



Vision Plan Comparison - 2018

Plan #	Exams	Lenses & Frames	Exams Every	Lenses Every	Frames Every	Annual Allowance	Progressive Lens
Option I	\$10.00 Total		12 Months	24 Months	24 Months	\$120	Extra \$
Option II	\$10.00	\$ 25.00	12 Months	12 Months	12 Months	\$130	Extra \$
Option III	\$10.00 Total		12 Months	12 Months	24 Months	\$150	Extra \$
Option IV	\$10.00 Total		12 Months	12 Months	12 Months	\$200	Extra \$

NOTE: An allowance for contact lenses in lieu of lenses and frames is available in all plans.

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 for more information on our insurance options.