MEDICAL BENEFITS

Welcome to the Stark County Schools COG open enrollment period for 2027. The following information is designed to keep you informed so you can make the best benefit decision for you and/or your family.

November is Open Enrollment – things you can change during this time:

1. **For those of you who live in an area where the AultCare network is available, you have the choice of Medical Mutual SuperMed or AultCare for your medical insurance carrier. AultCare is typically available in Stark County and the five surrounding counties.**
2. **Add eligible dependents that are not currently on your plan.**
3. **Add coverage if you currently don't carry coverage and are eligible for coverage.**
4. **Enroll in a Flexible Spending Account (informational materials will be in a separate document). You don't have to carry insurance to carry Flexible Spending.**

A complete electronic benefits booklet is available too. If you wish to have a copy of this booklet, please contact the benefits personnel at your district/entity.

REMEMBER, Stark County Schools COG is requiring that everyone go into Plansource and enroll or waive coverage. This will need to be done each year. You will also be enrolling in Flexible Spending Accounts (FSA) in PlanSource each year.

The Spousal Verification Form will also need to be completed each year.

Below you will find an overview of the benefits for your review.

DEDUCTIBLES - $400/person $800/family
Once you have met your deductible, claims will be paid at 90% (as long as you are in-network). Prescription claims do NOT go toward this deductible. You pay 20% for prescriptions all the time, they are not subject to the deductible.

OUT-OF-POCKET (OOP) - $1,200/person $2,400/family
After your deductible is met you will pay 10% for medical claims. This 10% automatically goes toward your OOP max. The 20% or 30% you pay for prescriptions also goes toward this OOP max. When the combination of the 10% you pay for medical claims and the 20% or 30% you pay for prescriptions meets the OOP max listed above, all claims (medical and prescription) are covered at 100% for the remainder of the calendar year (as long as you are in-network).

NON-EMERGENCY USE OF THE EMERGENCY ROOM

The Plan imposes a copay for members who use the Emergency Room for non-emergency issues. Copay for non-emergency use of the ER will be incurred even after a member meets their deductible and coinsurance limits. Members should utilize alternative treatment options such as Doctor's Office, Urgent Care, Convenience Clinics, Telehealth Services, and Nurse Lines for services that are not limb or life threatening. If you seek care and/or advice from one of the above and they recommend you go to the ER, there will not be a copay imposed.

All Non-Emergency usage of the Emergency Room - Eff. 7/01/2023 - $250 Copay

A Symptom Reference Chart is located at the end of this document for you to look at when determining where to go for service.

DEPENDENTS

Dependents can be covered under the medical, dental, and vision plans until the end of the month they reach age 26. They do not have to be a student, they can be married or have a job that offers insurance. As long as they are your child, they can be covered.

PREVENTIVE CARE

The plan covers many eligible preventive care services. Remember preventive care services are covered at 100% with no deductible. Preventive visits should be an important part of your continued wellness plan. Routine covered services include but are not limited to:

Routine Physical Exam- adults and children – one per calendar year
Prostate Screening – one per calendar year
Adult and Child Immunizations
Routine Mammogram – one per calendar year
Pap Test – one per calendar year
Well Child Care (including immunizations)
Colon Cancer Screening (beginning at age 45)
Bone Density Testing
Prenatal Services, Breast Feeding Counseling and rental of equipment, Lactation Classes
Eye Exam under medical plan for dependents up to 21 years old. Need to see in-network Optometrist or Ophthalmologist.

HEARING AIDS

Hearing Aids are now covered for dependents through age 21. Hearing Aid exam is covered at 100%. Hearing Aids are covered at 100% up to a max of $2,500 per ear, once every four years through age 21. There is no coverage for out-of-network providers.

SPOUSE/DEPENDENT COVERAGE

If you were hired after June 30, 2015 and your spouse is eligible for insurance through their own employer, they will be required to take their employer's insurance as primary. There are two ways your spouse can be on your insurance and not take their own employer's insurance:

1) **They are required to pay 40% or more of the cost of the single premium of their employer's plan**
2) **The ONLY insurance offered is a High Deductible Health Plan with a HSA.**

If your spouse is required to be primary on their employer's plan, you can cover them as secondary on your plan unless they have a HSA that will continue to be contributed to. Under IRS rules, you cannot be secondary on our plan if you have a HSA that is being contributed to either by your spouse or their employer.

