



# Northern Buckeye Health Plan Medical Plan Comparison - 2018

Item	Access+ (Traditional PPO)	HDHP
<b>Deductibles - In-Network</b>		
Single	\$500*	\$1,500*
Family	\$1,000*	\$3,000* (1)
<b>Deductibles - Out-of-Network</b>		
Single	\$750*	\$3,000*
Family	\$1,500*	\$6,000* (1)
	In-Network and Out-of-Network Deductibles are separate and do not accumulate toward each other.	In-Network & Out-of-Network Deductibles are combined.
<b>Annual Maximum Out-of-Pocket - In-Network</b>		
Single	\$3,000*	\$3,000*
Family	\$6,000*	\$5,000*
The Out-of-Pocket Limit includes all Deductible, Office Copayment/Coinsurance amounts, and Rx co-pays.		
<b>Co-Insurance - In-Network</b>		
	80/20*	80/20*
<b>Annual Maximum Out-of-Pocket - Out-of-Network</b>		
Single	\$4,350*	\$5,000*
Family	\$8,700*	\$9,000*
<b>Co-Insurance - Out-of-Network</b>		
	60/40*	70/30*
<b>Co-Payments</b>		
<b>Physician Office Visits</b>		
PCP	\$25*	20%* after deductible
Specialist	\$50*	20%* after deductible
Chiropractic	\$25*	20%* after deductible
Rehab Therapies	\$25*	20%* after deductible
Urgent Care Facilities	\$30*	20%* after deductible
Emergency Room	\$150*	20%* after deductible
<b>Prescription Drugs - Retail</b>		
Generic	\$10*	\$10* after deductible (2)
Brand Formulary	\$30*	\$25* after deductible (2)
Brand Non-Formulary	\$55*	\$45* after deductible (2)
Specialty	\$75*	N/A
<b>Prescription Drugs - Mail Order</b>		
Generic	\$20*	\$20* after deductible (2)
Brand Formulary	\$60*	\$40* after deductible (2)
Brand Non-Formulary	\$110*	\$60* after deductible (2)
Specialty	\$150*	N/A
<b>Prescription Coverage (not subject to deductible)</b>	Generics Preferred Program (3) Exclusive Home Delivery for Maintenance Medications (4) Excludes coverage for PPI's (5) Step Therapy (6) Exclusive CuraScript (7)	Generics Preferred Program (3)
<b>Additional Plan Exclusions</b>	Temporomandibular or Cranlomandibular Joint Disorder	Temporomandibular or Craniomandibular Joint Disorder
<b>Preventive Care (not subject to deductible)</b>	Paid at 100%, if included in PPACA regulations	Paid at 100%, if included in PPACA regulations
<b>Spousal Carve-out</b>	If the spouse of an eligible Employee is employed full-time and medical coverage is available under a plan offered by his employer, the spouse must enroll for coverage under his employer's plan in order to be eligible for secondary coverage under this Plan.	If the spouse of an eligible Employee is employed full-time and medical coverage is available under a plan offered by his employer, the spouse must enroll for coverage under his employer's plan in order to be eligible for secondary coverage under this Plan.
<b>End Stage Renal Dialysis (8)</b>	Payment by this Plan will not exceed 100% of the Medicare allowance for such incurred expenses.	

\* Can be adjusted annually with non-specified parameters. All necessary changes would take effect January 1st.

(1) One individual within a family unit will not pay more than the individual Maximum Out-of-Pocket.

(2) Per IRS Regulatory Guidelines, a prescription benefit cannot be carved out from the medical plan. Prescription co-pays apply only after the In-Network Medical Calendar Year Deductible is met.

# NwOESC INSURANCE BENEFIT RECAP – 2018

NwOESC is part of a multi school district insurance consortium known as NBHP-*Northern Buckeye Health Plan, NW Division of Optimal Health Initiative*. Employees must work at least 25 hours per week in a nine month per year assignment to be eligible for insurance benefits.

Health, Dental & Vision insurance elections must be completed through an on-line portal called BENELOGIC.  
<https://nbhp.benelogic.com/>

Life insurance elections need to be completed on the enclosed paper form

All insurance elections need to be completed within 30 days from **date of hire**.

## HEALTH/PRESCRIPTION INSURANCE

- Company: Allied Benefit Systems
- Access+ (Traditional PPO) or HDHP with an HSA (High Deductible with Health Savings Account)
- Employee Cost for health/prescription coverage

HEALTH	Access+(PPO)/month cost	OR	HDHP with HSA*/month cost
Single	\$ 83.44		\$ 59.64
Family	\$314.60		\$224.00

\*Board contributes to your HSA, \$500 per year for a Single plan and \$1,500 per year for a Family plan. Deposits are made on a monthly basis.

\*An account will need to be set up with American Fidelity or Farmers & Merchants Bank to designate where your funds need to be deposited. (paper form enclosed)

- Working spouse limitation with dependent limiting age of 26

## DENTAL INSURANCE

- Company: Delta Dental of Ohio
- Employee Cost for Dental coverage

DENTAL	Cost Per Month
Single	\$11.70
Family	\$32.70

## VISION INSURANCE

- Company: Vision Care for Life (VSP)
- Employee Cost for Vision Coverage-100% paid by the employee.

VISION	Option I	Option II	Option III	Option IV
Cost Per Month				
Single	\$ 9.22	\$ 10.09	\$10.82	\$14.34
Family	\$19.88	\$27.83	\$23.33	\$39.58

## LIFE INSURANCE

- Company: AUL (One America Life Insurance)
- \$20,000 Group term life insurance (100% paid for by NWOESC)
- Election needs to be completed on enclosed paper form

## SUPPLEMENTAL LIFE INSURANCE

- Employee Contribution
- Dependent limitation at age 26
- Guaranteed Issue Limit can equal up to 5 times salary
- Annual Option to increase coverage by 10% or \$10K whichever is greater - No medical questions required

Eligibility Date: Date of hire/First day of work

Effective Date: First of the month following eligibility date

Deductions are split over two pays in each month.

Please visit our website at [www.nwoesc.org/benefits](http://www.nwoesc.org/benefits) for more information on our insurance options.