ensure that you are eligible to contribute to an HSA.*
2. *It is your responsibility to ensure that you do not contribute more than your allowable limit.*
3. *The annual HSA contribution limit is reduced by any contributions made to another HSA.*

**EMPLOYEE AUTHORIZATION:**

I am eligible to contribute to an HSA during the Plan Year and I authorize West Liberty Salem Local Schools to deduct my annual contribution from my pay on a pre-tax (or, post-tax) basis. I understand that my contribution is subject to the terms and conditions of West Liberty Salem Local Schools cafeteria plan.

**Employer Annual Contribution Single:**    \$ 1,000.00  
(1 Time Contribution January  
Pro-Rate Contribution, As Applicable)

**Employer Annual Contribution Family:**    \$ 2,000.00  
(1 Time Contribution January  
Pro-Rate Contribution, As Applicable)

**Employee Contribution per Pay:**    \$ \_\_\_\_\_ X pays \_\_\_\_\_ = Annual Amount \$ \_\_\_\_\_

**TOTAL ANNUAL CONTRIBUTION:**    \$ \_\_\_\_\_  
(Total Cannot Exceed Annual Maximum)

**Effective Date of Deduction:**  Next Pay Period     Other: \_\_\_\_\_

Employee Name (Please Print):

Employee Signature:

Date:



## Dependent Enrollment Procedures 2026

*This appropriate documentation **MUST BE SUBMITTED DURING THE ELIGIBILITY PERIOD** (within **31 days of the qualifying event, new hire election or open enrollment**) before coverage will be effective. If all documents are not provided within the eligibility period, new hire period or during the open enrollment period (**31 days**), your dependents will not be covered this plan year. You will need to wait until the next open enrollment to add your dependent.*

Dependent children are eligible until the end of the month they turn age 26, regardless of marriage or student status. A dependent child's spouse or child is NOT eligible for coverage.

In order to enroll any dependents for coverage under your district's insurance plans, you must provide documents showing that they qualify for dependent status. The following outlines who qualifies as a dependent and what documents are required:

**Please present the following documents to your District Treasurer's or HR Office or  
upload them to the Benelogic File Cabinet current folder:**

**Spouse:** Your legally married (including same sex) spouse, not legally separated or divorced.

**Documents required:**

- 1) Marriage certificate that has been filed with court **AND**
- 2) First page of your most recent Federal tax form (1040) showing that you are still married.  
Please black out Social Security numbers and financial information to protect your financial privacy.

**Children:** You or your spouse's natural or adopted child and/or a child for whom you are the legal guardian. EPC coverage terminates the end of the month they turn 26.

**Documents required:**

- 1) Birth certificate naming you / your spouse as the parent **OR**
- 2) Adoption papers naming you / your spouse as adoptee parents **OR**
- 3) Appropriate court documents naming the employee/spouse as the child's legal guardian.

- Obtaining replacement marriage/birth certificate is your responsibility and takes time. Copies may be available from the United States Department of Vital Records for the state where the marriage/birth took place. The National Center for Health Statistics may provide contact information for replacing Vital Records: <http://www.cdc.gov/nchs/w2w.htm>.
- Foreign Language Documents: The employee is responsible to provide an English translation.
- 

Dependent's Relationship to You	Required Documentation	Document Resources
Spouse	Marriage Certificate Last year tax form	<a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a> County Clerk/Recorder
Child(ren)	Birth Certificate	<a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a> County Clerk/Recorder
Adopted Child(ren)	Final adoption decree or Placement letter from court <b>or</b> Adoption Agency for pending adoption(s) and related legal document that establishes birth date.	<a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a> County Clerk/Recorder
Child(ren) for whom you are a legal guardian	Court assignment <b>or</b> Agency order establishing legal guardianship and related legal documents that establish relationship and birth date.	<a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a> County Clerk/Recorder
Child(ren) for whom the Court has issued a Qualified Medical Child Support Order (QMCSO)	Qualified Medical Child Support Order (QMCSO).	<a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a> County Clerk/Recorder
Disabled Child(ren): Unmarried children dependent on you for primary financial support and maintenance due to a physical or mental disability, incapable of self support, and disability existed before age 19	Birth Certificate <b>or</b> other document supporting the relationship <b>and</b> proof of the disability from your child's doctor. You will need to complete a disability form and the medical carrier determines the child's disability status.	<a href="http://www.cdc.gov/nchs/w2w.htm">http://www.cdc.gov/nchs/w2w.htm</a> County Clerk/Recorder

