

NwOESC INSURANCE BENEFIT RECAP – 2022

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	\$ 112.70		\$ 81.76
Family	\$424.60		\$306.00

*Board contributes to your HSA, \$1200 per year for a Single plan and \$2,500 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	\$12.90
Family	\$35.70

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	\$ 9.59	\$ 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

- 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.

Medical Plan Options 2022

NBHP

Northern Buckeye Health Plan
NW Division of OHI

In-Network Plan Options			
Current network: Anthem	Access+ PPO	HDHP	Basic HDHP
Preventive Care	Preventive services covered 100% for all plans		
Annual Deductible (Excludes copays)	\$1,000 /person \$2,000 /family	\$2,800 /person \$5,000 /family	\$ 7,000 /person \$14,000 /family
Office Copay	\$30 for primary care \$30 chiropractic care \$60 for specialist	Ded, then 20%	\$0 after deductible
Urgent Care	\$60 copay	Ded, then 20%	\$0 after deductible
Emergency Room	\$250 copay	Ded, then 20%	\$0 after deductible
Coinsurance	Ded, then 20%	Ded, then 20%	\$0 after deductible
Prescription Drugs	Deductible does not apply	After the deductible is reached	After the deductible is reached
Retail (34 day supply)	\$ 15 Generic	\$15 Generic after deductible	\$0 after deductible
	\$ 45 Brand Formulary	\$45 Brand Formulary after deductible	
	\$ 85 Brand Non-Formulary	\$85 Brand Non-Formulary after deductible	
	\$100 Specialty	\$100 Specialty after deductible	
Mail Order (90 day supply)	\$ 30 Generic	\$30 Generic	\$0 after deductible
	\$ 90 Brand Formulary	\$90 Brand Formulary after deductible	
	\$170 Brand Non-Formulary	\$170 Brand Non-Formulary after deductible	
	\$200 Specialty	\$200 Specialty after deductible	
Annual Maximum Out-of-Pocket (Includes medical and rx deducti- bles, coinsurance, and copays)	\$3,750 /person \$7,500 /family	\$4,500 /person \$7,700 /family	\$ 7,000 /person \$14,000 /family

Dental Plan Options 2022

NBHP

Northern Buckeye Health Plan
NW Division of OHI

In-Network Plan Options

Current network: Delta Dental	Basic	Standard	Premium
Annual Deductible	\$75 /person \$150 /family	\$50 /person \$100 /family	\$25 /person \$50 /family
Annual Maximum Benefit	\$1,000 /person	\$1,500 /person	\$2,500 /person
Lifetime Maximum Benefit Orthodontia	Not Covered	\$1,500 /person	\$1,800 /person
Preventative Care	80% Covered Deductible Waived	100% Covered Deductible Waived	100% Covered Deductible Waived
Basic Care	Covered at 80%	Covered at 80%	Covered at 80%
Major Care	Covered at 50%	Covered at 50%	Covered at 60%
Orthodontia Care	Not Covered	Covered at 60%	Covered at 60%
Adult Orthodontics	Not Covered	Yes	Yes
Sealants	Covered to age 16	Covered to age 16	Covered to age 16

Vision Plan Options 2022

NBHP

Northern Buckeye Health Plan
NW Division of OHI

Plan Options				
Current network: VSP	Option I	Option II	Option III	Option IV
Exams	\$10	\$10	\$10	\$10
Lenses/ Frames		\$25		
Exams	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Lenses	Every 24 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 24 months	Every 12 months	Every 24 months	Every 12 months
Annual Allowance	\$120	\$130	\$150	\$200
Progressive Lens	Extra \$	Extra \$	Extra \$	Extra \$
Note: An allowance for contact lenses in lieu of lenses and frames is available in all plans.				