

NWOESC INSURANCE BENEFIT RECAP – 2024

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 online 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: Anthem/Express Scripts for prescription only
 - Access+ (Traditional PPO) or
 - Advantage HDHP with an HSA (High Deductible with Health Savings Account)
- Company: MedBen/Express Scripts for prescription only – NEW FOR 2024
 - OpenCare RBP (Reference Based Pricing)

HEALTH	Cost Per Month		
	Access+(PPO)	Advantage HDHP with HSA	OpenCare
Single	\$124.46	\$96.18	\$119.56
Family	\$468.40	\$359.80	\$450.20

*Board contributes to the following amounts your HSA account All HSA deposit
-\$1,200 per year for a Single plan
-\$2,500 per year for a Family plan.

*All HSA deposits are made on a monthly basis after the last payroll of the month.

*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)

- NBHP has a 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	\$13.50
Family	\$37.20

VISION INSURANCE

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

VISION	Cost Per Month			
	Option I	Option II	Option III	Option IV
Single	\$ 9.59	\$ 10.50	\$11.26	\$14.92
Family	\$20.68	\$28.95	\$24.27	\$41.17

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
 - 100% 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

All insurance deductions are split over two pays in each month with no deductions made on third pays occurring twice per year.

Please visit our website at www.nwoesc.org/benefits for more information on our insurance options.

Plan Options	OpenCare RBP (MedBen) NEW	Access+ PPO (Anthem)	Advantage HDHP (Anthem)
Network	No Network	Anthem/Blue Access	
Preventive Care	Preventive services covered 100% for all plans as defined under the Affordable Care Act (ACA)		
Annual Deductible	\$0	\$1,000 /person \$2,000 /family	\$3,200 /person \$5,000 /family
Doctor Office Visit	\$30 for primary care \$60 for specialist	\$30 for primary care \$60 for specialist	Ded, then 80/20
Urgent Care	\$60 copay	\$60 copay	Ded, then 80/20
Emergency Room	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)	Ded, then 80/20
Inpatient Hospital	\$250 per day (copay not to exceed \$750 per admission)	Ded, then 80/20	Ded, then 80/20
Outpatient Surgery	\$250 copay	Ded, then 80/20	Ded, then 80/20
Labs & X-rays	\$40	Ded, then 80/20	Ded, then 80/20
CT Scan	\$150	Ded, then 80/20	Ded, then 80/20
MRI or PET Scan	\$250 copay	Ded, then 80/20	Ded, then 80/20
DME	\$50	Ded, then 80/20	Ded, then 80/20
Prescription Drugs	Deductible does not apply	Deductible does not apply	After deductible is met
Retail (34-day supply)	\$15 Generic	\$15 Generic	\$15 Generic after deductible
	\$45 Brand Formulary	\$45 Brand Formulary	\$45 Brand Formulary after deductible
	\$85 Brand Non-Formulary	\$85 Brand Non-Formulary	\$85 Brand Non-Formulary after deductible
	\$100 Specialty	\$100 Specialty	\$100 Specialty after deductible
Mail Order (90-day supply)	\$30 Generic	\$30 Generic	\$30 Generic
	\$90 Brand Formulary	\$90 Brand Formulary	\$90 Brand Formulary after deductible
	\$170 Brand Non-Formulary	\$170 Brand Non-Formulary	\$170 Brand Non-Formulary after deductible
	\$200 Specialty	\$200 Specialty	\$200 Specialty after deductible

Footnotes:

¹ACA approved preventative services are found at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. Providers must bill under a preventative code.

²HDHP may be adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan).

This chart is a summary of benefits for comparison purposes. Refer to the most recent Benefit Book for complete description of Plan benefits.

Plan changes from 2023 to 2024.

DENTAL PLAN OPTIONS



- * You have access to two nationwide networks of participating dentists: Delta Dental PPOSM and Delta Dental Premier[®]. You may use both networks in all dental plan options.
- * Your out-of-pocket costs will likely be lower if you use a Delta Dental PPO provider. Based on the fee schedule, it is generally lower than the maximum approved in the Delta Dental Premier networks. You are responsible for the deductible and coinsurance; no balance billing by your dentist for the Delta discount.
- * If you choose to see a non-participating provider, your benefits remain the same. There is no penalty for using an out-of-network provider, but you may be balance billed for amounts in excess of usual and customary. Delta Dental will send you a check for covered services and you are responsible for paying the provider.

Participating "Delta Dental PPO" and "Delta Dental Premier" dentists can be found at www.deltadentaloh.com/nbhp or call 800.524.0149

In-Network Plan Options for 2024	
Delta Network Delta Dental Provider Search	Delta Dental PPO Network Delta Dental Premier Network
	Premium
Annual Deductible	\$25 /person \$50 /family
Annual Maximum Benefit	\$2,500 /person
Lifetime Maximum Benefit Orthodontia	\$1,800 /person
Preventative and Diagnostic Care	100% Covered Deductible Waived
Basic Care	Covered at 80%
Major Care	Covered at 60%
Orthodontia Care	Covered at 60%
Adult Orthodontics	Yes
Sealants	Covered to age 16

PHARMACY BENEFIT



EXPRESS SCRIPTS®

Our Prescription Plan offers two choices to fill long-term maintenance medications

A maximum of three fills allowed at retail (up to a 34-Day supply) for a new maintenance drug. After that, a 90-Day supply of the drug must be filled at the Express Scripts Home Delivery Pharmacy or at a retail pharmacy in the Smart90 Standard Retail Pharmacy Network.

Express Scripts Home Delivery Pharmacy

You may conveniently fill your long-term maintenance prescriptions through home delivery from Express Scripts Pharmacy.

- FREE standard shipping
- Access to a pharmacist 24/7
- Automatic refill reminders so you are less likely to miss a dose
- Extended Payment Plan available
- Just call 866.275.0044 and they will contact your doctor to get your new prescription or go to [express-scripts.com](https://www.express-scripts.com)

Smart90 Standard Retail Pharmacy Network

If you prefer a retail option to fill your long-term maintenance medications, you may fill at a retail pharmacy in the Smart90 network.

There is a select group of retail pharmacies in the Smart90 network, such as Rite Aid, Walmart, and more.

A 90-Day prescription is required.

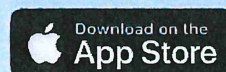
Note: Walgreens and Kroger are NOT in the pharmacy network

Once enrolled connect to your

ID card through the ESI app.

Visit [express-scripts.com](https://www.express-scripts.com) or download the Express Scripts® mobile app to create your profile in a few easy steps. You can also text JOIN to 69717 for a link to our registration page.

Scan here to download our mobile app.



If you are unable to access your digital ID card, please call 800.711.5672 for assistance.