**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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	80%	80%
<b>Minor Restorative Services</b> – fillings and crown repair	80%	80%	80%
<b>Endodontic Services</b> – root canals	80%	80%	80%
<b>Periodontic Services</b> – to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> – misc. services	80%	80%	80%
<b>Relines and Repairs</b> – to prosthetic appliances	80%	80%	80%
<b>Major Services</b>			
<b>Major Restorative Services</b> – crowns	80%	80%	80%
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	80%	80%	80%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	60%	60%	60%
<b>Orthodontic Age Limit</b> –	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.



## Enrollment Form with Dependent Data

Name of group (employer): Employee last name, first name, middle initial:

Social Security Number:

Gender:  male  female

Type of coverage selected:

- Family
- Waive coverage

Employee Signature: \_\_\_\_\_

Date:

## VISION PLAN

### Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through West Liberty Salem Local School.

#### Provider Network:

VSP Signature

Effective Date:

01/01/2026



BENEFIT	DESCRIPTION	YOUR COVERAGE WITH A VSP DOCTOR	COPAY	FREQUENCY
WELLVISION EXAM	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>		\$20 Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE			\$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>				
FRAME*	<ul style="list-style-type: none"> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>		Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>		Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>		\$0 \$80 - \$90 \$120 - \$160 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> <li>\$120 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>		Up to \$60	Every 12 months
VSP LIGHTCARE™	<ul style="list-style-type: none"> <li>\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>		\$20	Every 12 months
ADDITIONAL SAVINGS	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul> <p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>			

#### GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to [vsp.com](http://vsp.com) to find an in-network doctor.

## VISION PLAN



### Make Eye Health a Priority with VSP!

Your health comes first with VSP and West Liberty Salem Local School. Take a look at your VSP vision care coverage.



VSP members save an annual average of  
**\$489\***

### More Ways to Save

Extra **\$20** to spend on Featured Frame Brands†

bebe    Calvin Klein    COLE HAAN  
©DRAGON.    FLEXON    LONGCHAMP

and more

Up to **40%** Savings on lens enhancements

See all brands and offers at [vsp.com/offers](http://vsp.com/offers).

Enroll through your employer today. Questions?

[vsp.com](http://vsp.com)  
**800.877.7195 (TTY: 711)**



Scan QR code or visit [vsp.com](http://vsp.com) to learn more.

\*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state funded plan are not eligible. †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. \*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book of business paid claims data for Aug-Jan of each prior year. \*Full Picture of Eye Health, American Optometric Association, 2020. -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. Full Hearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas. To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](http://vsp.com). Visionworks, Eyeconic, and EyeSmart Express family of stores are VSP affiliated companies.

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Classification: Restricted



## Enrollment Form with Dependent Data

Name of group (employer):

West Liberty-Salem Local School

Employee last name, first name, middle initial:

Social Security Number:

Gender:  male  female

Effective Date of Coverage:

Type of coverage selected:

- Employee only
- Employee and one dependent
- Family
- Waive coverage

Date of birth (month/date/year):

Employee only

Employee only

Employee and one dependent

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Employee Signature:

Date:

## 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.



# WELCOME

## to your new Voluntary Life Insurance Plan

Employees have a special opportunity to elect Voluntary Life Insurance  
guaranteed issue - **No Health Questions!**

**EMPLOYEES**  
Elect up to a  
total of  
**\$300,000\***

**SPOUSE**  
Elect up to a  
total of  
**\$50,000\***

**CHILD(REN)**  
Elect up to a  
total of  
**\$20,000**

### Voluntary Life Plan Enhancements:

- Increased maximum of up to \$750,000 and no salary cap for Employee Voluntary Life
- Increased Child Life options - 3 options available to elect - \$10,000, \$15,000 and \$20,000
- Employee can elect Spouse or Child Life coverage without electing coverage for themselves
- No age reductions
- Option to elect a matching amount of Accidental Death & Dismemberment for all family members!

