



Hilliard City Schools Plan Year 2026



American Fidelity Assurance Company
[americanfidelity.com](https://www.americanfidelity.com)



Hilliard City School District

David Stewart, Superintendent • Melissa N. Swearingen, Treasurer/CFO

Dear Benefit Eligible Employee,

Hilliard City Schools is again partnering with American Fidelity to conduct our annual Open Enrollment.

In-Person Enrollments:

Open enrollment will begin October 6th, 2025, with one-on-one in-person meetings in our building locations. Whether you're planning on maintaining your current coverage choices, considering making changes, or waiving coverage, it is essential for you to schedule a one-on-one meeting to complete your 2026 benefits enrollment.

If you want to complete your open enrollment with your spouse/significant other who works within the district, please make sure you schedule back-to-back appointment slots so there is ample time for the representative to complete your enrollments without running into another staff members' appointment.

Note if you are planning on adding a dependent/spouse to your Medical, Dental and/or Vision plans for 2026 plan year you will need to provide proper eligible documentation during your meeting to representative for review.

New for 2026:

- Medical premium rates increased by 4.7% for the 2026 plan year. See attached rates.
- Dental premiums rates increased by 5.5 % for the 2026 plan year and Vision rates will remain the same.
- FSA Carryover Provision. This provision allows employees to carry over unused contributions from one plan year (2025) to the next (2026). The amount to be carried over may be up to the \$640 maximum allowed. FSA accounts will only renew if a new election is made each year.
- New for FSA in 2026 the maximum amount allowed has been increased to \$3,300.
- New for Dependent Care Accounts in 2026 the maximum amount allowed has been increased to \$7,500.

Coverage for benefits elected during open enrollment are effective 1/1/2026.

Information in this packet will provide more details on the options available to you, how to prepare for your enrollment, and instructions on how to enroll.

If you have any questions, please do not hesitate to send an email to Benefits@hboe.org

Sincerely,

A handwritten signature in black ink, appearing to read "David Stewart", is written over a circular blue ink stamp. The stamp is partially obscured by the signature and the text below it.

David Stewart
Superintendent

Ready For Tomorrow

2140 Atlas Street • Columbus, OH 43228 • Phone (614) 921-7000 • FAX (614) 921-7001
www.hilliardschools.org



Your benefits made simple.

To make your enrollment easier, you'll be able to enroll in your major medical insurance and supplemental benefits at the same time. Get all your benefit options and details with less hassle.

Your American Fidelity account manager can answer your questions and help you prepare your plan.



Disability Income Insurance

- Helps protect your finances in case of a covered injury or illness.
- Provides a benefit to help cover costs while you are unable to work.
- Select from custom coverage options.

Learn more: americanfidelity.com/disability



Limited Benefit Cancer Insurance

- May help protect you financially if you are diagnosed with a covered cancer so you can focus on recovery.
- Provides benefit payments directly to you.
- May cover expenses like travel and lodging, experimental treatments and second opinions.

Learn more: americanfidelity.com/cancer



Limited Benefit Accident Only Insurance

- Helps with out-of-pocket expenses for the treatment of covered accidental injuries.
- Provides benefit payments directly to you.
- Some covered accidents include burns, a sprained ankle or spider bites.

Learn more: americanfidelity.com/accident



Limited Benefit Critical Illness Insurance

- Pays a lump sum benefit upon diagnosis of certain covered life-altering illnesses.
- Helps with costs not covered by medical insurance.
- Some eligible conditions include heart attack, organ failure and more.

Learn more: americanfidelity.com/critical-illness



Learn more about your benefits.

<https://enroll.americanfidelity.com/3DDB62B6>

**AMERICAN
FIDELITY**
a different opinion



Limited Benefit Hospital Indemnity Insurance

- Helps pay for out-of-pocket costs associated with a covered inpatient stay or treatment.
- Compatible with Health Savings Accounts allowing for tax benefits and potential savings.
- Benefits are paid directly to you.