You can carry your children as primary on your plan, regardless if your spouse has to carry their own insurance.

PROGRAMS AND SERVICES

This is also a good time to familiarize yourself with the programs and services available through Medical Mutual and AultCare. These programs are voluntary and are designed to support and educate our members. These are just some of the services available to you through the plans.

MEDICAL MUTUAL	*AULTCARE*
Weight Watchers Reimbursement Receive up to $150 of the registration fees per calendar year. For information, call 866-204-2878	**Aultman WeightManagement** Receive a 30% discount on the initial screening at Aultman Weight Mgmt. and Free access to any Aultman Fitness Facility
Smoking Cessation Four- to eight-week supply of nicotine replacement therapy at no out-of-pocket expense. For information, call 866-845-7702	**Tobacco Cessation** 5 week free "Give it up" program at Aultman Hospital. For information, call 330-363-7848 or go to www.aultman.org
Nurse Line You can call a nurse 24/7 for medical advice – 888-912-0636	**Nurse Line** You can call a nurse 24/7 for medical advice – 866-422-9603 or 330-363-7620
Hearing Aids Beltone offers up to a 20% discount on all hearing aid models. Simply show your ID card at a participating Beltone location (found at Beltone.com) or call 800-235-8663	**Education & Support Services** - Health Talks – Community educational sessions on a variety of topics
MedMutual.Com Online Services - Locate SuperMed Plus network providers - Log onto *My Health Plan* to: • Review claims status	**AultCare.Com Online Services** - Locate AultCare network providers - Log onto *Manage My Account* • Review claims history • Access Explanantion of Benefits

• Order ID cards • Take a Health Assessment • Health Resource Center	• Order ID Cards • Download Forms - Access to HealthFinder.gov -
Disease Management Programs Help with managing the follow conditions: Asthma Chronic Obstructive Pulmonary Disease Congestive Heart Failure Coronary Artery Disease Diabetes Call 800-861-4826, Option 2, to enroll in a program	**Disease Management Programs** Help with managing the follow conditions: Chronic Obstructive Pulmonary Disease Congestive Heart Failure Diabetes Mental Health Complex Medical Conditions
Fitness Discounts Membership discounts at various fitness centers including Curves, Anytime Fitness, FitWorks Fitness Centers and Snap Fitness	**Weight Management Discount** If you join the Aultman Weight Management Program, you get a 30% Discount. Insurance does not cover the program, but if you join as an AultCare member, you would get this discount.
TeleMedicine You can have an online appointment with a Cleveland Clinic physician for non-emergency issues.	**AultmanNow** You can have an online appointment with a U.S. board certified physician for non-emergency issues.
My Care Compare Access to cost comparison tool to find estimates for medical services like lab work, x-rays, MRI, etc.	**Medical Cost Estimator** This tool can help compare the cost of a certain procedure with different providers.
Urgent Care Facilities Urgent care visits and Minute Clinic visits are covered under the plan just like regular office visits.	**Urgent Care Facilities** Urgent care visits and Minute Clinic visits are covered under the plan just like regular office visits.

MOBILE APPS

Both AultCare and Medical Mutual have mobile apps. You can download your insurance card to the mobile app, check claims, obtain eligibility information, look at the provider directory, as well as deductible and out of pocket information.

PRESCRIPTION BENEFITS

The cost of filling prescriptions is as follows:

Generics	**20% Coinsurance**
Preferred Brands	**20% Coinsurance, if medically necessary**
Non-Preferred Brands	**30% Coinsurance, if medically necessary**

To see the list of medications that are on the Preferred Brand Formulary (Specialty medications included), go to caremark.com, sign in, click on Pharmacy Benefits. Scroll down to Covered Drug Lists and look for Performance Drug List for Clients with Advance Control Specialty Formulary.

REMEMBER – Generic medications are still required if they are available. If you cannot take a generic medication, a letter of medical necessity from the provider will be required.