### Future Annual Enrollments:

Each annual enrollment, employees currently participating in the Employee Voluntary Life may increase coverage by up to \$20,000 without Evidence of Insurability, not to exceed a total of \$300,000. **Enroll today in order to be eligible each year for this guaranteed issue opportunity!**

\*Total amount includes current coverage. Evidence of Insurability is required for Employee and Spouse Life elections above the noted special offer, up to the plan maximums.

**NEW - ENROLL ONLINE ON EMPLOYEE NAVIGATOR**

Guaranteed elections will be effective January 1, 2022.  
All other elections will be effective upon underwriting approval.

# Group Life Insurance Program

Your employer provides benefit eligible employees Term Life and Accidental Death & Dismemberment (AD&D) Insurance through Securian Financial - administered by Ochs.

## LIFE and AD&D INSURANCE

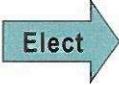
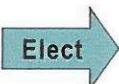
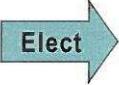
Protects you and your family from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

## BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

Basic & Voluntary Life Beneficiaries are the same.

## VOLUNTARY LIFE - employee paid

Employee* Term Life		Elect \$10,000 increments up to <b>\$750,000</b> <ul style="list-style-type: none"><li>See next page for rates</li></ul>	<ul style="list-style-type: none"><li><b>\$300,000</b> is Guaranteed Issue for initial enrollment (no health questions). Elections beyond \$300,000 require evidence of insurability.</li><li>Elect a matching AD&amp;D benefit</li></ul>						
Spouse Term Life		Elect \$5,000 increments up to <b>\$250,000</b> <ul style="list-style-type: none"><li>See next page for rates</li></ul>	<ul style="list-style-type: none"><li><b>\$50,000</b> is Guaranteed Issue for initial enrollment (no health questions). Elections beyond \$50,000 require evidence of insurability.</li><li>Elect a matching AD&amp;D benefit</li></ul>						
Child Term Life		<table><tbody><tr><td>Elect <b>\$10,000</b></td><td><ul style="list-style-type: none"><li>\$2.00 monthly Life only</li><li>\$2.17 monthly Life with AD&amp;D</li></ul></td></tr><tr><td>Elect <b>\$15,000</b></td><td><ul style="list-style-type: none"><li>\$3.00 monthly Life only</li><li>\$3.26 monthly Life with AD&amp;D</li></ul></td></tr><tr><td>Elect <b>\$20,000</b></td><td><ul style="list-style-type: none"><li>\$4.00 monthly Life only</li><li>\$4.34 monthly Life with AD&amp;D</li></ul></td></tr></tbody></table>	Elect <b>\$10,000</b>	<ul style="list-style-type: none"><li>\$2.00 monthly Life only</li><li>\$2.17 monthly Life with AD&amp;D</li></ul>	Elect <b>\$15,000</b>	<ul style="list-style-type: none"><li>\$3.00 monthly Life only</li><li>\$3.26 monthly Life with AD&amp;D</li></ul>	Elect <b>\$20,000</b>	<ul style="list-style-type: none"><li>\$4.00 monthly Life only</li><li>\$4.34 monthly Life with AD&amp;D</li></ul>	<ul style="list-style-type: none"><li>All coverage is Guaranteed Issue for initial enrollment and each year during annual enrollment</li><li>One premium insures all eligible children from live birth to age 26</li><li>Elect a matching AD&amp;D benefit</li></ul>
Elect <b>\$10,000</b>	<ul style="list-style-type: none"><li>\$2.00 monthly Life only</li><li>\$2.17 monthly Life with AD&amp;D</li></ul>								
Elect <b>\$15,000</b>	<ul style="list-style-type: none"><li>\$3.00 monthly Life only</li><li>\$3.26 monthly Life with AD&amp;D</li></ul>								
Elect <b>\$20,000</b>	<ul style="list-style-type: none"><li>\$4.00 monthly Life only</li><li>\$4.34 monthly Life with AD&amp;D</li></ul>								