Learn more: americanfidelity.com/hospital-indemnity



Life Insurance

- May help financially protect your family if you were to pass away.
- Several plans available to select the coverage that best fits you and your family.
- Provides immediate coverage.

Learn more: americanfidelity.com/life



How can you prepare?

Browse our video library and watch short videos to learn about preparing for your enrollment, benefits education, inspiring stories and tutorials.

americanfidelity.com/videos

Help protect the
ones you **love.**



Bring Home More From Your Paycheck

Take advantage of tax savings when paying for medical coverage and out-of-pocket expenses before taxes. This could reduce your taxable income and allow you to take home more money.

How does it work?

Consider this example: Jane makes \$2,000 per paycheck and is paid twice a month. Under a tax-savings plan, she would save \$140 per month, adding up to \$1,680 a year. Calculate your possible savings: americanfidelity.com/s125-calculator

Earnings	Post-Tax	Pre-Tax
Gross Pay	\$2,000	\$2,000
Eligible Benefit Contributions	N/A	-\$250
Taxable Gross	\$2,000	\$1,750
Estimated Taxes (Federal & State @ 20%)	-\$400	-\$350
Estimated FICA (7.65%)	-\$153	-\$133
Out-of-Pocket Medical Expenses	-\$250	N/A
Take Home Pay	\$1,197	\$1,267

*A savings
of \$1,680
a year*

Example is for illustrative purposes only. Please consult your tax advisor for actual tax savings.

Healthcare Flexible Spending Accounts

Save money on eligible medical expenses.

Healthcare Flexible Spending Accounts (HCFsAs) allow you to save part of your paycheck, before taxes, to pay for eligible medical costs throughout the year.

Features:

- Funds available at the beginning of your plan year
- Reduce your taxable income
- Contribute as much, or as little, as you want (up to the annual limit)

Learn more at
americanfidelity.com/fsa



Calculate medical costs
americanfidelity.com/fsa-worksheet

Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter medications
- First aid kits
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Breast pumps and supplies

americanfidelity.com/eligible-expenses

Dependent Care Accounts

Set aside pre-tax funds for eligible expenses.

Do you have children or other dependents who require care while you're working? A Dependent Care Account (DCA) allows you to set aside money on a pre-tax basis to pay for eligible dependent care costs.

Some expenses that may be eligible for reimbursement:

- Nursery school, daycares and babysitters
- In-home care, elder care and custodial care
- Before or after-school care
- Summer and holiday day camps

Learn more at
americanfidelity.com/dca



Help protect the
ones you **love.**





Our services: In-person and virtual care

Marathon Health is your health partner, covering up to 90% of your health and wellness needs.

Primary and preventive care	Immediate and sick care
• Annual exams and screenings • Blood pressure • Biometric screening (height, weight, blood glucose, and cholesterol) • Condition management (diabetes, heart disease, COPD, and more) • Mental health support (provider assessment for mental health concerns) • Vaccines (flu, TDAP, and more)	• Bronchitis • Common cold and cough • Constipation • Diarrhea • Eye infections • Headache • Joint pain • Nausea and vomiting • Nosebleed • Sinus infections • Skin infections • Strep throat
Family care	Lab services ¹
• Sports and camp physicals (ages 5+) • Minor injuries (cuts, scrapes, and minor burns) (ages 2+) • Sick care (fever, flu, vomiting, pink eye, cough, and more) (ages 2+)	• Basic metabolic panel • Blood draws and sample collection • Cholesterol • Hemoglobin A1c • Pregnancy test • Screening for diabetes • Urinalysis
Mental health counseling (ages 12+)	Health coaching & condition management
• Anxiety, excessive worries • Depressed mood, sadness • Disordered eating • Grief • Substance abuse (alcohol, drugs) • Relationship concerns (individual, family, and couples therapy) • Stress, anger • Post-traumatic stress Suicide & crisis lifeline: call or text 988 Crisis text line: text the phrase HOME to 741741	• Achieving/maintaining a healthy weight • Quitting tobacco/nicotine • Diabetes prevention or management • High blood pressure • High cholesterol • Diet and nutrition • Physical activity • Sleep • Work/life balance
Medications	
• Over 150+ common medications may be available at the health center for you to take home when you leave your appointment. Additionally, you can have medications delivered to your home at no additional cost.	