MAINTENANCE MEDICATIONS

Maintenance medications (medications that are taken on a regular basis) can be filled two times at a local pharmacy for 30-days each. After the two 30-day fills, the member has to get a 90-day prescription with refills and fill it through Caremark mail order or at one of the designated retail pharmacies. At this time, the only retail pharmacies where a 90-day prescription can be filled are Costco, CVS or Kroger. (These are subject to change per Caremark).

SPECIALTY MEDICATIONS

If you are prescribed a Specialty Medication, you will be contacted by CVS Caremark and/or The PrudentRX Solution. The PrudentRX Solution will assist you in obtaining copay assistance from drug manufacturers to reduce your cost share for eligible medications to $-0-. You must register for the copay assistance program through PrudentRX to receive this benefit. Eligible members who fail to enroll in an available copay assistance program or who opt out of the PrudentRX Solution will be responsible for the full 30% coinsurance on specialty medications that are eligible for the PrudentRX Solution.

If a medication is not eligible for The PrudentRX Solution, the member will pay 30% until the maximum coinsurance is met, then the cost will be $-0-.

DENTAL BENEFITS

As a Stark County Schools member, you have the freedom to choose any dentist you wish. You have the *option* to receive covered dental services from a dentist who participates in the Superior Dental Care Network (SDC). Choosing to receive dental services from a SDC provider protects you from balance bills (the difference between the amount billed by the provider and the amount allowed by Medical Mutual). SDC providers agree to accept Medical Mutual's payment and not bill for the balance.

If you want to look up eligible dentists in the SDC network, go to www.medmutual.com and click on Find a Provider, you can search without logging in. Follow the prompts. Once you click on Superior Dental Network, it will say that you are leaving the website – this is correct, click on Let's Go. You will be able to search by dentist's name, location (what city you want to look at) or dental specialty.

Coverage Information

Check-Ups – 2 per calendar year (they do not need to be six months apart) Paid at 100%
Deductible - $25/person and $75/family
Basic and Major Services – Paid at 80% of usual and customary charges after deductible
Annual Maximum - $3,000 is the maximum paid for dental claims per person per year
Orthodontics – Lifetime Maximum of $2,000 per person, any age
Dependents – Covered until end of the month they turn 26

VISION BENEFITS

Under the plan, you don't have to choose a vision care provider from a network, you can go to any provider you choose. Since we do not use a network for Vision coverage, the provider may require that you pay expenses up front and then you file a claim for reimbursement. If you are filing the claim, please attach any paperwork you received from the provider with the claim form. The provider can file a claim, but they are not required to.

Dependents are covered until the end of the month they turn 26.

Coverage Information

- **Vision Exam – Covered at 100% every 12 months – required to be at least 12 months between exams.**
- **Lenses – 1 pair of lenses every 12 months – required to be at least 12 months between the purchase of lenses**
  - **Single Vision Lenses - $75 per pair**
  - **Bifocal Lenses - $100 per pair**
  - **Trifocal Lenses - $125 per pair**
  - **Lenticular Lenses - $200 per pair**
- **$170 toward frames every 24 months – required to be at least 24 months between purchases.**

If you purchase lenses and/or frames, you will not be able to purchase Contract Lenses under the plan in the same year. You either get glasses or contact lenses each year.

Please have provider bill the lenses as either single, bifocal or trifocal, NOT progressive lenses. Since our plan pays different amounts for different lenses, Medical Mutual needs to know exactly what the lenses are.

- **Contact Lenses – you get $150 every 12 months (required to be at least 12 months between) towards the cost of contact lenses. If you purchase contacts, glasses will not be covered in the same year. You get one or the other each year.**
- **Medically Necessary Contact Lenses - $400 per pair. Eligible for Medically Necessary Contacts are:**
  - **Lenses that are necessary after cataract surgery;**
  - **Visual acuity cannot be corrected to 20/70 in either eye with other lenses, but can be corrected to at least 20/70 in either eye with contact lenses, or;**

- **The lenses are necessary for the treatment of anisometropia for keratoconus.**

As always, please feel free to contact us with your questions or for help with insurance issues. We can be reached at:

Kim Sanford, Stark County ESC – 330-492-8136, ext. 1356 or kim.sanford@starkesc.org or
Betty Tyler, Stark County ESC – 330-492-8136, ext. 1390 or betty.tyler@starkesc.org
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