\*NOTE: Future Guaranteed Issue Offer - Employees who are enrolled in voluntary life can elect up to \$20,000 guaranteed issue, no health questions asked, during future open enrollment periods (resulting coverage cannot exceed \$300,000).

Employees do not have to elect employee voluntary life in order to elect spouse or child life.

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child.

This is a summary of plan provisions related to the insurance policy underwritten by Minnesota or Securian Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Minnesota and Securian Life are affiliates of Securian Financial Group, Inc.

Products are offered under policy form series 14-31700.

**Ochs, Inc.**

A Securian Financial Company

400 Robert Street N, Ste. 1880, St. Paul, MN 55101

F-ochs Rev 09-2021



Email: [ochs@ochsinc.com](mailto:ochs@ochsinc.com)

Phone: 651-665-3789 • 1-800-392-7295

Web: [ochsinc.com](http://ochsinc.com)

DOFU 3-2020

Employee & Spouse Voluntary Term Life Monthly Rates  
(Life Only - does NOT include matching AD&D benefit)



Ochs

Based on employee's age

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*
Rate/\$1,000	\$0.030	\$0.038	\$0.078	\$0.087	\$0.097	\$0.145	\$0.225	\$0.420	\$0.650	\$1.250	\$2.050
Amount											
\$5,000	0.15	0.19	0.39	0.44	0.49	0.73	1.13	2.10	3.25	6.25	10.25
\$10,000	0.30	0.38	0.78	0.87	0.97	1.45	2.25	4.20	6.50	12.50	20.50
\$20,000	0.60	0.76	1.56	1.74	1.94	2.90	4.50	8.40	13.00	25.00	41.00
\$30,000	0.90	1.14	2.34	2.61	2.91	4.35	6.75	12.60	19.50	37.50	61.50
\$40,000	1.20	1.52	3.12	3.48	3.88	5.80	9.00	16.80	26.00	50.00	82.00
\$50,000	1.50	1.90	3.90	4.35	4.85	7.25	11.25	21.00	32.50	62.50	102.50
\$60,000	1.80	2.28	4.68	5.22	5.82	8.70	13.50	25.20	39.00	75.00	123.00
\$70,000	2.10	2.66	5.46	6.09	6.79	10.15	15.75	29.40	45.50	87.50	143.50
\$80,000	2.40	3.04	6.24	6.96	7.76	11.60	18.00	33.60	52.00	100.00	164.00
\$90,000	2.70	3.42	7.02	7.83	8.73	13.05	20.25	37.80	58.50	112.50	184.50
\$100,000	3.00	3.80	7.80	8.70	9.70	14.50	22.50	42.00	65.00	125.00	205.00
\$110,000	3.30	4.18	8.58	9.57	10.67	15.95	24.75	46.20	71.50	137.50	225.50
\$120,000	3.60	4.56	9.36	10.44	11.64	17.40	27.00	50.40	78.00	150.00	246.00
\$130,000	3.90	4.94	10.14	11.31	12.61	18.85	29.25	54.60	84.50	162.50	266.50