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



1. Additional lab tests can also be drawn and sent to an outside lab for processing.
 The care you receive by Marathon Health is confidential and protected by state and federal law.



Medical Insurance

Your 2026 Medical Plan Summary

Below are highlights of your 2026 medical plan.

Plan Features	Meritain with Aetna POS II Network	
	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$750 / \$1,500	\$2,250 / \$4,500
Out-of-Pocket Maximum (Individual/Family)	\$2,000 / \$4,000	\$5,000 / \$10,000
Preventive Services and Routine Care		
Preventive Care Services	100% covered, deductible waived	40% after deductible
Routine Care	100% covered, deductible waived	40% after deductible
Physician's Services		
Inpatient/Outpatient	10% after deductible	40% after deductible
Office Visits Primary Care Physician Specialist	\$20 Copay*, then 100%; deductible waived \$35 Copay*, then 100%; deductible waived	40% after deductible
Physician Office Surgery Primary Care Physician Specialist	\$20 Copay*, then 100%; deductible waived \$35 Copay*, then 100%; deductible waived	40% after deductible
Teladoc	\$10 Copay, then 100%; deductible waived	N/A
Telemedicine	\$20 Copay, then 100%; deductible waived	40% after deductible
Walk-In Clinic	\$20 Copay, then 100%; deductible waived	40% after deductible
Hospital Services		
Urgent Care Facility	\$50 Copay**, then 100%; deductible waived	40% after deductible
Emergency Services Emergency Medical Condition	\$250 Copay, then 100%; deductible waived	Paid at the participating provider level of benefits
Ambulance Services Medically Necessary	10% after deductible	Paid at the participating provider level of benefits
Diagnostic Testing X-ray and Lab Services (Outpatient)	10% after deductible	40% after deductible

* Copay applies per visit regardless of what services are rendered.

** Copay applies to the physician office visit component only. All other services are paid subject to any deductible and coinsurance percentages.

Marathon Health for \$0 Copay

Close to Home Healthcare by Marathon Health offers high quality affordable healthcare for you and your family members at convenient locations in Hilliard, Grove City and at Easton.

Comprehensive Care

- Annual check-ups
- Acute (sick) care needs
- Chronic conditions
- Medications and lab tests
- Behavioral health services
- Health coaching
- Same or next-day appointments
- Online scheduling and digital check-in
- In-person, video and phone appointments
- **\$0 copay** for Marathon Health Clinic visits

Marathon Health Clinic is only available to employees enrolled in the Hilliard City Schools Health Plan.

Schedule in person visits by calling Marathon Health at **866-434-3255** or text **REGISTER** to **77239**.

Appointments by video and phone are also available.



Prescription Drug Insurance

Your prescription drug plan details are as follows:

	CVS Caremark
	In-Network
Retail - 30-day supply	
Generic	\$10 Copay
Preferred Brand	\$30 Copay
Non-preferred Brand	\$50 Copay
Preventive Drug	\$0 Copay (100% paid)
Maintenance Medication Through Retail * & Mail Order Pharmacy - 90-day supply	
Generic	\$25 Copay
Preferred Brand	\$75 Copay
Non-preferred Brand	\$125 Copay
Preventive Drug	\$0 Copay (100% paid)
Calendar Year Out-of-Pocket Maximum	
Includes Copays - combined with medical plan out-of-pocket maximum (Individual/Family)	\$2,000 / \$4,000

***Valid Pharmacies Include: CVS, Kroger, and Costco**

Are You Taking Specialty Medications?

