



Hilliard City Schools Plan Year 2027 New Hire Benefit Guide



American Fidelity Assurance Company
americanfidelity.com



Hilliard City School District

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

Dear New Staff Member,

Welcome to the Hilliard City School District! We are delighted to have you join our team and we want to make sure you have the information you need to get started with your employee benefits.

Below is an overview of the benefits available to you as a new hire. Please review this booklet carefully, as some benefits require action on your part. Benefits begin on the first of the month after your date of hire, unless your hire date is on the first of the month, then the benefits begin immediately.

We are very proud of the insurance options we provide to staff, including Medical, Prescription, Dental and Life insurance coverages if you meet the required hours threshold. We also have various supplemental voluntary plans including Disability Income Insurance, Accident Protection, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Pet Insurance and various Life Insurances. We also offer Healthcare and Dependent Care Flexible Spending Accounts and an array of 403(b), 457(b), Roth 403(b) and Roth 457(b) plans. Those staff members utilizing our medical insurance are allowed to utilize Marathon Heath, a near-site clinic where you can access primary and preventative care, along with lab services and mental health counseling at a \$0.00 out-of-pocket cost to you.

All staff are encouraged to utilize our Employee Assistant Plan (EAP), which offers emotional support, work-life solutions, legal guidance and financial resources.

Enrollment Deadline

You must complete your benefits enrollment within the timeline established for your hire date. If you do not enroll by this deadline, you will need to wait until the next open enrollment period, except in the case of a qualifying life event.

How to Enroll

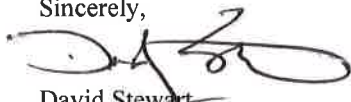
1. Look for an email from American Fidelity that will be sent to your school email address and schedule an appointment with the American Fidelity representative.
2. Review your plan options and select your coverage with the assistance of the representative.
3. Bring any required documentation to enroll dependents on the plan (e.g., dependent verification, court documents) to your enrollment meeting with American Fidelity.
4. Review your paystub to ensure the proper deduction is deducted for the benefits you elected.

Questions?

Our Benefits department is here to help. Please contact them at Benefits@hboe.org or 614-921-7000 and ask for the benefits department. They can assist you with any questions about your options or the enrollment process.

Thank you for joining the Hilliard City School District. We're glad to have you on board and want to make sure this transition is as smooth as possible - we look forward to supporting you, both professionally and personally.

Sincerely,



David Stewart
Superintendent

Ready For Tomorrow

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

Hilliard City Schools

Plan Year

01/01/2027 - 12/31/2027



New here? We've got you covered!

As a new employee, choosing benefits can seem overwhelming. Get help with sorting out important details, reviewing your options and getting your questions answered.

Your American Fidelity account manager can help you create a personalized plan that fits your needs.



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.

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.**





Medical Insurance

Your 2027 Medical Plan Summary

Below are highlights of your 2027 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

ADMINISTRATIVE INSURANCE BENEFITS (MONTHLY/PER PAY RATES)

HEALTH INSURANCE COVERAGE

ENROLLED IN MERITAIN MEDICAL PLAN JAN. 1 - DEC. 31, 2027

FAM. PREM.: **\$3,449.00** SING. PREM.: **\$1,277.00**

MONTHLY BOARD SHARE		MONTHLY EMPLOYEE SHARE*		PER PAY EMPLOYEE SHARE	
FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE
\$2,862.67	\$1,059.91	\$586.33	\$217.09	\$293.17	\$108.55

* 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, 2027

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, 2027

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

ENROLLED IN THE ONE AMERICA SUPPLEMENTAL LIFE INSURANCE/AD&D PLAN JAN. 1 - DEC. 31, 2027*

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, 2027

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, 2027

FAM. PREM.: \$3,449.00 SING. PREM.: \$1,277.00

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	2,862.67	1,059.91	586.33	217.09	293.17	108.55
50.1%-75.0%	Hours 20 - 29.9	2,517.77	932.21	931.23	344.79	465.62	172.40
25.1%-50.0%	Hours 10 - 19.9	1,655.52	612.96	1,793.48	664.04	896.74	332.02

*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, 2027

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, 2027

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, 2027*

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, 2027

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.