\$140,000	4.20	5.32	10.92	12.18	13.58	20.30	31.50	58.80	91.00	175.00	287.00
\$150,000	4.50	5.70	11.70	13.05	14.55	21.75	33.75	63.00	97.50	187.50	307.50
\$160,000	4.80	6.08	12.48	13.92	15.52	23.20	36.00	67.20	104.00	200.00	328.00
\$170,000	5.10	6.46	13.26	14.79	16.49	24.65	38.25	71.40	110.50	212.50	348.50
\$180,000	5.40	6.84	14.04	15.66	17.46	26.10	40.50	75.60	117.00	225.00	369.00
\$190,000	5.70	7.22	14.82	16.53	18.43	27.55	42.75	79.80	123.50	237.50	389.50
\$200,000	6.00	7.60	15.60	17.40	19.40	29.00	45.00	84.00	130.00	250.00	410.00
\$210,000	6.30	7.98	16.38	18.27	20.37	30.45	47.25	88.20	136.50	262.50	430.50
\$220,000	6.60	8.36	17.16	19.14	21.34	31.90	49.50	92.40	143.00	275.00	451.00
\$230,000	6.90	8.74	17.94	20.01	22.31	33.35	51.75	96.60	149.50	287.50	471.50
\$240,000	7.20	9.12	18.72	20.88	23.28	34.80	54.00	100.80	156.00	300.00	492.00
\$250,000	7.50	9.50	19.50	21.75	24.25	36.25	56.25	105.00	162.50	312.50	512.50
\$260,000	7.80	9.88	20.28	22.62	25.22	37.70	58.50	109.20	169.00	325.00	533.00
\$270,000	8.10	10.26	21.06	23.49	26.19	39.15	60.75	113.40	175.50	337.50	553.50
\$280,000	8.40	10.64	21.84	24.36	27.16	40.60	63.00	117.60	182.00	350.00	574.00
\$290,000	8.70	11.02	22.62	25.23	28.13	42.05	65.25	121.80	188.50	362.50	594.50
\$300,000	9.00	11.40	23.40	26.10	29.10	43.50	67.50	126.00	195.00	375.00	615.00
\$350,000	10.50	13.30	27.30	30.45	33.95	50.75	78.75	147.00	227.50	437.50	717.50
\$400,000	12.00	15.20	31.20	34.80	38.80	58.00	90.00	168.00	260.00	500.00	820.00
\$450,000	13.50	17.10	35.10	39.15	43.65	65.25	101.25	189.00	292.50	562.50	922.50
\$500,000	15.00	19.00	39.00	43.50	48.50	72.50	112.50	210.00	325.00	625.00	1,025.00
\$550,000	16.50	20.90	42.90	47.85	53.35	79.75	123.75	231.00	357.50	687.50	1,127.50
\$600,000	18.00	22.80	46.80	52.20	58.20	87.00	135.00	252.00	390.00	750.00	1,230.00
\$650,000	19.50	24.70	50.70	56.55	63.05	94.25	146.25	273.00	422.50	812.50	1,332.50
\$700,000	21.00	26.60	54.60	60.90	67.90	101.50	157.50	294.00	455.00	875.00	1,435.00
\$750,000	22.50	28.50	58.50	65.25	72.75	108.75	168.75	315.00	487.50	937.50	1,537.50

\*Additional rates available upon request. Rates change according to age brackets.

Employee & Spouse Voluntary Term Life and AD&D Monthly Rates  
(Includes matching AD&D benefit)