If you're taking specialty medications for a chronic or complex condition (like multiple sclerosis, rheumatoid arthritis or cancer), you know how costly they can be – and that the cost continues to rise. Because we want to make sure you can get the medications you need at an affordable cost, we're pleased to continue offering a program that reduces your out-of-pocket cost for specialty medications to \$0.

Pay \$0 with The PrudentRx Copay Program

As part of your prescription plan, The PrudentRx Copay Program allows you to get all of your specialty medications at no cost to you. That means \$0 out of pocket for any medications on your Specialty Drug List when you fill at CVS Specialty®.

PrudentRx will work with manufacturers to get copay card assistance, and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program. Maximizing your manufacturer copay assistance results in lower costs for you, your family and your health plan. The table is an example of how the program works.

Specialty Pharmacy Program - PrudentRx
Out-of-pocket cost IF enrolled in program
Medication cost: \$1,000 for a 30-day supply Copay Responsibility: \$0 Your out-of-pocket cost: \$0 Amount applied to out-of-pocket maximum: \$0
Out-of-pocket cost IF NOT enrolled
Medication cost: \$1,000 for a 30-day supply Copay Responsibility (30%): \$300 Your out-of-pocket cost: \$300 Amount applied to out-of-pocket maximum: \$300



**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 1030-0001, 0002, 0003, 0099
Hilliard City 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%
Palliative Treatment – to temporarily relieve pain	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			
Minor Restorative Services – fillings and crown repair	90%	90%	90%
Endodontic Services – root canals	90%	90%	90%
Periodontic Services – to treat gum disease	90%	90%	90%
Oral Surgery Services – extractions and dental surgery	90%	90%	90%
Other Basic Services – misc. services	90%	90%	90%
Relines and Repairs – to prosthetic appliances	90%	90%	90%
Major Services			
Major Restorative Services – crowns	70%	70%	70%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	70%	70%	70%
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.
- Three prophylaxes (cleanings) are payable 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 once per calendar year with no age limit.
- 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.
- Composite resin (white) restorations are payable on posterior teeth.
- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Bone replacement graft for ridge preservation is a Covered Service.
- 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 include 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 – \$2,000 per Member total per Benefit Year on all services except orthodontic services. \$1,000 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 – None.

Waiting Period – A Full-Time Employee of the Employer who regularly works 30 or more Hours of Service per week will be eligible to enroll for coverage under this Plan as of the first day he/she reports for employment with the Employer. Participation in the Plan will begin as of the first day of the month following his/her date of active employment, unless the employee's first day of employment is on the first of the month, then said employee's insurance shall commence on the first day of employment.

Eligible People – All full-time employees of the Contractor who choose the dental plan: Administration (0001), Certified (0002), Classified (0003) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099).

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. Also eligible is your domestic partner, as defined by the Contractor. Domestic partners will be treated as Spouses under This Plan.

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 – Where two legally married Subscribers are both eligible for coverage under this Contract, they must be on one plan and be enrolled together on one application card.

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



DeltaVision®



Hilliard City Schools

Benefits overview¹

Exam/lens/frame frequency (months)	12/12/12
Contacts (instead of glasses) frequency (months)	12

In-network coverage

Exam copay	\$10
Materials copay (lenses and/or frame)	\$25
Single vision, lined bifocal, lined trifocal or lenticular lenses	Covered in full after copay
Frames allowance	\$130
Elective contact lenses allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit and evaluation copay	Up to \$60

DeltaVision®
130 Enhanced

Out-of-network allowances

Exam	Up to \$45
Single vision lenses	Up to \$30
Bifocal lenses	Up to \$50
Trifocal lenses	Up to \$65
Progressive lenses	Up to \$50
Lenticular lenses	Up to \$100
Frames	Up to \$70
Elective contact lenses	Up to \$105
Necessary contact lenses	Up to \$210

Most popular lens enhancements (member cost)²

All lens enhancements are covered after a copay saving members 30% on average.

