

NwOESC INSURANCE BENEFIT RECAP – 2025

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
 - OpenCare RBP (Reference Based Pricing)

HEALTH	Cost Per Month		
	Access+(PPO)	Advantage HDHP with HSA	OpenCare
Single	\$126.98	\$98.14	\$122.08
Family	\$477.80	\$367.00	\$459.40

*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	\$14.10
Family	\$38.70

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
Composite Rate	\$6.44	\$11.32	\$15.44	\$24.76

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.

SUMMARY OF IN-NETWORK MEDICAL PLAN OPTIONS 2025



Medical Plan Options 2025—NBHP

Northern Buckeye Health Plan

Plan Options	OpenCare RBP (MedBen)	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	\$3,300 /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
Annual Maximum Out-of-Pocket (Includes medical and Rx deductibles, coinsurance, and copays)	\$3,000/person \$6,000 /family	\$3,750 /person \$7,500 /family	\$4,500 /person \$7,700 /family

Footnotes:

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

³ HDHP 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 in-network benefits for comparison purposes. Refer to the most recent Benefit Book for complete description of Plan benefits.

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

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.

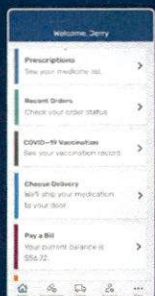
There is a select group of retail pharmacies in your area in the Smart90 network, such as Walmart and more.

A 90-Day prescription is required.

Note: Walgreens and Kroger are NOT in the pharmacy network

**Please note - Rite Aid pharmacies in our area have closed*

Manage your Medication Anytime. Anywhere.



The Express Scripts® mobile app is like a pharmacy in your pocket. You can order refills, make payments, and even set up reminders to take your medication.

ATTENTION:

Your prescription ID card is now digital

Visit express-scripts.com or download the Express Scripts® mobile app to easily create your digital profile in a few easy steps and gain instant access to your prescription ID card.



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

DENTAL PLAN OPTIONS



DELTA DENTAL

Participating "Delta Dental PPO" and "Delta Dental Premier" dentists can be found at

www.deltadentaloh.com/NBHP

- * 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.

Dental Plan Options		Northern Buckeye Health Plan	
2025-NBHP		NW Division of OHI	
Plan Options		Premium	
Network		Delta Dental	
Annual Deductible		\$25 /person \$50 /family	
Annual Maximum Benefit		\$2,500 /person	
Lifetime Maximum Benefit Orthodontia		\$1,800 /person	
Preventative 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	



Vision Plan Options

Participating VSP Providers at
www.vsp.com

Using your VSP benefit is easy:

- Register at www.vsp.com to find an eyecare provider who's right for you.
- At your appointment, tell them you have VSP. There's no ID card necessary.
- That's it! VSP will handle the rest.

VISION PLAN OPTION Northern Buckeye Health Plan
2024-NBHP NW Division of OH

Plan Options				
Current network: VSP	Option 1	Option 2	Option 3	Option 4
Exams	\$20	\$10	\$0	\$0
Lenses/ Frames	\$20	\$10		
Exam Fre- quency	Every Calendar Year	Every Calendar Year	Every Calendar Year	Every Calendar Year
Lenses Frequency	Every other Calendar Year	Every Calendar Year	Every Calendar Year	Every Calendar Year
Frames Frequency	Every Other Calendar Year	Every Other Calendar Year	Every Calendar Year	Every Calendar Year
Retail Frame Allowance	\$130	\$150	\$150	\$180
Featured Brand Frame Allowance	\$150	\$170	\$170	\$230
Costco Equivalent Frame Allowance	\$70	\$80	\$80	\$100
ProgressiveLens	Extra \$	Extra \$	Extra \$	Extra \$
Note: An allowance for contact lenses in lieu of lenses and frames is available in all plans.				