Based on employee's age

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*
Rate/\$1,000	\$0.050	\$0.058	\$0.098	\$0.107	\$0.117	\$0.165	\$0.245	\$0.440	\$0.670	\$1.270	\$2.070
Amount											
\$5,000	0.25	0.29	0.49	0.54	0.59	0.83	1.23	2.20	3.35	6.35	10.35
\$10,000	0.50	0.58	0.98	1.07	1.17	1.65	2.45	4.40	6.70	12.70	20.70
\$20,000	1.00	1.16	1.96	2.14	2.34	3.30	4.90	8.80	13.40	25.40	41.40
\$30,000	1.50	1.74	2.94	3.21	3.51	4.95	7.35	13.20	20.10	38.10	62.10
\$40,000	2.00	2.32	3.92	4.28	4.68	6.60	9.80	17.60	26.80	50.80	82.80
\$50,000	2.50	2.90	4.90	5.35	5.85	8.25	12.25	22.00	33.50	63.50	103.50
\$60,000	3.00	3.48	5.88	6.42	7.02	9.90	14.70	26.40	40.20	76.20	124.20
\$70,000	3.50	4.06	6.86	7.49	8.19	11.55	17.15	30.80	46.90	88.90	144.90
\$80,000	4.00	4.64	7.84	8.56	9.36	13.20	19.60	35.20	53.60	101.60	165.60
\$90,000	4.50	5.22	8.82	9.63	10.53	14.85	22.05	39.60	60.30	114.30	186.30
\$100,000	5.00	5.80	9.80	10.70	11.70	16.50	24.50	44.00	67.00	127.00	207.00
\$110,000	5.50	6.38	10.78	11.77	12.87	18.15	26.95	48.40	73.70	139.70	227.70
\$120,000	6.00	6.96	11.76	12.84	14.04	19.80	29.40	52.80	80.40	152.40	248.40
\$130,000	6.50	7.54	12.74	13.91	15.21	21.45	31.85	57.20	87.10	165.10	269.10
\$140,000	7.00	8.12	13.72	14.98	16.38	23.10	34.30	61.60	93.80	177.80	289.80
\$150,000	7.50	8.70	14.70	16.05	17.55	24.75	36.75	66.00	100.50	190.50	310.50
\$160,000	8.00	9.28	15.68	17.12	18.72	26.40	39.20	70.40	107.20	203.20	331.20
\$170,000	8.50	9.86	16.66	18.19	19.89	28.05	41.65	74.80	113.90	215.90	351.90
\$180,000	9.00	10.44	17.64	19.26	21.06	29.70	44.10	79.20	120.60	228.60	372.60
\$190,000	9.50	11.02	18.62	20.33	22.23	31.35	46.55	83.60	127.30	241.30	393.30
\$200,000	10.00	11.60	19.60	21.40	23.40	33.00	49.00	88.00	134.00	254.00	414.00
\$210,000	10.50	12.18	20.58	22.47	24.57	34.65	51.45	92.40	140.70	266.70	434.70
\$220,000	11.00	12.76	21.56	23.54	25.74	36.30	53.90	96.80	147.40	279.40	455.40
\$230,000	11.50	13.34	22.54	24.61	26.91	37.95	56.35	101.20	154.10	292.10	476.10
\$240,000	12.00	13.92	23.52	25.68	28.08	39.60	58.80	105.60	160.80	304.80	496.80
\$250,000	12.50	14.50	24.50	26.75	29.25	41.25	61.25	110.00	167.50	317.50	517.50
\$260,000	13.00	15.08	25.48	27.82	30.42	42.90	63.70	114.40	174.20	330.20	538.20
\$270,000	13.50	15.66	26.46	28.89	31.59	44.55	66.15	118.80	180.90	342.90	558.90
\$280,000	14.00	16.24	27.44	29.96	32.76	46.20	68.60	123.20	187.60	355.60	579.60
\$290,000	14.50	16.82	28.42	31.03	33.93	47.85	71.05	127.60	194.30	368.30	600.30
\$300,000	15.00	17.40	29.40	32.10	35.10	49.50	73.50	132.00	201.00	381.00	621.00
\$350,000	17.50	20.30	34.30	37.45	40.95	57.75	85.75	154.00	234.50	444.50	724.50
\$400,000	20.00	23.20	39.20	42.80	46.80	66.00	98.00	176.00	268.00	508.00	828.00
\$450,000	22.50	26.10	44.10	48.15	52.65	74.25	110.25	198.00	301.50	571.50	931.50
\$500,000	25.00	29.00	49.00	53.50	58.50	82.50	122.50	220.00	335.00	635.00	1,035.00
\$550,000	27.50	31.90	53.90	58.85	64.35	90.75	134.75	242.00	368.50	698.50	1,138.50
\$600,000	30.00	34.80	58.80	64.20	70.20	99.00	147.00	264.00	402.00	762.00	1,242.00
\$650,000	32.50	37.70	63.70	69.55	76.05	107.25	159.25	286.00	435.50	825.50	1,345.50
\$700,000	35.00	40.60	68.60	74.90	81.90	115.50	171.50	308.00	469.00	889.00	1,449.00
\$750,000	37.50	43.50	73.50	80.25	87.75	123.75	183.75	330.00	502.50	952.50	1,552.50

\*Additional rates available upon request. Rates change according to age brackets.