	Single	Multifocal
Standard anti-reflective coating	\$41	\$41
Premium anti-reflective coating	\$68	\$68
Custom anti-reflective coating	\$85	\$85
Polycarbonate lenses (adult)	\$35	\$35
Polycarbonate lenses (child)	Covered	Covered
Standard progressive lenses	N/A	Covered
Premium progressive lenses	N/A	\$95 or \$150
Custom progressive lenses	N/A	\$150 or \$175
Photochromic lenses	\$75	\$75
Scratch resistant coating	\$17	\$17

Additional savings³

Frames discount over allowance	An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.
LASIK	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered after a maximum copay of \$39.
Essential Medical Eye Care ^{SM 5}	Supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease and glaucoma.
Low vision	Pre-approved low-vision supplemental testing covered every two years. 75% coverage for approved low-vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years.
Eyeconic®	Go to eyeconic.com® for an easy-to-use, convenient online eyewear option that integrates with your in-network benefits.
TruHearing®	Save up to 60% on hearing aids and batteries. Visit truhearing.com/vsp or call 877-396-7194 for more information. ⁴

Footnotes: www.deltadentalmi.com/DeltaVision-footnotes

Delta Dental of Michigan, Ohio, and Indiana

ADMINISTRATIVE INSURANCE BENEFITS (MONTHLY/PER PAY RATES)

HEALTH INSURANCE COVERAGE

ENROLLED IN MERITAIN MEDICAL PLAN JAN. 1 - DEC. 31, 2026

FAM. PREM.: **\$3,158.00** SING. PREM.: **\$1,169.00**

MONTHLY BOARD SHARE		MONTHLY EMPLOYEE SHARE*		PER PAY EMPLOYEE SHARE	
FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE
\$2,652.72	\$981.96	\$505.28	\$187.04	\$252.64	\$93.52

* Will round down to even number if necessary for semi-monthly payroll purposes.

DENTAL INSURANCE COVERAGE

ENROLLED IN DELTA DENTAL PLAN JAN. 1 - DEC. 31, 2026

PREMIUM: **\$116.00**

MONTHLY BOARD SHARE	MONTHLY EMPLOYEE SHARE	PER PAY EMPLOYEE SHARE
\$105.20	\$10.80	\$5.40

* Will round down to even number if necessary for semi-monthly payroll purposes.

LIFE INSURANCE COVERAGE

ENROLLED IN THE ONE AMERICA LIFE/AD&D INSURANCE PLAN JAN. 1 - DEC. 31, 2026

PREMIUM: **\$5.00** (\$50,000 COVERAGE - 100% BOARD PAID)

ENROLLED IN THE ONE AMERICA SUPPLEMENTAL LIFE INSURANCE/AD&D PLAN JAN. 1 - DEC. 31, 2026*

PLEASE SEE ENROLLMENT FORMS/PACKET FOR ENROLLMENT INFORMATION AND RATES.

*OPTIONAL

DELTA VISION - VOLUNTARY VISION PLAN

ENROLLED IN VOLUNTARY* VISION SERVICE PLAN (VSP) JAN. 1 - DEC. 31, 2026

VSP

MONTHLY PREMIUMS:	\$7.54 Single	*PREMIUM IS 100% EMPLOYEE PAID.
	\$15.08 Employee + Spouse	
	\$16.15 Employee + Children	
	\$25.80 Family (Spouse & Children)	

ALL EMPLOYEES, EXCEPT SUBSTITUTES, ARE ELIGIBLE FOR THIS BENEFIT.

CERTIFIED INSURANCE BENEFITS (MONTHLY/PER PAY RATES)

HEALTH INSURANCE COVERAGE - Please note that part-time rates (under 30 hours) are for employees who have coverage as of 12/31/2013. No employee under 30 hours may elect health coverage effective 1/1/2014.