CLASSIFIED INSURANCE BENEFITS (MONTHLY/PER PAY RATES)

HEALTH INSURANCE COVERAGE

ENROLLED IN MERITAIN MEDICAL PLAN JAN. 1 - DEC. 31, 2027

FAM. PREM.: \$3,449.00 SING. PREM.: \$1,277.00

HOURS	MONTHLY BOARD SHARE		MONTHLY EMPLOYEE SHARE*		PER PAY EMPLOYEE SHARE	
	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE
30-Above	2,862.67	1,059.91	586.33	217.09	293.17	108.55
25-29**	2,517.77	932.21	931.23	344.79	465.62	172.40

*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, 2027

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, 2027

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

ENROLLED IN THE ONE AMERICA SUPPLEMENTAL LIFE INSURANCE/AD&D PLAN JAN. 1 - DEC. 31, 2027*

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, 2027

VSP

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

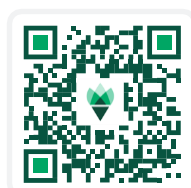
ALL EMPLOYEES, EXCEPT SUBSTITUTES, ARE ELIGIBLE FOR THIS BENEFIT.



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	- 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.

Here's an overview of your CVS Caremark benefits.

If you have any questions about your prescription plan or costs, call us at 1-866-246-7207. We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-5488.

	CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	CVS Caremark Mail Service Pharmacy or CVS Pharmacy (Up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$10 for a generic medicine	\$25 for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$30 for a preferred brand-name medicine	\$75 for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$50 for a non-preferred brand-name medicine	\$125 for a non-preferred brand-name medicine
Maximum Out-of-Pocket	\$2,000 per individual / \$4,000 per family (combined with medical)	

782-WKL-MCV_SP_MOOP-1017

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 1-866-246-7207. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.



**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	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	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.

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

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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



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your holistic and personalized solution for mental and physical wellbeing. Access expert guidance plus thousands of on-demand fitness classes, nutrition advice, and mental health education!

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- Explore expert resources on mental health, nutrition, physical health, and personal growth available in engaging formats.
- Dive into thousands of contents in multiple languages, including English and French with subtitles in 13 languages
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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



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

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- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



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Our financial experts can assist with a wide range of issues. Talk to us about:

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



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

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- Under featured services, click EstateGuidance and then Continue
- At the prompt, agree to enter EstateGuidance
- Now you're ready to start preparing your Last Will & Testament

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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- A Living Will for \$14.99
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Nationwide[®] My Pet Protection ChoiceSM PLAN SUMMARY



Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection ChoiceSM, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.¹

My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
 Wellness coverage (for dogs & cats)		✓	Optional
Annual maximum		\$450	\$450 or \$800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental ² and one additional test ³			✓



<http://www.petinsurance.com/AFAPets> | 877-738-7874



Nationwide[®]



What makes My Pet Protection ChoiceSM different?

Every My Pet Protection ChoiceSM policy includes guaranteed issuance,⁴ plus additional benefits to support pet families:

- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit



Nationwide is the industry's first provider of coverage for birds and exotic pets.

Nationwide offers more than great coverage

VetHelpline[®]

24/7 pet telehealth support

All Nationwide[®] pet insurance members enjoy unlimited access to VetHelpline[®] for round-the-clock telehealth with licensed veterinary professionals.



petco veterinary services

Save on veterinary care

Nationwide[®] pet insurance members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco.

Nationwide PetRxExpress[®]

Discounted pet medications

Save time and money when filling pet prescriptions at participating pharmacies with Nationwide PetRxExpress[®].

vetco total care

Vetco Total Care is a full-service animal hospital that offers everything from preventive care to diagnostics and surgery

vetco vaccination clinic

Vetco Vaccination Clinic offers express care for vaccinations, flea/tick and heartworm prescriptions and microchipping

Easy to use, easy to understand

1 Visit any veterinarian, anywhere.

2 Submit a claim from any device.

3 Get reimbursed for eligible expenses once the deductible is met.



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Nationwide[®]

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Coverage for spay/neuter or dental starts 90 days after the original policy term effective date.

[3] One additional test of the following: health screen (blood test), radiograph (X-ray), electrocardiogram (EKG) [4] Guaranteed issuance means any new pets enrolling into a My Pet Protection Choice plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply.

All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered.

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The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.



How can you prepare?

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Prepare for Your Enrollment

Have you reviewed your insurance benefits lately? The right benefits can help you be more financially stable. Reviewing them ensures you have coverage to help protect your wallet and your lifestyle. Here are some questions that may help.

What questions do you have about your available insurance options?

What medical, dental, or vision procedures do you have planned for next year?

What do you typically spend on prescriptions? Tip: Log in to your pharmacy's website to view your history.

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