## Beneficiary Designation

### Securian Life Insurance Company Minnesota Life Insurance Company

Administered by Ochs, Inc.

Group Customer Service • 400 Robert Street North, Suite 1880, St. Paul, MN 55101-2025



#### INSTRUCTIONS

1. Clearly print or type the information.
2. Sign and date the completed form.
3. Return to: Your Employer

#### GENERAL BENEFICIARY INFORMATION

- Completing this Beneficiary Designation form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- **Primary Beneficiary:** This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. The total shares must equal 100%.
- **Contingent Beneficiary:** If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. The total shares must equal 100%.
- **Naming Minor Children:** You may name your children (by name) directly, or to a trust. Minors cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed guardian or held until the minor child is legal age.
- **Trust:** Provide the trust name, effective date and tax ID or Social Security number (if applicable) - i.e., "John Smith Trust dated 01/01/20xx."
- **Charity:** Provide the full name, address, tax ID number.

**CONTINUE ON TO NEXT PAGE**

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

## Beneficiary Designation

Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name		Policy number
Insured's name (first, middle initial, last)		ID (or last four of SSN)
Address (street, city, state, zip)		Email address
Insured's date of birth	Policyowner (if different than insured)	Policyowner's phone number

**This designation applies to all coverages.**

**PRIMARY BENEFICIARY(IES)** - The person or persons named will receive the benefit.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

**Total Primary Shares Must Equal 100%**

**CONTINGENT BENEFICIARY(IES)** - Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

**Total Contingent Shares Must Equal 100%**

**SIGNATURE REQUIRED** - This beneficiary revokes all prior designations.

Policyowner's signature	Date
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# Group Voluntary Life and AD&D Insurance Enrollment Form

Southwestern Ohio Educational Purchasing Council

LIFE POLICY NUMBER:

1. Please complete Group Life Evidence of Insurability for coverage that is not guaranteed.
2. Return completed and signed form to your Benefits Office.

## A. EMPLOYEE INFORMATION

EMPLOYER NAME:

First Name	Middle Initial	Last Name		
Street Address		City	State	Zip Code
Date of Birth (Month, Day, Year)	Social Security Number	Date of Employment	Salary	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

## B. SUPPLEMENTAL LIFE

**Employee Life**  
Current Amount \$ \_\_\_\_\_ Increase \_\_\_\_\_ Amount \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

**Employee AD&D**  
 Add amount that matches Life Insurance elected  Waive/Cancel Effective Date \_\_\_\_\_

**Spouse Life**  
Current Amount \$ \_\_\_\_\_ Increase \_\_\_\_\_ Amount \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

**Spouse AD&D**  
 Add amount that matches Life Insurance elected  Waive/Cancel Effective Date \_\_\_\_\_

**Child Life**  
Current Amount \$ \_\_\_\_\_ Increase \_\_\_\_\_ Amount \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_ Effective Date \_\_\_\_\_

**Child AD&D**  
 Add amount that matches Life Insurance elected  Waive/Cancel Effective Date \_\_\_\_\_

## C. SPOUSE INFORMATION

First Name Middle Initial Last Name

Date of Birth (Month, Day, Year)	Is your spouse also an employee covered under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
----------------------------------	--	---

## D. CHILDREN INFORMATION – (List names and date of birth for your eligible children)

## E. AUTHORIZATION

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage.