ENROLLED IN MERITAIN MEDICAL PLAN JAN. 1 - DEC. 31, 2026

FAM. PREM.: \$3,158.00 SING. PREM.: \$1,169.00

CONTRACT TIME	HOURS	MONTHLY BOARD SHARE		MONTHLY EMPLOYEE SHARE*		PER PAY EMPLOYEE SHARE	
		FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE
75.1% - Above	30 Hours and Up	2,652.72	981.96	505.28	187.04	252.64	93.52
50.1%-75.0%	Hours 20 - 29.9	2,336.92	865.06	821.08	303.94	410.54	151.97
25.1%-50.0%	Hours 10 - 19.9	1,547.42	572.80	1,610.58	596.20	805.29	298.10

*Will round down to even number if necessary for semi-monthly payroll purposes.

DENTAL INSURANCE COVERAGE*

ENROLLED IN DELTA DENTAL PLAN JAN. 1 - DEC. 31, 2026

PREMIUM : \$116.00

*DENTAL PREMIUM FOR FULL TIME TEACHERS IS

95% BOARD PAID. **PART TIME TEACHERS ARE ELIGIBLE AT FULL COST TO THE EMPLOYEE.**

HOURS	BOARD SHARE	MONTHLY EMPLOYEE SHARE	PER PAY EMPLOYEE SHARE
30-ABOVE	110.20	5.80	2.90
Less than 30 hours	0.00	116.00	58.00

*Will round down to even number if necessary for semi-monthly payroll purposes.

LIFE INSURANCE COVERAGE*

ENROLLED IN THE ONE AMERICA LIFE/AD&D INSURANCE PLAN JAN. 1 - DEC. 31, 2026

PREMIUM: **\$4.00** (\$40,000 COVERAGE - 100% BOARD PAID)

PREMIUM FOR FULLTIME TEACHERS IS 100% BOARD PAID. PART TIME TEACHERS ARE ELIGIBLE AT FULL COST TO THE EMPLOYEE.

ENROLLED IN THE ONE AMERICA SUPPLEMENTAL LIFE INSURANCE/AD&D PLAN

JAN. 1 - DEC. 31, 2026*

FULL AND PART TIME STAFF MEMBERS ENROLLED IN THE BASIC LIFE/AD&D PLAN ARE ELIGIBLE FOR THIS BENEFIT AT FULL COST TO THE EMPLOYEE.

PLEASE SEE ENROLLMENT FORMS/PACKET FOR ENROLLMENT INFORMATION AND RATES.

*OPTIONAL

DELTA VISION - VOLUNTARY VISION PLAN

ENROLLED IN VOLUNTARY* VISION SERVICE PLAN (VSP) JAN. 1 - DEC. 31, 2026

VSP

MONTHLY PREMIUMS:	\$7.54 Single \$15.08 Employee + Spouse \$16.15 Employee + Children \$25.80 Family (Spouse & Children)	*PREMIUM IS 100% EMPLOYEE PAID.
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ALL EMPLOYEES, EXCEPT SUBSTITUTES, ARE ELIGIBLE FOR THIS BENEFIT.

CLASSIFIED INSURANCE BENEFITS (MONTHLY/PER PAY RATES)

HEALTH INSURANCE COVERAGE

ENROLLED IN MERITAIN MEDICAL PLAN JAN. 1 - DEC. 31, 2026

FAM. PREM.: \$3,158.00 SING. PREM.: \$1,169.00

HOURS	MONTHLY BOARD SHARE		MONTHLY EMPLOYEE SHARE*		PER PAY EMPLOYEE SHARE	
	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE
30-Above	2,652.72	981.96	505.28	187.04	252.64	93.52
25-29**	2,336.92	865.06	821.08	303.94	410.54	151.97

*Will round down to even number if necessary for semi-monthly payroll purposes.