Employee Signature	Daytime Telephone Number	Evening Telephone Number	Date Signed
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## Group Basic Life and AD&D Insurance Enrollment Form

Southwestern Ohio Educational Purchasing Council

LIFE POLICY NUMBER:

### A. EMPLOYEE INFORMATION

EMPLOYER NAME:

First Name	Middle Initial	Last Name
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Street Address	City	State	Zip Code
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Date of Birth (Month, Day, Year)	Social Security Number	Date of Employment	Salary	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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### B. BASIC LIFE

#### Employee Basic Life and AD&D

Basic Life and AD&D Amount \$\_\_\_\_\_

Life Insurance Class \_\_\_\_\_

Effective Date \_\_\_\_\_

## EMPLOYEE ASSISTANCE PROGRAM

Anthem. 



### 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](http://anthemEAP.com) and enter SWOH. 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	<a href="http://www.mcgoanbrabender.com">www.mcgoanbrabender.com</a>
Claims/Billing/ Benefits Questions	McGohan Brabender Advocates Team	(937) 260-4300 or (877) 635-5372	<a href="mailto:mbadvocates@mbbenefits.com">mbadvocates@mbbenefits.com</a>
Individual Coverage	Cornerstone Broker	Visit: <a href="http://www.mcgoanbrabender.com">www.mcgoanbrabender.com</a> Click on the "Our Services" then "Brokerage & Consulting" Click "Medicare & Individual Health Insurance Plans"	
Retirement Benefits	RetireMed	1 (866) 600-4266	<a href="http://www.retiremed.com/MB">www.retiremed.com/MB</a>



RetireMed

### 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.

## CARRIER INFORMATION

### ANTHEM MEDICAL INSURANCE:

- [www.Anthem.com](http://www.Anthem.com) Member service 1- 833-578-4441
- *Sydney Health mobile app* available to find a doctor, urgent care, hospitals, emergency room & access your id card.

### PREScriptions:

- [www.Caremark.com](http://www.Caremark.com) Member service 1-888-202-1654
- *CVS/Caremark mobile app* available to refill/renew service prescriptions, check order status and view history, check drug coverage and costs under your plan, find local pharmacies in your plan's network, check for potential drug interactions among medications.

### DENTAL INSURANCE:

- [www.deltadentaloh.com](http://www.deltadentaloh.com)

### VISION INSURANCE:

- [www.vsp.com](http://www.vsp.com) Member service 1-800-877-7195
- *VSP Vision Care on the Go mobile app* available to find a doctor, check your claims and benefits, rebates and special offers glasses, contacts and Lasik, eye care information and your member vision card.

### EPC BASIC / VOLUNTARY LIFE INSURANCE:

- Contact Treasurer's office

### EFFECTIVE 1/1/2022: WELLNESS FOR CONDITION MANAGEMENT & COACHING PROGRAMS:

- Anthem members ONLY – [www.lark.com](http://www.lark.com) You will need your ID card or call 1-866-962-1071

### EMPLOYEE ASSISTANCE PROGRAM (EAP):

- [www.anthemeap.com](http://www.anthemeap.com) – Enter Company code: SWOH EPC Or call 1-800-865-1044
- Available 24/7, 365 days a year for 3 FREE visits of Counseling services, Legal & Financial consultations, ID recovery, Dependent care & daily living resources, Crisis consultation and other anthemeap.com resources.

### AMERICAN FIDELITY:

- [www.americanfidelity.com](http://www.americanfidelity.com) – Or call 1-877-518-2337

## **GENERAL HEALTH NOTICES:**

<http://www.epcschools.org/Districts.html>

- Medicare Part D Notice
- CHIP Model Notice

## **PLAN SUMMARY:**

<http://epcschools.org/Districts.html>

Find West Liberty-Salem on the list and click there to see plan information.

## **MEDICARE/RETIREMENT BENEFITS:**

- [www.retiremediQ.com/epcschools](http://www.retiremediQ.com/epcschools) or Call 1-800-605-6525
- Before retirement, Medicare options, insurance benefit comparisons, etc.

Do you have secondary medical coverage? Contact Anthem members service phone number to coordinate benefits.

Having a Baby?

Getting Married?

Recently Divorced?

Please notify Chelsea Baldwin at your earliest convenience.

[cbaldwin@wlstigers.org](mailto:cbaldwin@wlstigers.org) or 937-465-1132