**Note - Part Time rates (under 30 hours) are for employees currently covered. Employees with current coverage will keep their coverage. However, no new part time elections are allowed.

Effective 7/1/2021, Bus Drivers working 25-29 hours per week are eligible to enroll in only single medical coverage at the 30 hours and above rate.

DENTAL INSURANCE COVERAGE

ENROLLED IN DELTA DENTAL PLAN JAN. 1 - DEC. 31, 2026

PREMIUM: \$ 116.00

HOURS	MONTHLY BOARD SHARE	MONTHLY EMPLOYEE SHARE	PER PAY EMPLOYEE SHARE
30-Above	110.20	5.80	2.90
25-29**	87.00	29.00	14.50

*Will round down to even number if necessary for semi-monthly payroll purposes.

**Note - Part Time rates (under 30 hours) are for employees currently covered. Employees with current coverage will keep their coverage. However, no new part time elections are allowed.

LIFE INSURANCE COVERAGE

ENROLLED IN THE ONE AMERICA LIFE/AD&D INSURANCE PLAN JAN. 1 - DEC. 31, 2026

PREMIUM: **\$5.00** (\$50,000 COVERAGE - 100% BOARD PAID)

ENROLLED IN THE ONE AMERICA SUPPLEMENTAL LIFE INSURANCE/AD&D PLAN JAN. 1 - DEC. 31, 2026*

ALL CLASSIFIED STAFF ALREADY ENROLLED IN BASIC LIFE/AD&D AND WORKING SIXTEEN (16) OR MORE HOURS PER WEEK ARE ELIGIBLE FOR THIS BENEFIT.

PLEASE SEE ENROLLMENT FORMS/PACKET FOR ENROLLMENT INFORMATION AND RATES.

*OPTIONAL

DELTA VISION - VOLUNTARY VISION PLAN

ENROLLED IN VOLUNTARY* VISION SERVICE PLAN (VSP) JAN. 1 - DEC. 31, 2026

VSP

MONTHLY PREMIUMS:	\$7.54 Single \$15.08 Employee + Spouse \$16.15 Employee + Children \$25.80 Family (Spouse & Children)	*PREMIUM IS 100% EMPLOYEE PAID.
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ALL EMPLOYEES, EXCEPT SUBSTITUTES, ARE ELIGIBLE FOR THIS BENEFIT.



Hilliard City School District

Welcomes You to Wellbeats

Your Complimentary Wellness Benefit

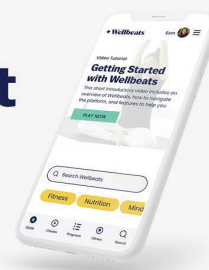
Wellbeats *Wellness*, a product of LifeSpeak Inc., is an on-demand video streaming platform with high quality, expert-led fitness, nutrition, and mindfulness classes you can play on your personal devices anytime, anywhere.

WHAT'S INCLUDED:

- 1,200+ fitness, nutrition, and mindfulness classes for all ages, levels, abilities, and interests
- Classes such as yoga, strength training, HIIT, running/walking, meditation, mental wellness, healthy recipes, cycling, kickboxing, kids activities, and cooking education
- Goal-based programs with guided plans to keep you on track such as Get Started, Train Your Way to a 5K, Lose Weight, Build Strength, Daily Mobility, Healthy Back, Stress Less, and Nourish Your Everyday
- Short stretch breaks and exercises to recharge during the day
- Personalized class and program recommendations
- Personal statistics and automated reminders
- Social features to schedule classes, invite others to join, and chat in real time



How to Get Started:



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learn more
about Wellbeats

support@wellbeats.com

Contact Us... Anytime, Anywhere

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Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

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



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



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- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



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- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
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- At the prompt, agree to enter EstateGuidance
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Get it done in three simple steps:

1. Select a Document: Will, Living Will, or Final Arrangements
2. Complete a Questionnaire
3. Print and Sign

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